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IMPLEMENTATION OF VOLUNTARY HIV/AIDS COUNSELLING AND TESTING IN MASVINGO URBAN

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ABSTRACT

This research study was prompted by the ever increasing numbers of HIV/AIDS infections as well as the city of Masvingo being central route to boarder posts. The study sought to find out the level of peoples awareness of Voluntary Counselling and Testing. A total of twenty (20) clients represented the sample of respondents. The study sought to establish acceptability of VCT among potential clients in light of the quality of services provided by the testing centres in Masvingo. It also sought to establish the real benefits of VCT and the extent to which the centres managed to deliver the benefits to its clients.The study revealed that more women than men seek VCT. This confirms findings of MOHCW (2004) which stated that most women are willing to go for HIV testing so as to protect their babies but they fear stigmatization as well as rejection if they are found to be HIV positive. Other researchers done by other people and organisations in the past have shown dominance of pregnant women as VCT clients. The sample randomly selected for this research was dominated by people who have considerable average level of education. Through education they have been empowered to fight stigma better than the less educated. . Respondents highlighted been linked to support groups as their greatest benefit. Through medical care (ARVs) and moral support (support groups), the HIV Positive have reclaimed back their liberty and are now moving forward. . All VCT clients used for this study described the counsellors who attended them as professional, friendly, well researched and accommodative. This showed how professionalism has developed and embedded in counselling. A duty that was culturally associated with the elders has now been turned into a profession that requires training and grooming.The study brought out the following recommendations:Since campaign materials should be in different languages to ensure that language barrier is eliminated and all people who speak different languages in Zimbabwe are well informed.Different media should be used for the outreach programmes to ensure that the rich and the poor are catered for. Cheap media such as flyers distributed through schools can increase awareness.VCT centres should decentralise to less privileged communities to increase accessibility the closer the people the centre is the more influential it becomes and the more potential clients it can attract.More emphasis should be made that VCT is not for the sick, neither is it for the pregnant woman. A lot of effort should be made to ensure change of attitude among man and those who think that they are fit and make them realise that they will be better off if they know their status than not.VCT centres should help establish community support groups for people living positively and network with them to create a strong voice which can reduce stigma and also encourage others to consider VCT. VCT centres should nurture strong post testing relationship with clients for value edition and fast tracking of behaviour change as well as making clients accept and understand their condition.The centres should also extend counselling to the affected members instead of limiting it to the infected.Centres should consider learning and improvement as a continuous process. While confidentiality of clients' records remains fundamentally important, counselling should encourage and empower clients disclose their status to the public. This helps reduce stigma and push other people to consider VCT.In marking material benefits VCT should not take precedence over spiritual and psychological benefits. These are equally important. People should not get tested for wrong reasons. Service centres should also decentralise to advise increased accessibility. Networking of voluntary Counselling and testing centres and community support groups, non governmental organisations (NGOs) government and other stakeholders can deepen the benefits of VCT and also help create an accommodative society .

Key words:counselling,HIV,AIDS,Voluntary counselling and testing, stigma, support groups

Introduction

HIV/AIDS is a viral infection which attack human beings.The HIV/AIDS pandemic has made almost everyone vulnerable because of the way this disease is spread. It was during the 1980's that the HIV epidemic spread widely and became a pandemic (Mpofu et al 2003). The HIV virus survives in blood and any contact with infected blood on open skin may be detrimental to health. All age groups can be infected with the deadly virus if they are exposed to the virus. Mpofu et al (2003) noted that, nevertheless the numbers are so large that they can be difficult to comprehend and even harder to relate to a human face showing that an AIDS victim could be anyone's relative neighbour and friend.To suppress the effects of HIV/AIDS, antiretroviral drugs (ARVs) like Zidovudine (AZT), Didamosine (DDI) and Nevirapine (NVP) are being administered to those who have been infected by the disease. The antiretroviral drugs are not given to people who suspect that they are HIV positive, but are given to those people who have tested HIV positive. Even if a person has been found to be HIV positive, the antiretroviral drugs are also given after testing the CD4 count of an infected person (Mpofu et al 2003).

It has been observed that most of the clients dealt with at voluntary counselling and testing centres are referrals from hospitals and District clinics. According to Zimbabwe Demographic and Health Survey (2000-2006) ,the percentage of women and men who have ever heard of HIV/AIDS is very high -98%and 99% respectively, while the knowledge of HIV/AIDS is virtually universal in all subgroups ,there is greater variability in percentages of women and men who believe there is a way to avoid HIV/AIDS. Among women, those with no education and those living in Masvingo are least likely to believe that HIV/AIDS can be avoided. The World Health Organisation estimates that in developing countries 32% of pregnant women give birth with no previous antenatal care.

Research objectives

- To assess the level of VCT awareness amongst residents
- To avaluate the willingness of residents to visit VCT centres
- To explore the qualities of VCT counsellors

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Research Questions

- What are the benefits of VCT?
- What are the expectations qualities of VCT counsellor?
- Do people seek VCT willingly and are they prepared to accept results whether positive or negative and do clients get satisfied with services?
- Do people know and understand about HIV/AIDS fully?

REVIEW OF LITERATURE

HIV/ AIDS Prevalence

The global HIV epidemic killed more than 3 million people, 2, 3 million of whom were in Sub-Saharan Africa. More than one in five pregnant women are HIV positive in most countries in Southern Africa, Mendel (2004). In Zimbabwe 45% -60% of the women are HIV positive. Zimbabwe also ranks as one of the hardest hit country in the world with 44,6% of pregnant women being HIV positive. According to the report of the 2002 National Sentinel Survey in Zimbabwe, the prevalence rate has increased in the next age group of pregnant women.In Zimbabwe most women are willing to go for HIV testing so as to protect their babies but they fear stigmatization as well as rejection if they are found to be HIV positive, (MOHCW (2004). It is therefore the responsibility of staff at clinics to provide information to support so as to minimise stigma. Between 2000and 2006 the Zimbabwean population is estimated to have decreased by four million and infant mortality has doubled since 1990. Also the life expectancy of women who are affected by the HIV/AIDS epidemic is 34-the lowest in the world, (WHO). Zimbabwe also has a higher number of orphans in proportion to its population than any other country in the world according to UNICEF. Most of these cases are a result of parents dying from AIDS.

Voluntary Counselling And Testing-The Zimbabwean Context

Voluntary counseling and testing (VCT) is a client initiated counselling and testing of his or her HIV status. Voluntary counselling and testing is done at own will by the client so that he or she will be aware of his or her serostatus. Voluntary counselling and testing means hat the client commits self to be counseled and then be tested for HIV without being pressurized to do so by anyone. Voluntary counselling and testing came into life after it emerged that so many people were being infected by the deadly HIV virus and many people may not even be aware

that they have contracted the deadly virus. It is through testing that one can be aware of his or her HIV status since the virus is cannot detected by a physical eye.

The government of Zimbabwe emphasized the importance of voluntary counselling and testing (VCT) for HIV with it as National AIDS Policy in 1999 which highlighted as a central part of Zimbabwe's AIDS prevention strategy. Between 2004 and 2005 the total number of VCT sites increased from 292 to more than 430, with every health district now containing at least one site that provides the service, UNAIDS (2006). The present study seeks to establish whether people voluntarily visit the testing centres.

With the growing awareness of HIV infection and AIDS and the recent availability of antiretroviral therapy (ART), the scope and reasons for VCT have broadened. VCT is a process by which an individual undergoes counseling to enable him /her to make informed decisions so as to be tested for HIV, assess their personal risk for HIV and develop a risk reduction strategy. VCT is an essential component of HIV prevention and care programmes. However, initially many people were reluctant to be tested if care and treatment were not offered, Stringer et al (2003). WHO is promoting the pretest initiative, which calls for HIV (VCT) as an entry point for access to care and prevention, Stringer et al (2003). In Zimbabwe VCT opens opportunities for the infected to access psychological and social support as well as treatment. In other ways VCT seems not to be voluntary since in some cases people are forced to go for HIV by presenting circumstances for example a pregnant woman may be forced to go for HIV testing so as to protect the baby she is carrying. According to Welty (2000) of all the women who attend antenatal care 92% accept HIV. On the other hand people may be forced to go for HIV testing because their employer may need to know about their status so as to qualify for the job. Adding more to that "A" level school leavers are also forced to go for HIV testing so that they will obtain scholarships for their intended studies. According to statistics from NAC, the New Start Centre recorded a high rate of client turnover in March and April (64 clients) as a result of "A" level school leavers applying for scholarships. This implies that voluntary counseling and testing in a way may be forced counseling since one may be fighting to meet a certain obligation. Lastly, a person may also be forced to go for HIV /AIDS counselling and testing when he or she has had multiple opportunistic infections so as for him/her to acquire appropriate medication.

Benefits of VCT

Voluntary counselling and testing benefits those who are infected by the HIV virus as well as those who are not infected. VCT enables the infected clients to access ARV drugs since they are not given to people who have not undergone tests. Chireshe and Makore-Rukuni (2003) notes that VCT provides benefits for those who test positive as well as those who test negative .VCT reduces anxiety ,increase perception of their vulnerability to HIV, promotes behavioural change, facilitates early referral for care and support including access to antiretroviral therapy and assists reduction of stigma.Miller and Bor(1988) in Chireshe and Makore –Rukuni (2003) recognize the importance of counselling HIV /AIDS clients, mainly because there is no cure for the infectious HIV /AIDS virus. Voluntary counselling and testing works to reduce fears that arise from the uncertainty and incomplete knowledge that exists about HIV /AIDS where there is conflicting and confusing information. Some people associate HIV/AIDS with immediate death or view themselves as being on a death sentence; others also think that being intimate with young children will cure them of the deadly all of which is not correct.

Voluntary counselling and testing enable clients to make appropriate plans for self as well as for dependents; also the clients can make decisions at personal level concerning HIV/AIDS. This means that a person can prepare for the future –that is the family planning issues that is to bear children or not as well as whether to marry or not. Voluntary counselling and testing enable clients to appreciate the role of nutrition in delaying onset of opportunistic infections and facilitating change. Diet planning is enhanced for a health body and long life that is fight the opportunistic infections through a health diet. Clients are also advised about what to eat as well as what not to eat.Voluntary counselling and testing encourages preventive behaviour. That is those infected are taught to modify their own behaviour by avoiding unprotected sex as well as having numerous sexual partners. Those who are not infected are also taught to have one faithful partner and avoid promiscuous behaviour. VCT helps the client to understand the aspects of behaviour needing change in order to safeguard him/herself and others as well as motivating him or her to achieve these changes in the short term and long term run. VCT also assists family members and sexual partners to cope with the information and support the infected as well as considering their own risk. A client can have a guide to selection of sexual partners for those who intend to marry while already infected.

VCT enable clients to be informed about sources of help and to help utilize these resources when necessary, Chireshe and Makore –Rukuni(2003). Voluntary counselling and testing may have other benefits that is those who have made their status known have gained support from civic organizations ,government and religious groups financially materially and psychologically. Furthermore, the data from VCT help health authorities in planning and

resource allocation, that is distribution of ARVs. VCT also help civic organizations to mobilize resources and mount outreach programmes. Again the data collected may also be used by central government for policy formulation ,that is HIV/AIDS in Zimbabwe was declared a national disaster leading to the bold decision to introduce AIDS levy and introduction of laws protecting the infected against discrimination.

Impediments to HIV/AIDS Counselling and Testing.

Voluntary counselling and testing is not all that perfect since one can be infected by the deadly virus while undergoing testing. This is caused by lack of adequate resources so as to cater for the services to be offered. According to MOHCW (2002) in some instances laboratory machinery may not be functional. Malfunctioning of machinery may also result I false results. This has resulted in many people doubting the competence of VCT counselors since a person may be detected to HIV positive and then the same person will be HIV negative on the next visit to the VCT centre. According to WHO (2003) a recent study in the USA reported that out of 190 labouring women who underwent rapid HIV testing ,7 were found HIV positive but subsequent testing of the 7 HIV positive women by Western Blot 3 were confirmed HIV positive. All this will result in people having misconceptions about voluntary counselling and testing. Also some people may think that ignorance about their status is better than knowing that they are HIV positive because the counsellor or other service providers may not be effective ,Pool et al (2001) states that in a qualitative research conducted investigating VCT uptake by pregnant women using focus group discussions in South West of Uganda revealed that ,women are anxious about taking VCT due to fear of confidentiality and fear that maternity staff might refuse to assist them when the time to deliver comes. Stanlope (2000) alleged that in some health facilities nurses disclose the HIV status of their clients without obtaining informed consent of clients. Some people also seem not to accept VCT as they think that it is for those people who have had sex not knowing that the virus is also contracted in other ways rather than by having sex. VCT has generally not been seen as a priority in HIV care and prevention programmes. In many parts of the country particularly in developing countries VCT has not been widely available or not available at all, MOHCW / NACOP (27 Oct 2003). The payments made at New Start Centres in Zimbabwe made it difficult for people to undergo VCT although there are periods when they offer these services for free. These centres were initially placed in major cities and towns and people from small towns like Zvishavane had to travel to Masvingo as well as those in rural areas. This has resulted in these people not accessing VCT services. Mobile VCT services are also offered once in a blue moon. Some people have actually lied about their HIV status because of the benefits which go with the status –that is free food hampers, gifts and donations. Some people lied that the are HIV positive so that they can get employed as counselors for coming out and make their status known as people living positively. People also associate VCT with stigma. Those who are HIV positive are seen as mischievous Khan (2000) pointed out that stigma is largely driven by social and familial pressure. He further noted that some cultural /religious norms and values as well as fear of HIV/AIDS and secrecy. The reaction to disclosed results included grief 28 %, indifference 25%, surprise 15,6%,denial 9,4% ,and suicidal 6,3% (a study conducted in Nigeria). The above mentioned circumstances have made some people reluctant to consider voluntary counselling and testing.

Initially many people were reluctant to be tested if care and treatment were not offered Stringer et al (2003). With no access to ARVs in many areas, others see testing as pointless. One reporter gave a report of a woman complaining after taking an HIV test and could not access treatment saying that “why have you tested me- you have just put me on a death sentence because I am scared now I am HIV positive. If I had known I should not have taken this test”. This shows that there is strong reluctance to access testing amongst most of the population. In Zimbabwe prevention schemes have been significantly expanded since the turn of the new millennium, but remain critically under-funded resulting in the HIV positive not accessing treatment as prescribed. WHO has noted that the interruption of ARV treatment can lead to drug resistance, declining health and some cases of death.The social conceptualization and representation of HIV &HIV testing also have influence on HIV test uptake rates. For example the association of HIV with immediate death and discrimination, belief that a person is outside the category of risk, lack of awareness or knowledge about rates in one’s community, fear of being stigmatized by the significant others. Perception of the consequences of living positively, user friendliness of testing centres, symptom driven health seeking, lack of knowledge about available treatment are some of the factors that have deterred people from HIV testing, Hunter (2005).

The age of the counselor may also affect the acceptability of HIV testing. MOHCW(2004) postulated that patients are said not to accept being counseled by counselors who are younger than themselves which increases the pressure on whether to be counseled or not. Also a client may not feel comfortable to be counseled by a counselor of the opposite sex. People may also not attend VCT due to lack of information. The fact that many people lack good information about AIDS prevalence also indicates widespread ignorance and effective government measures towards AIDS, Barnett(1999). Betsi et al (2006) supports this by noting that, the common assumption that the lack of information and education contributes to the spread of HIV/AIDS is correct, we should observe societies with higher economic development also having improved social conditions that facilitate the dissemination of

information that can help curtail the spread of AIDS. The current study seeks to find out whether the scenario just described obtains in Zimbabwe.

Clients' Perceptions of Counsellors

Clients have got their own perceptions about VCT counselors. The most common perceptions communicated by clients include the following:

a) Some people do not want to be counseled by people who are younger than them. They associate age with knowledge on social matters. Culturally, people tend to believe that best counselling service can only be provided by one's elders. Chireshe and Makore –Rukuni (2003) observes that in African culture the older one is the wiser they are hence the older counselors are preferred.
b) Some clients often believe that it is better to be counseled by men than women because men can keep confidentiality than women do. According to Haralambos and Holborn (1995) among stereotyped women behaviour is gossiping. Sociologically women are more associated with gossiping than men.
c) Clients always hold suspicion that counselors want to use them for their research studies. Apparently when researching on issues such as HIV and AIDS people are involved in various ways. Most researches published have given some statistics about people used for the study clients; therefore feel that they have also fallen into the same situation of being used for studies.
d) In Zimbabwe counselling services are being offered by centres funded by donors. Clients at times feel that they are being used to make money for the counsellors .i.e. counsellors use client information to mobilize the donor community towards their project BioMed Central (2009).
e) There have been reported cases of laboratory errors in testing HIV/AIDS that has led to the belief that so many errors can be committed hence some people do not accept their results at first ,BioMed Central (2009).
f) Counselors are also perceived as employees working for VCT centres. Clients understand them as people offering services for remuneration purposes rather than being driven by passion and need to assist. Traditionally, counselling was done for free and was perceived as a social duty for elders in any given community. Commercialization of counselling has been ill-received by others (MOHCW 2006).

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METHODOLOGY

For the purpose of this study descriptive survey method which falls under the qualitative paradigm will be used. It is not only descriptive, but also provides analysis and interpretation. In other words it includes the use of techniques such as comparison, contrasting, measurement, classification and evaluation.Haralambos (1990) refer to this type of survey as the 'factual survey' because it provides the means of discovering prevailing attitudes among a large population thus collecting descriptive information.The method gives the researcher room to interact with respondents in a natural and unobtrusive manner thus the researcher experiences reality in how respondents view things and nothing is taken for granted. The method again allows the researcher to look at settings and people holistically. People or settings are not reduced to variables but are viewed as a whole. It is also inductive in nature in that the researcher develops concepts insights and understandings from patterns in the data rather than collecting data to access preconceived models.The research respondents to be used in this research came from local clinics , hospital and the New Start Centre. A total of twenty (20) clients represented the sample of respondents.

DATA PRESANTATION AND ANLYSIS

Demographic Characteristics of Clients

To describe clients who visit the counselling and testing centres (Masvingo), two main personal characteristics have been used. The two dimensions are gender and age. The results obtained gave the following Gender –Age Matrix.

Table 4.1 Gender –Age Matrix of clients

AGE	GENDER		
	Male	**Female**	**Total**
Below 20 years	1	5	6
Between 20 &45 years	3	9	12

Above 45 years	1	1	2
Total	**5**	**15**	**20**
Percentage	**25%**	**75%**	**75%**

The results given above generally revealed that VCT is more acceptable among women than men. 75% of New Start Centre clients are women. However these statistics do not suggest in any way that the risk of HIV /AIDS is high in women than in men. Not getting tested does not amount to les risk. The results also show that the middle aged and the most sexually active group (20 -45 years age group)take VCT more seriously compared to other age groups. This is the age that constitutes 60% of the sample used. The main reason for this pattern is because of higher exposure due to increased sexual activity. The same pattern can be traced to the teenager group where more girls than boys show greater concern for VCT .this is so because biologically girls mature much faster than boys thereby getting involved into sexual activities at an earlier stage. Overally basing on these results, it can be concluded that the New Start Centre as a VCT centre attract people of all age groups across gender.

Level of Education and VCT Accessibility Among Clients

Information obtained on the educational qualifications of the clients is given in the table below.

Table 4.2 Distribution of respondents by level of education

Sex	**Level of education**		
	Below “O” level	**“O” level**	**Above “O”level**
Male	0	0	5
Female	3	8	4
Total	**3**	**8**	**9**
Percentage	**15%**	**40%**	**45%**

At face value, the above statistics may not suggest any relationship between education and VCT accessibility. However a closer analysis produces a special trend that is of interest and relevant to this study. This trend is the higher the level of education clients has acquired the more they accept VCT. Highly educated people have been exposed to much literature on HIV testing and counselling as the can read on their own. Experience has also shown that the educated often seek information on HIV and AIDS in one way or the other, for those in colleges or those who have gone through secondary education at least, life skills on HIV/AIDS are formally taught and have been made compulsory. The educated understand better the benefits of VCT hence accept it. Overally the results project the New Start Centre as a centre that can serve all sections of people across educational divide. The centre caters for the educated and the less educated.

Health Condition and VCT Acceptance

Clients were also analysed on the basis of their general health condition. To keep the analysis simple and compatible with the scope of the study, only three conditions have been considered. Besides the two general and extreme classes (the sick and the fit) the third special condition of those who are pregnant has been considered. In Zimbabwe recently, efforts have been made to make HIV testing compulsory to people in this condition. The table below shows the results obtained.

Table 4.3: Presentation of clients according to health condition.

GENDER	**CONDITION**		
	FIT	**SICK**	**PREGNANT**
Male	2	3	-
Female	2	7	6
Total/	**4**	**10**	**6**

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Percentage %	20%	50%	30%

The results above reveal that very few people get tested for the sake of it. The majority are pushed by circumstances; that is sickness or pregnancy. However, the 20% of the clients who visit the centres say its quite special and reflect the totality of voluntariness. Although the sick and pregnant may voluntarily seek VCT, they are partially pushed by cause and reasonable suspicion.

HOW CLIENTS CAME TO KNOW ABOUT VOLUNTARY COUNSELLING AND TESTING CENTRES.

Respondents revealed various ways through which they had come to centres. The various means highlighted are given in the table below.

Table 4.main outreach /marketing strategies

MEDIA	NUMBER OF RESPONDENTS	PERCENTAGE (%)	RANK
Newspapers and Magazines	5	25%	2
Radio and Television	8	40%	1
Pamphlets and Flyers	4	20%	3
Peers /Friends/Relatives /Health worker	3	15%	4

While the radio and television appears to be the main media used by the centre to reach out to potential clients, it is extremely interesting to note that various other means are used. Naturally people are different and such differences call for well balanced communication mix regarding marketing to ensure that the targeted market is informed right across economic, social, cultural and religious divides. For example some people do not watch television because of religious beliefs but can read newspapers and flyers, similarly the poor do not have access to radio and television as well as newspapers can benefit from free flyers and pamphlets. Strong communication strategies are a powerful tool for the centre to market its services. Effective marketing is a critical competence on which the firm's success can be founded.

Reasons for the Selection Of VCT Centres By Clients

There are quite a number of reasons why respondents ended up at New start Centre instead of other centres which offer the same services. Here clients cited more than one reason. The following table shows a list of benefits cited by clients.

Table 4.5 reasons why respondents visit testing centres.

Reason For Selection	Number Of Clients Citing It	Rank
1.Services are for free	20	1
2. The centre is well known and has good public knowledge	16	2
3. The centre is conveniently located	8	5
4.Quick service instant results	13	4
5.The centre is highly recommended by health practitioners	7	6
6.The name of the centre communicate a powerful message	4	7
7.No other centres known	4	7
8.Published policy on confidentiality	14	3

The above results reveal a number of important issues I promotion of VCT. All respondents unanimously agree that providing the service free of charge makes it open to the rich and poor. It increases accessibility. The second issue is that the centres also need to make some effort to publicize their services. Publicity builds the image of the centre and boost public confidence. Also top on clients' preferences is confidentiality. Clients would prefer to publicize their

status rather than having them leaked to other people without their consent. The fact that health professionals refer clients to the centre also shows or demonstrates the level of confidence the New Start Centre has built over the years. Lastly the issue of location should not be under-estimated. It has a bearing on clients' decisions. Normally clients prefer services which are brought to them rather than them incurring cost looking for the service. This gives a clue that if the centre decentralizes to growth points and other accessible business centres, its influence would increase and may in the end increase client base.

Clients Evaluation of the Service They Got from Counselling Centres

The clients raise a number of issues about quality services they received from the counselling and testing centres. Their comments and evaluation touched on such issues as counsellors professional conduct, the counselling environment and its comfort, the care and concern of support staff and so on. The major aspects are listed below:

- Clients are treated as individuals rather than just another case.
- Clients are also allowed to freely express their feelings.
- Clients are also encouraged to make their own choices. After pretest counselling, you are asked to decide whether to go ahead with the test or not.
- Clients' information is kept completely confidential
- The counselors are very friendly and well researched. Their guidance is highly inspiring since they help clients to face reality.
- The nurses treat clients with due care when they collect blood samples using new kits that you can never doubt.

The above comments do not come cheaply. They are indicative of the whole mark of professional service. The centre is highly rated by clients. Ordinary services are being offered in an extra ordinary way. Professionalism is one of the outstanding competences which move the organization.

Benefits of VCT

All the twenty respondents indicated that they have benefited tremendously from taking the HIV test. Although the benefits could not be given quantitatively, a qualitative list could be produced. The major benefits highlighted are listed below :

- The pregnant cited prevention of mother to child transmission services they were helped to access on the basis of their results.
- All the twenty respondents revealed that they are now on ARVs which they access freely. The sick have now regained their fitness and are optimistic about the future.
- Nutritional counselling and advice have helped clients to plan their diet.
- Some clients have been helped to access free legal advice.
- All clients revealed that they have been psychologically and spiritually strengthened.
- All the clients considered the counselors as friendly.
- For all the clients, the greatest gain they cherished was being referred and connected to the New Life Centre (a post test support centre) which has created several opportunities for them. The opportunities for positive living are highlighted below:
- Support groups of people living with HIV/AIDS. By joining the support groups;
  - You meet people in similar circumstances and make friends exchanging notes, ideas, knowledge and experiences. One gets enriched, enlightened and more confident.
  - You have a forum to organize social activities such as sport, music, and dance and drama. This keeps clients' mind relaxed and at peace.
  - You can create public voices which lead to change and reduce stigma. Actually, the support groups can give you support that you can rarely get among your relatives and family.
  - Referral services such as :

Medical care, home based care and nutritional advice, community support groups, micro credit and macro finance projects, spiritual support through network of trained pastors.

  - Information sharing. Several sources are available to provide you with information on HIV/AIDS.-a guided program of topical presentations and discussions on weekends. Topics discussed include positive living, nutrition for people living positively,antretriviral therapy how to disclose you HIV status and its importance.-resource centres with access to internet and books. Free public sector and branded condoms.

- ➢ Supportive ongoing counselling services. New Life Centre also gives clients the opportunity to share their feelings in carefully managed and confidential counselling sessions. The supportive counselors appear to be well trained and dedicated.

The idea of networking with committed post –test centres is also indicative of New Start Centre's dedication towards creation of real value to clients. This strategy has created real mileage for the centre to gain competitive edge over the other centres.

Bond Between Counsellors and the Testing Centre

A number of questions were asked to assess the bond between the counselling centres and its employees. The table shows the questions asked and the responses given by counselors.

Table 4.8 Bond between Centre and the counsellors.40

QUESTION		NUMBER OF COUNSELLORS			
		Yes		No	
		Number	Percentage (%)	Number	Percentage (%)
1	Have you worked for any other VCT before joining Centre?	10	100%	0	0
2	Do you think you made the right choice to join centre?	10	100%	0	0
3	Do you see yourself at Centre in the coming 10 years?	10	100%	0	0
4	Are you happy with your working?	6	60%	4	40%
5	Have you undergone Voluntary counselling and testing?	10	100%	0	0
6	Do you see your clients increasing?	10	100%	0	0

The results presented in the table are indicative of the counselors' confidence in their work. While the counselors have managed to maintain post –test relationships with clients, it can be concluded that some of the relationships created are weak because 40% of the counselors have failed to monitor behaviour change among their clients. Where strong relationships exist, naturally counselors become influential that they may cause considerable change in behaviour of clients. On the other hand the results confirm the social status quo that people are naturally different and would respond differently to any relationships that develop around them.

DISCUSSION

The study sought to establish acceptability of VCT among potential clients in light of the quality of services provided by the testing centres in Masvingo. It also sought to establish the real benefits of VCT and the extent to which the centres managed to deliver the benefits to its clients.The study revealed that more women than men seek VCT. This confirms findings of MOHCW (2004) which stated that most women are willing to go for HIV testing so as to protect their babies but they fear stigmatization as well as rejection if they are found to be HIV positive. Other researchers done by other people and organisations in the past have shown dominance of pregnant women as VCT clients. There is therefore more that has to be done with regard to VCT promotion to change the attitude of many. The study also revealed that the level of education is a positive function of clients' attitude towards VCT. The sample randomly selected for this research was dominated by people who have considerable average level of education. Results confirm the findings by Welty (2000) who found that the educated appreciate the benefits of VCT. Through education they have been empowered to fight stigma better than the less educated. Betsi et al (2006) with regard to benefits of VCT, the study revealed all the benefits highlighted in the common assumption that the lack of information and education contributes to the spread of HIV/AIDS is correct, but most importantly has shown that there is now a considerable shift from material benefit towards social and psychological benefits. Respondents highlighted been linked to support groups as their greatest benefit. Through these groups they have made friends, have shared ideas, experiences and knowledge about their condition. This has created peace of mind and has also created a voice against stigma. The support groups have also created a marketing vehicle to promote VCT. Through

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medical care (ARVs) and moral support (support groups), the HIV Positive have reclaimed back their liberty and are now moving forward. The perceived VCT benefits by Miller and Bor (1988) and Makore – Rukuni (2003) are therefore real and objective. More should be done to get them known to potential clients to help increase the number of people who seek VCT.All VCT clients used for this study described the counsellors who attended them as professional, friendly, well researched and accommodative. The counsellors treated clients as individuals showing great concern rather than viewing them as just another case of casualty. This showed how professionalism has developed and embedded in counselling. A duty that was culturally associated with the elders has now been turned into a profession that requires training and grooming.

According to Haralambos and Holborn (1995) clients favoured male counsellors than female counsellors , stereotyping women as gossipers who cannot handle such sensitive issues as HIV and AIDS. This study revealed results which contradict with literature , that people are willing to be conselled by male clients. It was established that VCT is dominated by female counsellors who are actually proving to be highly complement and committed. It can therefore be concluded that gender that gender and age are of less or little (if any) significance in determination of who should be a counsellor. Important attributes are those noted by Makore – Rukuni (2003) which indicate good personality, flexibility, knowledge, experience, interest in people and integrity.

CONCLUSION

In view of the findings presented and discussed , it can be concluded that VCT has potential to yield real benefits for the clients in particular and the society at large. The fact that our VCT centres are manned by professionals who are well educated, well researched and experienced should instill confidence in all potential clients that the services provided by these centres are best practices benchmarks. In order to increase VCT acceptability, some campaign strategies have to be put in place to change the attitude of men towards VCT. Emphasis on benefits to this category should be made such that they stop viewing this service as meant for women and the sick. Well focused outreach programmes should be considered to ensure that even the most remote parts of Zimbabwe are accessed.

RECOMMENDATIONS

In the view of the observations and results highlighted above, the following recommendations are made:

Since people have got different levels of education campaign materials should be in different languages to ensure that language barrier is eliminated and all people who speak different languages in Zimbabwe are well informed.

Different media should be used for the outreach programmes to ensure that the rich and the poor are catered for. Cheap media such as flyers distributed through schools can increase awareness.

VCT centres should decentralise to less privileged communities to increase accessibility the closer the people the centre is the more influential it becomes and the more potential clients it can attract.

More emphasis should be made that VCT is not for the sick, neither is it for the pregnant woman. A lot of effort should be made to ensure change of attitude among man and those who think that they are fit and make them realise that they will be better off if they know their status than not.

VCT centres should help establish community support groups for people living positively and network with them to create a strong voice which can reduce stigma and also encourage others to consider VCT. These groups can be a powerful marketing tool.

VCT centres should nurture strong post testing relationship with clients for value edition and fast tracking of behaviour change as well as making clients accept and understand their condition.

The centres should also extend counselling to the affected members instead of limiting it to the infected.

Centres should consider learning and improvement as a continuous process. This will keep the centre on a learning curve striving for improvement. Counsellors should view themselves as “never better” to keep on learning and conform to changing times. Such flexibility ensures wave length response to any changes to the environment.

While confidentiality of clients’ records remains fundamentally important, counselling should encourage and empower clients disclose their status to the public. This helps reduce stigma and push other people to consider VCT.

In marking material benefits VCT should not take precedence over spiritual and psychological benefits. These are equally important. People should not get tested for wrong reasons.

Service centres should also decentralise to advise increased accessibility. Networking of voluntary Counselling and testing centres and community support groups, non governmental organisations (NGOs) government and other stakeholders can deepen the benefits of VCT and also help create an accommodative society in which the HIV positive can lead an enjoyable life face of stigma but characterised by mutual respect and multi dimensional support.

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