



# Knowledge, Attitude, Practice of the Kamina City Population in the Democratic Republic of Congo on Voluntary Screening of HIV/AIDS

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## Abstract

HIV/AIDS infection, although of particular gravity in developing countries, today affects all countries of the world. Among the means used to combat this pathology is voluntary testing, which is both an effective and economical strategy for facilitating behavior change. This study allowed us to contribute to the improvement of the knowledge, attitude and practice of the population on voluntary HIV/AIDS testing. This is a cross-sectional study of the knowledge, attitude and practice of the Kamina population on voluntary testing for HIV infection. A total of 384 people from 82 Ward in Kamina was interviewed using a pre-established questionnaire. Ninety-six respondents (25%) said they knew about voluntary testing; Of these, 79% or 82.3% thought knowing their HIV status was the only benefit of voluntary testing. The level of knowledge about voluntary testing appears to be low among the population studied; there are still misunderstandings about the benefits of voluntary testing and the means of prevention. This result could be used as reference data in the revitalization of a voluntary testing center and the protection of mother-to-child transmission (PMTCT) in our environment.

## Subject Areas

HIV

## Keywords

Knowledge, Attitude, Practice, Voluntary HIV Testing

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## 1. Introduction

HIV/AIDS infection, although of particular gravity in developing countries, is now affecting every country in the world.

Indeed, despite the commitment of policies, the increase in funds allocated,

research and the progress of medicine in this area, the number of PLHIV continues to grow and new areas of epidemics continue to appear [1]. Humanity is confronted with a great scourge called HIV/AIDS, one of the measures taken to slow down its progress; the voluntary screening test occupies an important place in that is at the crossroads of the prevention of new infections and care of patients.

More than 80% of adults living with HIV reside in sub-Saharan Africa, where the epidemic continues to grow [2].

One of the approaches to fighting HIV infection is the services provided by the Voluntary Testing Center (VCT). This service is an intervention that includes a minimum of pre- and post-test counseling associated with testing. The main goal of VCT is to help people change their sexual behavior in order to prevent the transmission of HIV infection. The service provided by the VCT is a potentially effective and affordable method of reducing HIV transmission in the developing country.

Despite numerous limitations and difficulties in implementing it in sub-Saharan Africa, numerous studies have shown that VCT is effective in reducing HIV transmission [3] [4].

Another benefit of screening is its potential for prevention of mother-to-child transmission (PMTCT) of HIV to enable HIV-positive women to learn about whether or not to have children or to provide antiretrovirals. By changing infant feeding, PMTCT companies can reduce HIV transmission from mother to child to at least 10% [5] [6].

In addition, studies in several African countries have demonstrated that the Voluntary Testing Center is both an effective and economical strategy for facilitating behavior change [7] [8] [9].

A study in Rwanda found a high level of awareness of screening in the general population with a proportion of 97% among men and 93.3% among women [10]. In Dakar, a study showed that young people are at very high risk as 96.9% do not know the benefits of voluntary HIV/AIDS testing [11]; In Goma, a study showed that 59.9% of respondents were ready to take the voluntary HIV test and receive the results of past tests [12].

As the Democratic Republic of Congo is ranked among the countries with a generalized epidemic and taking into account the number of people living with HIV that is increasing day by day in our environment, it is important for us to conduct a study on knowledge, attitude and the practice of the Kamina population in the face of voluntary testing for HIV infection.

The objective is to contribute to the improvement of the Kamina population's knowledge of voluntary testing for HIV/AIDS while determining their level of knowledge, attitude and practice.

## 2. Materials and Method

### 2.1. Place of Study

This study was conducted in Ward 82, Kamina City, in the Upper Lomami

Province of the Democratic Republic of the Congo.

## 2.2. Type and Period of Study

It was a cross-sectional descriptive study on the knowledge, attitude and practice of Kamina's population regarding voluntary testing for HIV infection during the period from March to July 2016.

## 2.3. Sample Size

Our sample size was non-exhaustive with a simple random sampling technique based on a pre-tested questionnaire prior to actual data collection. A questionnaire composed of socio-economic characteristics and issues related to the knowledge, attitude and practice of the population studied on voluntary testing for HIV infection was prepared. Oral consent was also obtained from each respondent individually.

As a result, our sample was 384 people aged 15 - 49; they were interviewed in each street that constitutes Ward 82 during the study period.

## 2.4. Inclusion and Exclusion Criterion

Included in this study is anyone found on the street in Ward 82, living in the same compound and aged 15 - 49.

Excluded from this study are all persons found in each Ward Street 82, not living in Ward 82 and not at the age of the selected age.

The data collected was entered and processed by the following software: Epi info version 3.3.2.5, Excel 2007, Word 2007 for text entry.

## 3. Results

This **Table 1** reveals that the 25 - 29 age group was the most represented with 95 people or 24.7%; the female sex supplants the masculine with 52.3%; as for religion, Protestants come first with 56.8%; while for the occupation, housewives were the most represented with 33.6%.

This **Table 2** shows that among the 384 people studied, 96 people or 25% know the existence of voluntary testing against 288 or 75% who do not know.

This **Table 3** reveals that 79 people or 82.3% know that voluntary testing allows knowing its serological status and 17 people or 17.7% talk about the change in sexual behavior.

Reading this **Table 4** shows that 62 people or 64.6% have a positive attitude towards voluntary testing, 74 people or 77.1% are not aware of the existence of a voluntary testing center (VCT), 82 people or 85, 4% have never been screened.

## 4. Discussion

Our study involved 384 selected people in Kamina District 82. A total of 384 subjects aged 15 - 49 living in Kamina in Ward 82 were interviewed. The mean age of the study subjects was 31.4 years (median 31 years) with a standard

**Table 1.** Socio-economic characteristics of respondents.

Characteristics	Frequency n = 384	%
<b><u>Age range</u></b>		
15 - 19	34	8.9
20 - 24	55	14.3
25 - 29	95	24.7
30 - 34	64	16.7
35 - 39	42	10.9
40 - 44	63	14.4
45 - 49	31	8.1
<b><u>Sex</u></b>		
Man	183	47.7
Wife	201	52.3
<b><u>Religion</u></b>		
Catholic	104	27.1
Protestant	218	56.8
Muslim	22	5.7
Kibanguiste	12	3.1
Without religion	28	7.9
<b><u>Occupation</u></b>		
State worker	52	13.5
Household	129	33.6
Farmer	86	22.4
trader	57	14.8
Secondary school student	38	9.9
University Student	16	4.2
Unemployed	6	1.6

**Table 2.** Case distribution according to knowledge of the existence of voluntary testing for HIV/AIDS.

	Voluntary Screening Frequency	Percentage
Know the existence	96	25
Do not know	288	75
Total	384	100

deviation 8.8 years. Women were more represented than men (52.3%), Protestants (56.8%); for the occupation, housewives were the most represented (33.6%). These results are similar to those of a study in Pune, but they differ on religion [3].

**Table 3.** Case distribution according to the benefits of voluntary testing.

Advantage	Frequency	Percentage
Know the serological status	79	82.3
Change sexual behavior	17	17.7
Early support	00	00
Total	96	100

**Table 4.** Distribution according to the attitude, the knowledge of places of voluntary testing, the practice of voluntary testing.

Advantage	Frequency	Percentage
1) Attitude to screening		
Positive	62	64.6
Negative	34	35.4
Total	96	100
2) C Knowledge of the existence of CDV		
Know the existence	22	22.9
Ignore the existence	74	77.1
Total	96	100
3) Practice of voluntary testing		
Have already passed the test	15	14.6
Have never taken the test	82	85.4
Total	96	100

Among them, 96 people or 25% are aware of the existence of voluntary testing for HIV/AIDS against 288 people or 75% who have never heard of voluntary testing.

These results are similar to those found in the city of Ouagadougou where 30% of people said they knew about voluntary testing against 70% who deny existence [11] [13]. This situation is at the base of the low attendance of a voluntary testing center (VCT).

Regarding the benefits of voluntary testing, 82.3% know that voluntary testing has the benefit of knowing one's HIV status, 17.7% think that voluntary testing allows them to change sexual behavior, no one has emphasized the benefit of early care.

These figures contradict those found by SAWADOG, which shows that 96.6% of people do not know the benefits of voluntary testing [14]. However, 62 people or 64.6% had a positive attitude and 34% or 35.4% had a negative attitude. These results are close to those of other studies, particularly in Goma: 57.9% of people with a positive attitude versus 42.1% of negative attitudes; SWEAT reports that 61.36% of respondents had a positive attitude [12] [15]. This situation is justified

by the multiplication of awareness campaign against HIV infection in our environment.

Based on the knowledge of screening sites, only 22% or 22.9% know of the existence of voluntary testing centers. This is due to a communication deficit between the animators of the centers and the population.

Finally, in terms of the practice of voluntary testing, 15% or 14.6% said they had at least one screening test while 82 people or 85.4% were never screened. These claims corroborate those reported in a study in 12 heavily HIV-infected countries in sub-Saharan Africa that 76% of their study population had never been tested for HIV/AIDS on a voluntary basis. AIDS including doctors [16]. The public believes that having a good physical condition would justify what it is related to HIV infection.

#### 4. Conclusions

At the end of this study, which assessed the knowledge, attitude and practice of Kamina's population on voluntary testing for HIV/AIDS during the period from March to July 2016 in Ward 82, 384 people were selected and interviewed.

We found that as far as the knowledge of the population about voluntary HIV testing is concerned, only 25% of the surveyed population are aware of the existence of voluntary HIV/AIDS testing; 82.3% revealed that voluntary testing would allow them to know their serological status, 17.7% said it allows them to change their behavior; 85.4% said they never tested on HIV, however, 64.6% were willing to take a voluntary test if needed.

The level of knowledge about voluntary testing is low among the population studied; there are still misunderstandings and misunderstandings about the benefits of voluntary testing and the means of prevention. Revitalization of CDV and PMTCT is important; this result could be used as baseline data.

Since HIV/AIDS infection is a serious public health problem, there is a need to sensitize the entire population about the existence of a voluntary testing center because knowing its serological status is an important fact that would help reduce the risk of HIV/AIDS. Contamination and promote early management.

#### References

- [1] Tulizana, B. (2001) Facteurs limitant l'utilisation des services de centre de dépistage volontaire du VIH/SIDA au Burkina-Faso, 2001, 1.
- [2] UNAIDS/WHO (1998) Report on the Global HIV/AIDS Epidemic. UNAIDS/WHO, Geneva.
- [3] Bentley, M.E., Spratt, K., Shepherd, M.E., Gangakedkar, R.R., Thilikavathi, S., Bollinger, R.C., *et al.* (1998) HIV Testing and Counselling among Men Attending Sexually Transmitted Disease Clinic in Pune, India: Changes in Condom Use and Sexual Behaviour over Time. *AIDS*, **12**, 1869-1877.  
<https://doi.org/10.1097/00002030-199814000-00019>
- [4] Kamenga, M., Ryder, R.W., Jingu, M., Mbayi, N., Mbu, L., Behets, F., *et al.* (1991) Evidence of Marked Sexual Behavior Change Associated with Low HIV-1 Serocon-

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- version in 149 Married Couples with Discordant HIV-1 Serostatus: Experience at an HIV Counseling Centre in Zaire. *AIDS*, **5**, 61-67.  
<https://doi.org/10.1097/00002030-199101000-00009>
- [5] UNAIDS (2001) The Impact of VCT: Global Review of the Benefits and Challenges of VCT. UNAIDS, Geneva.
- [6] Van de Perre, P. (1999) Transmission of Human Immunodeficiency Virus Type 1 through Breast Feeding: How It Can Be Prevented? *The Journal of Infectious Diseases*, **179**, S405-409. <https://doi.org/10.1086/314793>
- [7] Traore, F. (1997) Acceptabilité par les parents d'enfants hospitalisés en milieu pédiatrique de Bobo du dépistage volontaire de l'infection à VIH, 1997.
- [8] Ministère de la Santé du Burkina-Faso, normes, directives nationales de CDV et anonyme du VIH/SIDA. SPICNLS-IST, 61.
- [9] SP/CNLS-IST (1994) Bilan général de la mise en œuvre du plan national multisectoriel de lutte contre le SIDA, 1994, 18-19.
- [10] Kabamba, N. (2004) connaissance, attitude et pratique de la population de Lubumbashi face au VIH/SIDA, Lubumbashi.
- [11] Zigani, Z. (2004) Etude des facteurs expliquant la faible utilisation de service de CDV dans la ville d'Ouagadougou. 100.
- [12] Patrick, U. (2004) Cap de la population face au VIH/SIDA. Université Simon Kimbangu.
- [13] Goege, R. (2006) Les facteurs déterminants la faible fréquentation du CDV par les femmes en âge de procréer dans la commune de mongo. 108.
- [14] Noel, S.J. (2003) Dépistage sérologique volontaire du VIH/SIDA. Kenya, 105.
- [15] Sweat, *et al.* (2007) Facteur limitant l'utilisation de CDV.
- [16] Médecine d'Afrique noire 2005, Vol. 52, No. 4, 197-2002.