

AN ASSESSMENT ON THE KNOWLEDGE AND VALUE OF TRADERS ON VOLUNTARY COUNSELING AND TESTING AS A METHOD OF CONTROLLING HIV/ AIDS: A STUDY AT THE MAKOLA MARKET, ACCRA

OWUSU NYARKO RICHARD¹, OWUSU BOATENG PAUL²

¹MD Student, Doctor of Medicine & Surgery, Donetsk National Medical University, Kirovograd, Ukraine.

² MBBS Student, Liaoning medical university, China.

Email.- richardnyarko91@yahoo.com

Abstract: The purpose of the research work was to assess the value, knowledge, ignorance level and benefits of the Voluntary Counseling and Testing (VCT) of traders at the makola market. VCT has been one of the methods and procedures for checking the HIV/AIDS status of people who usually visit the health centre for medical examinations. It has also been a rapid response method for community/public health workers to project and predict the future data of STI, HIV/AIDS transmission etc.

Data was collected randomly through administering of questionnaire to gender, the youth and the aged. A cross sectional survey was done in and around the market to find out whether the target population was available. A non-probable sampling was used randomly among the traders without any prejudice to ethnicity, religion or tribe. The target population for the study consisted of two groups of people with age ranging between eighteen (18) and twenty-eight (28) years and from fifty five (55) to sixty (60) years. The groups comprised the indigenous people, foreigners and the students who were met at the marketing center.

The feedbacks from the questionnaires were assessed critically and a stratified data was drawn. Although, there was not much time and resources for the researcher to do further investigations and survey, the objectives of the researcher was highly achieved.

The major findings of the research showed that at least 60% of traders at the makola market know the mode of transmission of HIV/AIDS but could not ascertain whether VCT was a method to prevent them from acquiring the STI/AIDS.

In summary, the research was able to uncover the gap about the importance of the VCT, its value and how the general public assesses it. It also showed that a lot of people have heard about VCT but how to assess and know the benefits was their problem.

Key Words: HIV – Human immune virus, AIDS – Acquired immune deficiency syndrome, PLWHIV – people living with hiv, STI – sexually transmitted infections, VCT – voluntary counseling and testing.

1.0 INTRODUCTION:

Voluntary counseling and testing (VCT) is the process by which an individual undergoes counseling, enabling him or her to make an informed choice about being tested for HIV. In recent years, voluntary HIV testing, in combination with pre- and post-test counseling, has become increasingly important in national and international prevention and care efforts. HIV testing and counseling services are a gateway to HIV prevention, care and treatment.

2.0 METHODOLOGY:

This involves the research design that was used, sources of data, population sample and sample procedures, data collection instruments, data processing and analysis as well as ethical issues involved and how these were addressed.

2.1 Research Design

The research is a descriptive cross – sectional and non – experimental study and both quantitative and qualitative variables was used. The qualitative variable may comprise of the respondent's age, sex, ethnicity, religion,

knowledge, attitude and perception on VCT. The quantitative variables may also capture the number of respondents as well as the numerical value of respondent's perception. An exploratory research can be designed to develop data collection method and this can be used in an attempt to explore and describe the views of traders at makola market and the knowledge value and benefits on Voluntary Counseling and Testing.

2.2 Setting

The study was conducted at the makola market which is the biggest marketing center in Accra. The makola market has a population of 12,210 as of June 2010 (ministry of trade and industry, December 2011 count). The research was based on only traders who were selling food, "specifically rice and beans stew" to people with in the market. The target group had a total number of 75 which 50 were sampled for the research work. The makola market inhabits people of different kinds and from several places and regions for the prime purpose of sales and distribution of food stuffs, goods and clothing. It also houses the youth and the elderly, children and adolescents. This setting was chosen due to the different groups of people comprising females, males and other foreign traders.

It is also a setting that, there is somehow transfer of false knowledge about HIV/AIDS about occupants, thus from literates to illiterates and vice versa. But there is no clear knowledge and proper understanding of the voluntary counseling and testing which is been done by the community nurses and their neighbouring health centres. The population of this market was used because of the upsurge of high illiteracy rate among most market women so far as health care is concern.

Transmission of STD's is high in areas where marketing is intense and causing teenage pregnancies and prostitution (Ball + Binder, 2008). Due to the above reason, the makola market was selected as the study setting.

2.3 Population and Sampling

The target population for the study consisted of two groups of people with age ranging between eighteen (18) and twenty-eight (28) years and from fifty five (55) to sixty (60) years. The groups comprised of those who had an eating canteen attached to their food selling and those without an eating canteen.

2.4 Sample and Sampling Technique

Sampling is the process of selecting a portion of the population in quantitative studies, the representation of the sample enhances generalization of the findings (Polit & Beck2004; 291). The sampling methods are classified into probability and non-probability sampling method. A convenient sampling technique which is non-probable was used to sample the population of the study.

2.5 Instrumentation

The researcher designed a questionnaire based on the research objectives and was used to collect the data. Straight forward questions were asked so as to suit the educational level of respondents. Questionnaires comprised both closed ended and open ended questions.

Part one consisted of background information of the individual including age, sex. Part two consisted of questions that provided answers to research questions like knowledge about VCT and the number of times they have had access to it. The questionnaires were constructed to obtain information to help solve and provide answers to research questions. Permission of respondents and authorities of the market queen and social groups in the market was sought for, to ensure independent expression of views and ideas devoid of fears.

2.6 Data Collection Procedure

The instrument that was used for the collection of data was a researcher developed questionnaire. Questionnaire was employed as it eliminates biases that may be introduced by an interviewer questioning the respondent. The self – administered questionnaire and interviewing was employed. The total number of questions was 30 and the questionnaire was subdivided into two parts. The first part required information on the respondent's background.

The second part consisting both closed – ended and open – ended questions focused on knowledge, attitude and perception on VCT. Sample of questionnaire was pretested at the makola market before use. This was used to determine face validity of the instrument, understanding of workings and accurate translation of questions.

Correspondents were timed while they provided answers. On average, it took about twenty minutes to respond to the questions. All questions that was distributed were also taken within 24 to 72 hours. A total of 30 respondents were interviewed during the study.

Pre testing

The questionnaire for the interview was tested on subjects who met the criterion for the study sample. The pre – text helped in identifying proper place for the interview, how much time was used to interview one person and if the subjects understood each interview question. Correspondents were not timed while providing answers. On average, it took about twenty minutes to respond to the questions. All questions distributed was collected and cross checked to know whether they were all usable. A total of 10 respondents was interviewed during the pretesting.

2.7 Data Analysis

Data was analysed using descriptive and analytical statistical test to simplify the information that was collected. Both closed ended and open ended questions were used to obtain response. Frequency tables' bar charts and pie charts were used to analyse the data to enable them to be viewed easily and clearly. Open ended questions was analysed and discussed based on the respondents' answers.

2.8 Ethical Consideration

A letter of introduction was taken from the school of graduate studies, Ghana technology University College. A written and verbal permission was also sought from the trading unions at the makola market in accra central, Ghana.

The respondents were assured of confidentiality of information given and its anonymity. Respondents were assured of the right to withdraw from filling the questionnaire at any point in time. Willingness to fill the questionnaire was taken as consent to participate in the study.

2.9 Validation and Reliability

Validity is the state of being legally or officially accepted while reliability can be trusted to do something well or more efficient. The questionnaire was shown to the supervisor of the project and other experts in the subject area which helped improve on modification. This also ensured that the context was valid and reliable.

3.0 LIMITATIONS OF THE STUDY:

1. The sample was too small due to the limited time and resources that was allocated.
2. There was the possibility of provided information being shallow and biased because participants provided information that was influenced by my presence.

4.0 DISCUSSION:

The findings further revealed that although majority of the respondents (83%) believe that everybody needs VCT services and expressed their willingness to visit the place but only a few people (23%) have visited the VCT centre. Majority of the respondents do not know if VCT services are free or not.

About seventy percent said VCT is a strategy adopted to help control the spread of infection. Among others, the common stigmatizations that people with HIV usually suffer from are neglect, social isolation, lack of respect, ostracism etc.

The total number of respondents was 48 with age between 18 to 65 years and majority of them being females. The modal age was 45 -65 years with frequency of 26 and mean age of 55 years.

The results further revealed that majority of the respondents were GA and Christians. These findings are incongruence with the national statistics which show forty-nine point one percent (49.1%) of Ghanaians are Akans and sixty-nine percent (69%) Ghanaians are Christians. (Ghana web 2000 Census).

More than one-tenth of the respondents were married and not educated to the senior high school level with only one percent of the respondents being educated to both the senior high school and tertiary level respectively. About three-quarters of the respondents (71%) were basic education (JHS) who have been trading at the market centre after school whilst the remaining quarter were nurses, hair dressers, mason and teachers, and shoe makers who were also doing their usual buying and window shopping.

The Findings revealed that more than half of the respondents had heard of VCT but not all those who had heard of VCT knew the actual meaning of VCT. Also, less than half of respondents were aware of availability of VCT centre in the community. This finding disagreed with studies conducted by Alemuet al., 2004 in Ethiopia and Okyere and Cudjoe (2005) in University of Ghana which held the idea that majority of respondents had knowledge about VCT and knew about the availability of VCT services.

The mass media seem to be the major source of information to respondents representing 57%, followed by the hospitals, friends and community center.

5.0 ANALYSIS:

The purpose of the study was to assess the knowledge value, benefits and ignorance level of the y traders at the makola market on Voluntary Counseling and Testing (VCT). The research was a descriptive cross-sectional and non-experimental study. Both quantitative and qualitative variables were used. Stratified Random Sampling and convenient sampling method were used to select a sample size 50 people with 25 being the local habitants (GA people) and 25 being other tribes. The questionnaires administered had a response rate of 96%.

The findings revealed that more than fifty percent of respondents (54%) had heard of VCT but only 44% knew the actual meaning of the VCT and 47% knew of VCT centre in the community. Almost all the respondents thought it necessary for one to know his/her status. Protecting oneself from contracting HIV, spreading of HIV and knowing one's status were among others the main reasons why one must know his/her status. The major means of contracting HIV are through sexual intercourse, sharing infected sharp objects and transfusion of infected blood.

The findings further revealed that although majority of the respondents (83%) believe that everybody needs VCT services and expressed their willingness to visit the place but only a few people (23%) have visited the VCT centre. Majority of the respondents do not know if VCT services are free or not.

About seventy percent said VCT is a strategy adopted to help control the spread of infection. Among others, the common stigmatizations that people with HIV usually suffer from are neglect, social isolation, lack of respect, ostracism etc. The knowledge level of the traders who were at the makola market on VCT is low as the total number of respondents who actually knew about VCT and less than half of total number of respondents, and also less than half of the respondents knew of VCT centre in the community.

Also, the benefits toward VCT was not encouraging as only 11 people (23%) have visited the VCT center even though greater percentage of the respondents expressed their willingness to visit centre.

Even though the benefits and knowledge value of the traders concerning VCT was not encouraging, they had a good perception about VCT as about three-quarters of the respondents believe that VCT is a major HIV prevention strategy and can help control the spread of HIV in the country and also expressed willingness to visit VCT centre. Their good perception about VCT can increase their desire to access VCT services.

The study indicates health workers, more especially Public health nurses, to educate client on the function of VCT centres and to emphasize the importance of visiting VCT centre to know one's status. Also, health workers should educate the public and clear the misconceptions and their related stigmas about people living with HIV so as to allay the fears of testing.

6.0 FINDINGS:

Major findings of the research revealed that almost all the respondents (46) knew the importance of knowing one's status. Among other major means of transmitting HIV such as sexual intercourse, blood transfusion and sharing of infected sharp objects, mosquito bites and hand shaking were also stated. This means that respondents are mis-informed about some to the means of HIV transmission. These findings are consisted with a study conducted in Bahir Darby Dejene (2001). In his study, 82.8% had the knowledge of importance of checking one's HIV status and also found that there is still a lot of misunderstanding about the modes of HIV transmission. Abstinence is a major means of preventing one's self from contracting HIV.

More than half of the respondents believed that VCT centres should be visited at any time whilst others will visit the centre for reasons such as feeling sick, before employment and before marriage. The Findings further revealed that more than three-quarters of the respondent felt everybody need VCT service. This finding is consistent with research conducted by Alemayehu (2010) in Ethiopia where majority of the respondents (59.6%) agreed that everybody needs VCT services.

The study revealed that majority of respondent are willing to access VCT services. These findings are in line with the study conducted in Gondar by Mengesha, 2006, in which 82% of the respondents were willing to accept VCT. Although majority of respondents were willing to access VCT services, only 11(23%) respondents had ever visited VCT centre. These findings are in congruence with research conducted in Kenya which concluded that Awareness of VCT services and willingness to test is high among students; however its uptake is low. (Charles et al, 2009).

In addition, major findings of the research revealed that majority of respondents will visit VCT centre among other reasons purposely to know his/her status. These findings are consistent with a study conducted in Nigeria which found out that majority (62.5%) of those who had been tested gone for the screening just to know their HIV status. (Ikechebeluet al., 2006)

On the other hand, respondents will not visit or access VCT service for reasons such as: no need to know one's status (22%), stigmatizing (22%), fear of knowing one's status (17%), lack of funds to visit VCT center (11%) and fear of miss diagnosis (6%). These findings are consistent with a study conducted to find Factors hindering acceptance of HIV/AIDS Voluntary Counseling and Testing (VCT) among youth in Kwara State, Nigeria. Among others, the study identified ignorance, poverty, inadequate number of VCT centres, stigma and discrimination as major factors responsible for the low patronage of VCT centres in Kwara State (Yahayaet al., 2010).

The findings revealed that the majority of respondents do not know whether VCT services are free or not. The findings further revealed that about seventy (70%) percent of respondent believe that VCT is one of the strategies of HIV infection prevention and can help control the spread of HIV. The stigmatization associated with people living with HIV/AIDS (PLWHA) are among others neglect, social isolation, immoral and untrustworthy.

7.0 RESULTS:

Out of the number of questionnaires administered to the traders, specifically those selling cooked rice and beans stew at the makola market; the total number of respondents was 48 respondents out of 50 questionnaires administered with response rate of 96%. The knowledge value, benefits and ignorance of VCT on the traders were assessed and analyzed as follow shown below.

Table 1. Sex of Respondents

Respondents	Frequency	Percentage (%)
Male	19	39.58
Female	29	60.42
Total	48	100.0

The majority of the respondents (60%) were females (Table 1).

Table 2. Age Distribution of Respondents

Ages	Frequency	Percentage (%)
18 – 21	8	16.67
45 –65	26	54.16
26 – 28	14	29.17
Total	48	100.0

The majority of the respondents (54%) were between 45 to 65 years. The mean age of the respondents was 55 years. (Table 2)

Table 3. Marital Status of Respondents

Marital status	Frequency	Percentage (%)
Married	2	0
Single	0	95.8
Divorced	0	4.17
Widowed	46	0
Total	48	100.0

The majority of respondents (96%) were single (Table 3).

Table 4. Religion of Respondents

Religion	Frequency	Percentage (%)
Christian	1	95.83
Muslim	1	2.08
Traditionalist	0	2.08
Others	46	0
Total	48	100.0

The majority of the respondents (96%) were Christians. (Table 4)

Table 5. Educational Status of Respondents

Educational status	Frequency	Percentage (%)
Primary 6	28	4.17
J. H. S	12	58.33
S. H. S.	1	25.00
Tertiary	1	10.42
Others	2	2.08
Total	44	100.0

The majority of the respondents (83%) had minimum level of education at Senior Secondary School (SHS) level. (Table 5)

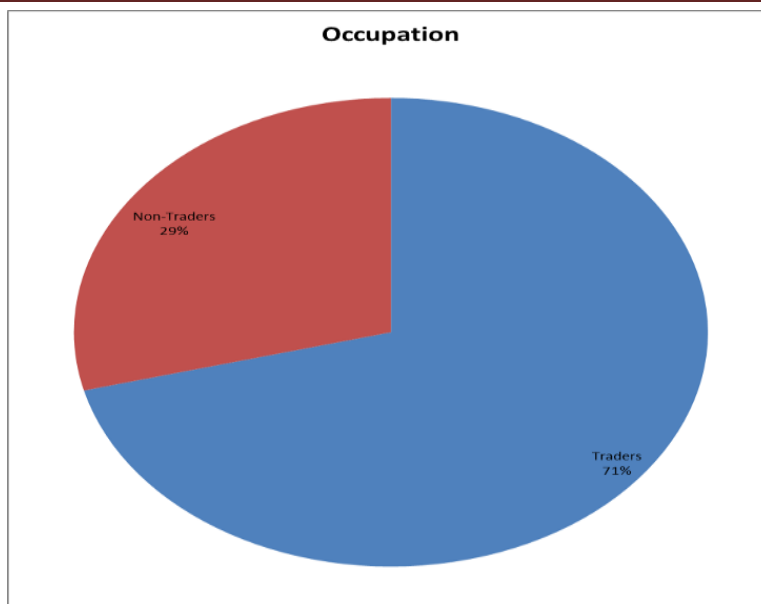


Figure 1. Occupation

The pie chart shows that majority of the respondents (71%) were traders who completed the basic education. Nurses, teachers, traders, hair dressers, masons and shoe makers who were on the field also formed the remaining 29.17% of the respondents. (Figure 2)

Table 7. Have you ever heard of VCT?

Respondents	Frequency	Percentage (%)
Yes	26	54.17
No	22	45.83
Total	48	100.0

The majority (54%) of respondents had heard of VCT. (Table 7)

Table 8. Definition of VCT.

Definitions	Frequency	Percentage (%)
Vaccination and counseling technology	1	3.85
Vaccination counseling and testing	4	15.38
Voluntary counseling and testing	21	80.77
Voluntary counseling and technology	0	0
Total	26	100.0

The majority of respondents (81%) who had heard of VCT knew the actual meaning of VCT (Table 8)

Table 9. Who knows the VCT center in their communities?

Respondents	Frequency	Percentage (%)
Yes	23	47.92
No	25	52.08
Total	48	100.0

The majority of respondent (52.08%) knew of VCT center (Table 9).

Table 10. Is it necessary for one to know one's status?

Respondents	Frequency	Percentage (%)
Yes	46	95.83
No	2	4.17
Total	48	100.0

The majority of respondent (96%) thought was important to know one's status.(Table 10)

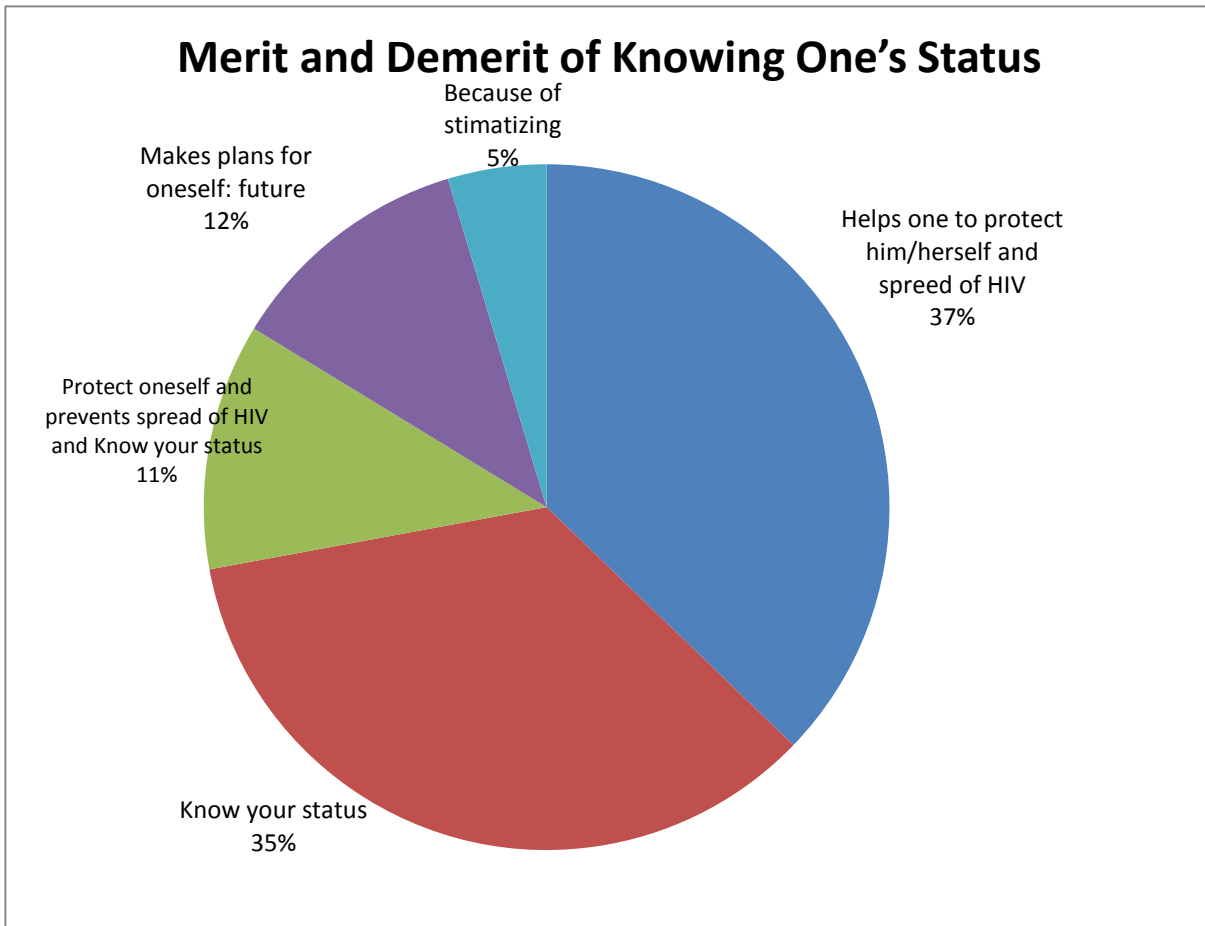
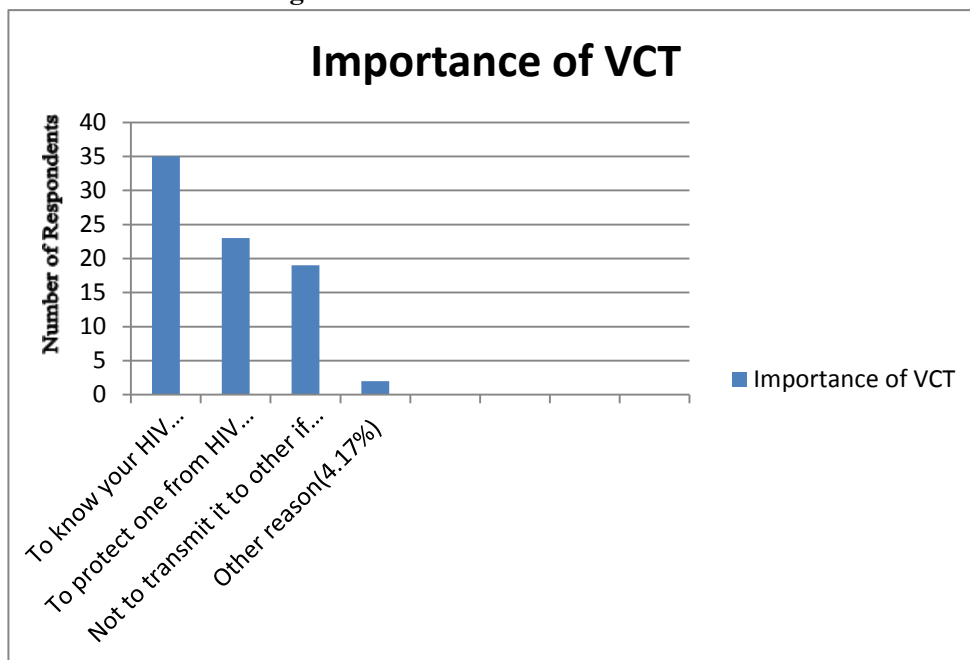


Figure 2. Merits and demerits of knowing one's status

The majority of the respondents (83%) will visit VCT centre to prevent oneself from contracting HIV, prevent the spread of HIV, to know one's status and plan for one's future. (Figure 2)

Figure 3: Means of HIV transmission



These were the response of respondents in descending order. 95.83% represents by sexual intercourse, 81.25% represents by infected sharp objects, 79.16% represents by transfusion of infected blood, 43.75% represents through kissing, 14.58% represents through other means not mentioned here, 8.33% represent through shaking

hands, 4.17% represent through mosquito bite and all respondents knows that no one can get HIV through eating with an infected person.(figure 3)

Table 11. Abstinence from sexual intercourse prevents one from contracting HIV?

Respondents	Frequency	Percentage (%)
Yes	34	70.83
No	9	18.75
I don't know	5	10.42
Total	48	100.0

The majority of respondents (71%) thinks abstinence prevent contracting HIV. (Table 11)

Table 12. When is one supposed to go for VCT?

When to go for VCT	Frequency	Percentage (%)
When one feed sick	3	6.25
At any time	34	70.83
Before marriage	5	10.42
Before employment	2	4.17
Other	4	8.33
Total	48	100.0

The majority of respondents (71%) think VCT centres should be visited at any time. (Table12)

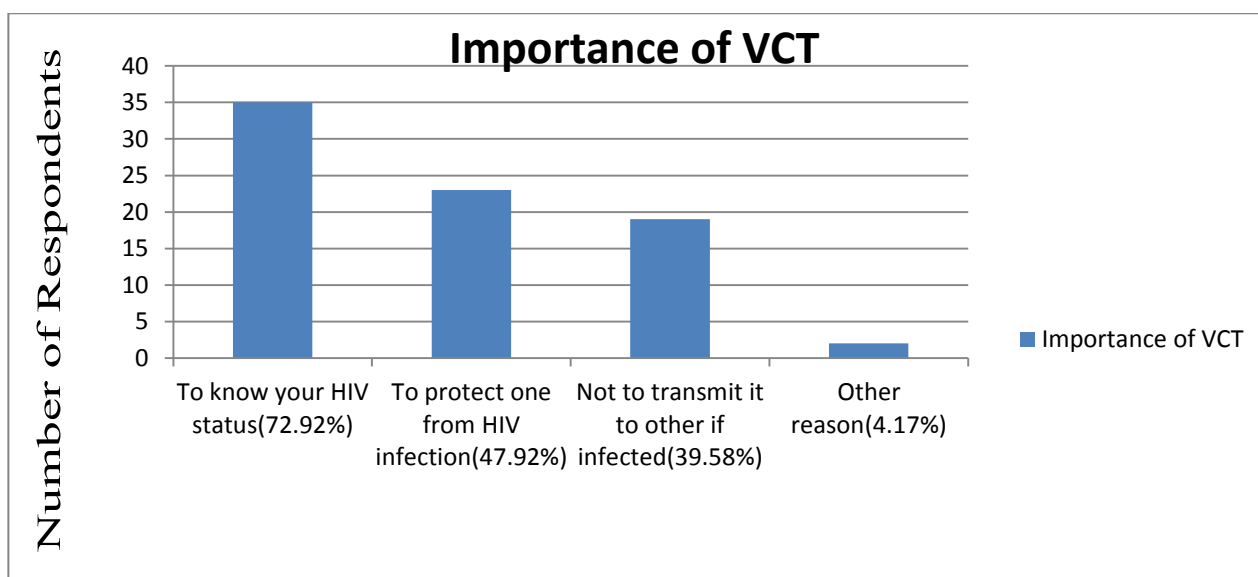


Figure 4. Importance of VCT?

Majority of respondents (73%) visit VCT to know his/her HIV status, 48% represent visiting VCT to protect one from HIV infection, 40% represents visiting VCT not to transmit it to other if infected and 4% represents visiting VCT for other reasons.

Table 13. Who do you think needs VCT services?

Who needs VCT service	Frequency	Percentage (%)
Commercial sex workers	1	2.08
Drivers	1	2.08
Students	5	10.42
People going into marriage	1	2.08
Everybody	40	83.33
Total	48	100.0

The majority of respondents (83%) think everybody needs VCT service (Table 13).

Table 14. Are VCT free of charge?

Respondents	Frequency	Percentage (%)
Yes	12	25.00
No	7	14.58
I don't know	29	60.42
Total	48	100.0

The majority of respondents (60%) don't know whether VCT is free or not.(Table 14).

Table 15. Have you visited the place before?

Respondents	Frequency	Percentage (%)
Yes	11	22.92
No	37	77.08
Total	48	100.0

The majority (77%) of respondents have never visited the VCT center in the community. (Table 15)

Table 16. Will you visit VCT center?

Respondents	Frequency	Percentage (%)
Yes	30	62.50
No	18	37.50
Total	48	100.0

The majority of respondents (63%) are willing to visit VCT center. (Table 16)

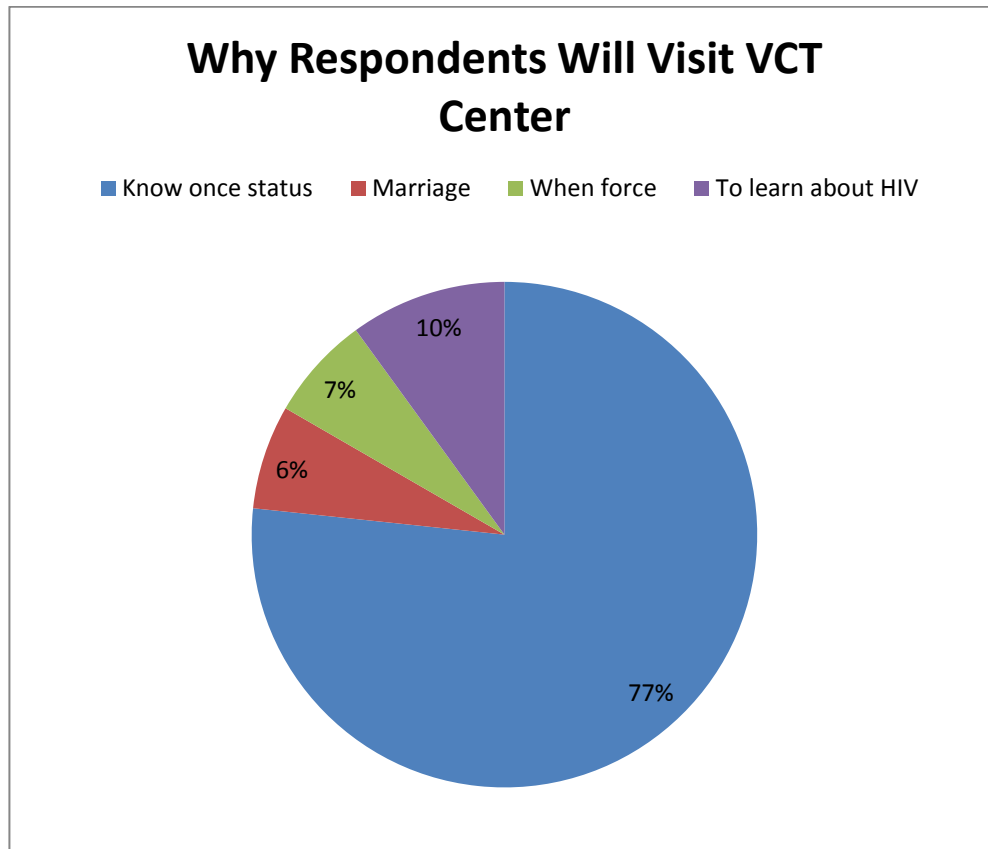


Figure 5. Reasons why one will visit VCT center.

The majority of the respondents (77%) will visit the VCT centre to know their health status whilst other respondents will visit for the purpose of marriage and to learn more about HIV. (Figure 5)

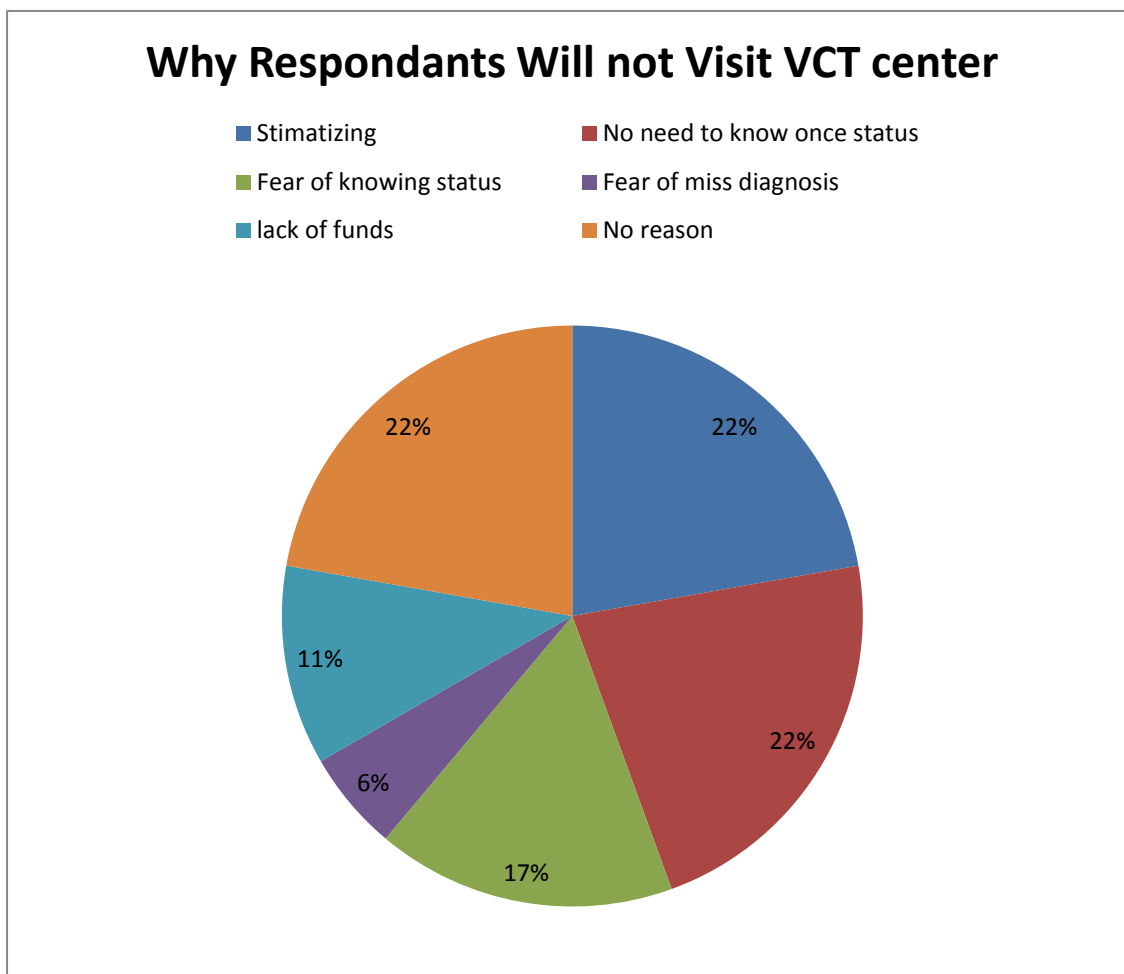


Figure 6. Reason why one will not visit VCT centre.

Respondent will not visit VCT centre for reasons such as stigmatization, lack of funds to visit the centre, fear of miss diagnosis and knowing one’s status and other reason being not necessary for one to know his status. (Figure 6)

Table 17. VCT is one of the strategies of HIV infection prevention?

Respondents	Frequency	Percentage (%)
Agree	34	70.83
Disagree	2	4.17
Not sure	6	12.50
No idea	6	12.50
Total	48	100.0

The majority of respondents (71%) agree that VCT is one of the strategies of HIV infection prevention. (Table 17)

Table 18. Do you think VCT is to stigmatize people?

Respondents	Frequency	Percentage (%)
Yes	9	18.75
No	33	68.75
Not sure	6	12.50
Total	48	100.0

The majority of respondents (69%) believe VCT is not to stigmatize people. (Table 18)

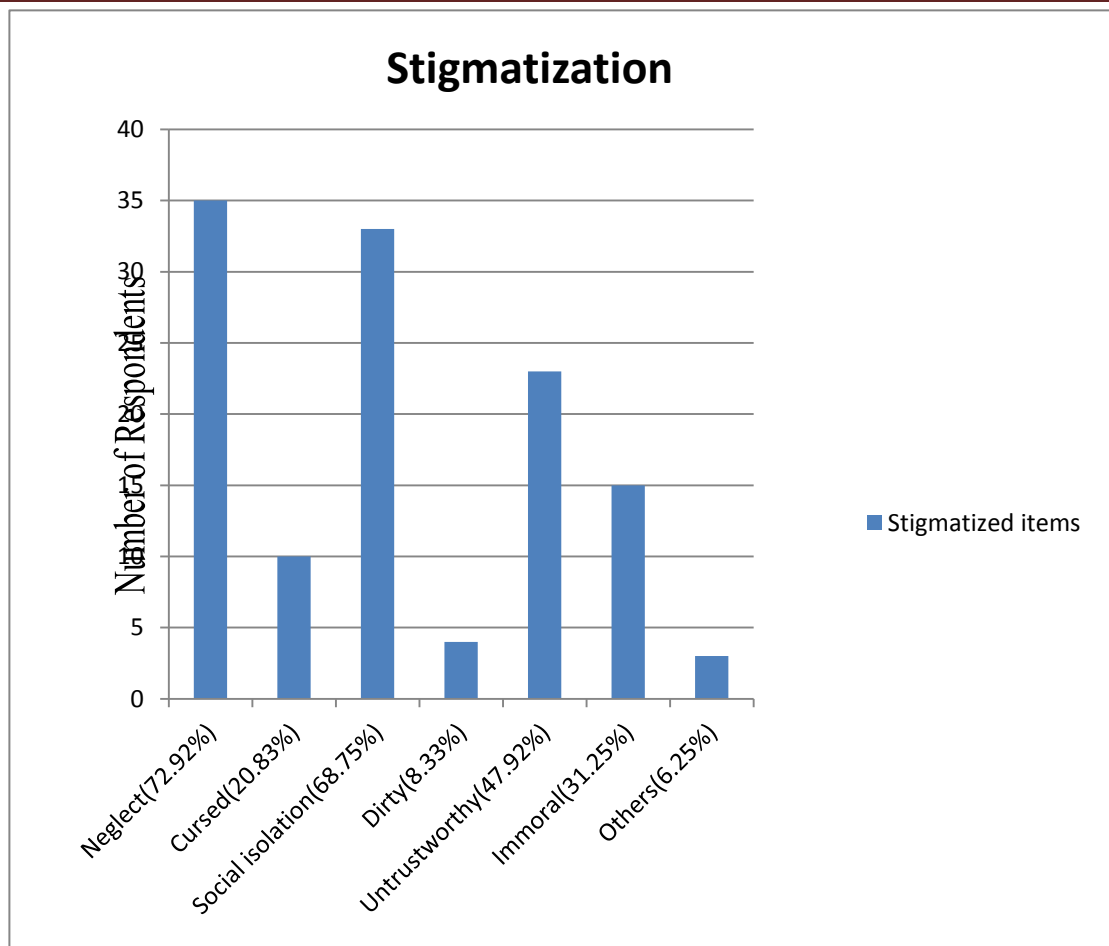


Figure 7. What the stigmatized suffers from.

The stigmatization commonly suffered by people living with HIV/AIDS (PLWHA) are neglect (73%) and social isolation (69%) whilst few people (PLWHA) suffer from stigmatization of immoral (31%), untrustworthy (23%), cursed (21%), dirty (8%), and others (6%).

Table 19. Can VCT control the spread of HIV?

Respondents	Frequency	Percentage (%)
Yes	33	68.75
No	3	6.25
Not sure	5	10.42
No idea	7	14.58
Total	48	100.0

The majority of respondents (69%) believe VCT can control the spread of HIV. Table 19

8.0 RECOMMENDATION:

- Education on HIV should be reviewed to lay emphasis on VCT.
- More VCT centres should be established not only in hospitals but also in our local communities and CHP compounds.
- The mass media and hospitals should not be the only main channel to give education on VCT but any abled organization, our local opinion leaders, chiefs, labour unions etc
- The ministry of health should fight for the national health insurance to cover VCT services
- There should be more funding for research to be done in order to determine the factors that affect the patronage of VCT service among the youth.

- The knowledge value of traders towards VCT should be improved through encouraging them to visit VCT centers.
- It behoves on the Ghana AIDS Commission, the Ghana health service and Ministry of Health to increase health education about VCT nationwide to improve the knowledge of the youth about VCT.

9.0 SUMMARY:

The research was able to uncover the gap about the importance of the VCT, its value and how the general public assesses it. It also showed that a lot of people have heard about VCT but how to assess and know the benefits was their problem.

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