

|                                     |   |
|-------------------------------------|---|
| <b>Name *</b>                       | Kwame Owusu-Daaku   |
| <b>Email *</b>                      | <a href="mailto:kwame-owusudaaku@uiowa.edu">kwame-owusudaaku@uiowa.edu</a>  |
| <b>Educational Level *</b>          | Masters Candidate   |
| <b>If Selected Other</b>            |   |
| <b>College *</b>                    | Other   |
| <b>Department *</b>                 | School of Urban and Regional Planning   |
| <b>Title of Research *</b>          | Voluntary Counselling and Testing Acceptability among First Year Students, College of Health Sciences, Kwame Nkrumah University of Science and Technology (KNUST), Ghana  |
| <b>Other Authors *</b>              | Nsiah-Peprah Y, PhD (Department of Planning, KNUST-Ghana); Owusu-Daaku FTK, PhD (Department of Clinical and Social Pharmacy, KNUST-Ghana)   |
| <b>Introduction &amp; Purpose *</b> | Voluntary Counseling and Testing (VCT) for HIV is internationally recognized as an effective and important strategy for both prevention and care; and a cost-effective strategy for facilitating behavior change. Most young people, however, have not tested for HIV and therefore this study sought to identify factors affecting, and reasons for, VCT among university students from the College of Health Sciences; and subsequently suggest methods of increasing VCT acceptability to university students. |
| <b>Experimental Design *</b>        | Self-administered questionnaires were used to interview a randomly-selected sample of 132 first year students from the seven programs of the College of Health Sciences, KNUST, Kumasi, Ghana. Proportional samples (of approximately 30 percent) were taken from each program.   |
| <b>Results *</b>                    | The response rate was 81%. The study revealed that 88.8% of respondents had never tested for HIV and that apathy (43%) and a lack of reason to perceive infection (21.5%) were the greatest hindrances to VCT. The integration of VCT into existing health facilities would make the service more widely available. Moreover VCT could stimulate wider discussion and reduce stigmatization and discrimination of PLHIV (People Living with HIV).   |
| <b>Conclusions *</b>                | It is recommended that both governmental bodies and NGOs involved in Sexual and Reproductive Health eg, Planned Parenthood Association of Ghana (PPAG) advocate for VCT in all government and private tertiary institutions. A variety of other service models, such as room-to-room-based VCT could be employed; and antiretroviral therapy should be readily available in all HIV testing centers in the country.   |