Full Length Article

A concept analysis of young adults; Perception of HIV Counselling and Testing

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A B S T R A C T

Aim: The aim of the study was to investigate perceptions of young adults regarding HIV Counselling and Testing (HCT) and the factors contributing to either negative or positive perceptions towards the programme. This article is a report of a concept analysis of young adults’ perceptions of HCT that were collected during the study.

Background: Perception forms the core of HIV Counselling and Testing (HCT) use by young adults, because it is from these perceptions that young adults will decide to follow an HCT programme or not, depending on how they perceive the programme. HCT as an entry point in HIV and AIDS services should be accessible and young adults’ perceptions towards the programme be promoted in order to assist them to develop positive perceptions towards the programme, which will enhance its uptake.

Data sources: A literature search was undertaken using internet search engines, different journals, websites and electronic literature indexes. A sample of 60 documents met the criteria. The inclusion criterion was any article addressing perceptions in psychology, social sciences, nursing and education were reviewed.

Review method: A concept analysis was conducted according to the steps of Rodger and Knafl (2000); Walker and Avant (2005) and Wilson (1963).

Results: Perception has been defined as a constructive process that relies on a top–down processing. This entails that people make inferences about what they see and try to make a best guess as to what the object is all about. Attributes for perception were defined as intensity and physical dimension of stimulus, past experiences, and attention factors such as readiness to respond to the stimulus, motivation and emotional state of the subject. Consequences include increased HCT uptake by young adults, a positive lifestyle, a reduction in the spreading of HIV and AIDS and lowered HIV statistics amongst young adults.

Conclusion: The study findings related to HCT and perceptions paved the way towards a further understanding of HCT as an entry programme in HIV/AIDS services or programmes in relation to young adults. The ability of young adults to use their auditory senses to hear the nurses talk about HCT and HIV, the ability to see the attitudes displayed by HCT.
1. Introduction

Young adults have always acknowledged the availability of HIV Counselling and Testing (HCT) and they have their own way of perceiving HCT programmes as well as the issues affecting the use of HCT by young adults. Different perceptions related to HCT were identified, which were believed to have an influence on the decisions young adults make regarding the use of an HCT programme; hence, the best concept identified to describe the situation better was ‘perceptions’ (Risenga, Davhana-Maselesele, & Obi, 2013).

After a research conducted regarding views of young adults in relation to HCT use by young adults, the concept ‘perception’ was drawn, because each young adult has his or her own way of looking at HCT programmes and the ways affecting its acceptance by young adults; hence, perceptions are discussed as being positive and negative towards HCT.

Lindsay and Norman (2013) reflect that perception is having five senses. The representation of what is perceived; the basic component in the formation of a concept (this includes internal representation, mental representation and presentation to the mind in a form of an idea or image). The process of perceiving (including basic cognitive processes involved in obtaining and storing knowledge, and concepts such as feelings, tactile sensation, auditory sensation, touch, touch sensation, auditory perception, sound perception, seeing, visual perception, detection, sensing and somatic sensation as examples of perception). Knowledge gained by perceiving involves cognition, knowledge and noesis, which entail the psychological result of perception and learning as well as reasoning (Kalichman, Graham, Luke, & Austin, 2002).

According to Park and Tallon-Baudry (2014), perception is divided into five sections according to the senses:

- Visual perception is the brain’s ability to make contact with the world through vision. This includes visual discrimination, visual memory, visual comprehension, shape recognition, background perception and visual motor coordination.
- Auditory perception involves the interpretation of information that is conducted to the brain via the ears. This includes auditory discrimination, auditory memory, auditory foreground/background discrimination and auditory comprehension.
- Olfactory perception entails the conduction of information to the brain conducted through the nose, or sense of taste.
- Gustatory perception is the ability to distinguish between different tastes via the tongue, or sense of taste.
- Tactile perception is the perception and interpretation of information that is conducted to the brain via the skin and fingertips, or sense of touch.

Young adults’ presentations in the study conducted by Risenga et al. (2013) show their understanding and different perceptions with regard to an HCT programme, because they clearly reflect their awareness of the programme and its activities. The explanation given by young adults reveals their mental awareness of the programme, because they could state it rapidly, consciously and clearly from their own cognition and this showed that the HCT programme is not something new to them, but something that is well thought through and understood. During the interviews, some young adults described the HCT programme with emotions reflecting their consciousness of the programme.

2. Background

According to Risenga et al. (2013), an HCT programme is affected negatively by the stigma and discrimination attached to HIV and AIDS, aggravated by a lack of confidentiality and privacy displayed in the health institutions where HCT programmes are implemented (Risenga et al., 2013). HCT services require that the 3Cs be maintained and implemented at every health facility throughout client encounters, namely informed consent, counselling and confidentiality (National HIV Counselling and Testing Policy Guidelines, 2010). An HCT campaign was conducted from April 2010 to June 2011, targeted at testing 15 million South Africans. Over 12 million were counselled, but only 10.2 million were tested and 15% refused to be tested (Bodibe, 2011). The information presented by Bodibe (2011) reflects that there is high rate of refusals; hence, there is a need to understand the perceptions of people regarding HCT services. HIV statistics keep on escalating and the total number of people living with HIV in South Africa increased from an estimated 4 million in 2002 to 5.26 million by 2013. UNAIDS (2013) has indicated that approximately 17% of South African women in their reproductive ages are HIV positive. Therefore, South Africa is rated number one in the world regarding HIV infections (UNAIDS, 2013).

A concept analysis was conducted according to steps of Rodger and Knaff (2000) and Walker and Avant (2005). Walker and Avant (2005) have developed eight steps for concept analysis, but only six steps have been adapted and used in this study, because they address the findings of the study. The aim of this analysis was to clarify the meaning of the concept
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