

The Problem

Voluntary Counseling and HIV-Testing (VCT) is defined as a process by which an individual undergoes counseling, enabling him or her to make an informed choice about being tested (WHO, 2002; UNAIDS, 1997, 1999, 2000a; Pool & Nyanzi, 2001; Ekanem & Gbadegesin, 2004). Many important sources (including UNAIDS, 2000a; Enosolease & Offor, 2004; The Voluntary HIV-1 Counseling and Testing Efficacy Study Group (VHCTE- Study Group, 2000, Olley, 2006) suggest that VCT must not only be entirely the choice of individuals, but that they (the individuals) must also be assured of the confidentiality of the test results. In the extant literature, VCT is celebrated as a very critical and cost-effective tool for the screening, prevention, and control of HIV in Africa. Research depicts VCT as key to the success of interventions aiming to prevent mother to child HIV transmission. By enabling the serostatus of pregnant mothers to be known, the lives of several thousands of newborns in Africa have been saved. The positive role of VCT in promoting sexual behavior change is also amply documented. Akerele et al (2004) reported a 40 % reduction in unprotected sex among individuals who underwent VCT, compared to those who only received health information.

Families also benefit from VCT. Ekanem and Gbadegesin (2004) argue that the early detection of infections permits advance planning for the livelihood and financial security of survivors and dependants. Communities also reap huge benefits when people feel safe enough to be open about HIV and their own statuses, and become involved in the fight against the disease. Such first-hand experiences to AIDS action do not only help community members but also force policy-makers to face up to the pandemic (Izugbara, 2003; Kalichman & Simbayi, 2003; Kawichai, Celetano, Chaifongsri, Nelson et al, 2002; Ekanem and Gbadegesin, 2004; UNAIDS, 1999; 2001; Nyablade, Menken, Wader, Sewankambo, et al, 2001). VCT has also been reported to help people infected with HIV to live longer. A study conducted in Malawi showed that VCT and cotrimoxazole prevented death in one of 13 patients with tuberculosis (Zachariah, Spielmann, Chinji, Arendt, et al, 2003). Premarital VCT has also been reported to prevent vertical and horizontal spread of the virus in areas with high HIV prevalence (McKillip, 1991; Cleary, Barry, Mayer, Brandt et al, 1987; Altman, Shahied, Pizzuti, Bradon et al, 1992). In recognition of the significant role that VCT can play within a comprehensive range of measures for HIV/AIDS prevention, control, and support, the UNAIDS has recommended its mainstreaming into national HIV/AIDS policies and programs (UNAIDS, 1999, 2001).

Currently, the focus of VCT research in sub-Saharan Africa has been on its acceptability as well as people's willingness to undergo it. The bulk of these studies has also focused largely on adult men and

women, analyzing various factors in the social and cultural environment that shape attitudes toward VCT, and especially the quantitative relationships between acceptability of VCT, willingness to undergo it, and variables such as marital status, knowledge of someone infected with HIV, involvement in risky sexual practice, beliefs about HIV, occupation, gender, knowledge about mother-child HIV transmission and prevention, and sexual history and behavior etc (Enosolease & Offor, 2004; Misiri & Muula, 2004, MacLean, 2004, Kalichman & Simbayi, 2003; Nyabblade, Menken, Wader, Sewankambo, et al, 2001).

However, research interest in the quantitative relationships between these variables and dispositions toward VCT has cultivated neglect towards the critical qualitative voices on VCT. As a result, questions about the complexities of experiences, perceptions, meanings, and beliefs surrounding VCT have failed to be systematically answered (Castle, 2003; Nuwaha, Kabatesi,, Muganwa, & Whalen, 2002; Maman, Mbwanbo, Hogan, et al, 2001; Yoder, Matinga, & Matinga, 2004). Further, focus on adults has also hindered insights on young people's views surrounding VCT, with the effect that very little currently exists in the literature regarding adolescent perspectives on, and beliefs about VCT. However as more recent research shows, sub-Saharan African adolescents are not only critically at risk of HIV infection but can also benefit immensely from seeking and uptaking VCT. Authoritative sources (including the VHCTE-Study Group, 2000; UNAIDS, 2001; Enosolease & Offor, 2004; Amusa, Joel, Anyamela, Okoro, et al, 2004;) suggest that VCT offers a window of opportunity for snatching young people from HIV infection and for helping the infected among them to live longer and perhaps, more confidently.

Focusing on Uganda and Malawi, two of the world's most AIDS- afflicted countries (Yoder, Matinga, & Matinga, 2004; NACM, 2001, UNAIDS, 2006; Nuwaha, et al 2002; UAC, 2007, Pool, Nyanzi & Whitworth, 2001) and where young people continue to be very vulnerable to HIV (WHO, 2002; UNAIDS, 2005, 2006), the present study investigates narratives of young males in group interviews on VCT.

Data Sources

The study draws on focus group discussions (FGDs) data from the Protecting the Next Generation (PNG) project: A grand multi-country study conducted between 2002 and 2006 by the Guttmacher Institute and its partner research institutions, including the African Population and Health Research Center (APHRC). The study aimed at generating in-depth information on the factors responsible for the vulnerability of young people in Sub-Saharan Africa to negative sexual and reproductive health outcomes especially HIV/AIDS, other STIs, and unwanted pregnancies. Four countries-Burkina Faso, Ghana, Malawi, and Uganda- were covered in the study. Altogether, the study involved 55 focus group discussions (FGDs) with 14-19 year-olds and 400 in-depth interviews (IDIs) with 12-19 year-olds. A further nationally-representative survey of 12-19 year-old was conducted in each study country. There were also 240 in-depth individual interviews

with parents, teachers, and health providers. However, the present paper only relies on data from the focus group discussions conducted with young males in rural and urban Uganda and Malawi. Scholars who have reflected on key methodological issues thrown up in the PNG study show that young people spoke more willingly about issues in the FGDs than during the IDIs(Undie et al , 2006; Izugbara & Undie, forthcoming).

FGD question items addressed themes including perceptions of sex, VCT, the nature of adolescent sexual relationships, their partners and strategies for securing sexual partnerships. Other issues covered include knowledge related to HIV and STI and views on abstinence, condoms, and premarital pregnancy. Information was also sought on what young people know about sexual and reproductive health services as well as their preferences regarding those. However, the current study only analyzes information provided by the respondents on VCT. This included what they know about VCT, whether they consider VCT services accessible to them, their views about the importance or otherwise of uptaking VCT, and their narratives surrounding the implications of VCT for HIV etc.

Key Results.

The study establishes that male youth in the two countries were vastly cognizant of the mainstream public health rhetoric on VCT. However, much of their narratives framed VCT uptake in terms of danger, as a sign of lack of self-confidence, and as an acknowledgment of vulnerability: A tendency, which we argue, is not unrelated to male youth's inclination to perform their masculinity in gestures of self-efficacy, imperviousness, invulnerability, and invincibility. The idea of 'not wanting to die alone' from AIDS also featured prominently in the narratives, with several respondents declaring that they themselves would spread the disease further should they test positive. Comprehensive HIV education and communication is key to disrupting dangerous and unscientific beliefs about HIV/AIDS circulating among young people and freeing them from the shackles of consternation over VCT and HIV.