



Determinants of Voluntary HIV/AIDS Counseling and Testing among University Students in Ghana

Moses Banyeh ^{a*}, Thea Kankpi ^a, Kervin Edinam Zogli ^a and Seidu Mohammed ^a

^a Department of Biomedical Laboratory Science, University for Development Studies, Tamale, Ghana.

Authors' contributions

This work was carried out in collaboration among all authors. Authors MB and SM conceived the idea and designed the research. Authors SM and KEZ collected and analysed the data. Authors MB wrote the first draft manuscript. All the authors read the final draft and approved its content. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/AJARR/2022/v16i130448

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/84483>

Original Research Article

Received 25 November 2021

Accepted 28 January 2022

Published 30 January 2022

ABSTRACT

Aim: The onset of the new global pandemics such as COVID-19 and Ebola may have shifted attention from factors affecting voluntary counseling and testing (VCT) for HIV/AIDS, especially among university students. The study sought to determine the factors influencing VCT uptake among university students.

Study Design: This was a cross-sectional study

Place and Duration of Study: The study was conducted at the University for Development Studies, from May to June 2020.

Methodology: The study population was 119 (males: 71.4% and females: 28.6%) aged between 20 to 45 years. Data were collected using a pre-tested, structured questionnaire.

Results: Males were less likely to obtain information regarding VCT from the hospital as compared to the media [OR: 0.193(95%CI: 0.041-0.914)]. A student who was informed regarding VCT [OR: 6.833(95%CI 1.258-37.119)], a student who knew where VCT services were provided [OR: 9.336(3.002-29.032)], a student who was willing to take an HIV test [OR: 4.400(1.515-12.777)] and a student who tested for HIV on campus [OR: 5.455(1.930-15.418)] had greater odds of VCT uptake. However, the odds that a student tested for HIV was less for other reasons either than medical [OR: 0.284(0.084-0.959)].

Conclusions: The findings of this study are useful for healthcare providers, non-governmental organizations, policymakers and university management regarding HIV infection prevention and control among students.

*Corresponding author: Email: mosesbanyeh@gmail.com, mbanyeh@uds.edu.gh;

Keywords: Voluntary counselling and testing; HIV/AIDS; university students; uptake; Ghana.

1. INTRODUCTION

Sub-Saharan Africa is the worst affected by the HIV/AIDS pandemic, especially among young adults between the ages of 15-24years [1]. According to the 2019 fact sheet of the Ghana AIDS Commission, the national prevalence of HIV/AIDS was 2.0%, however, the prevalence was 1.7% for people aged from 15-49 years. Young adults between 15-24yrs contributed to 28.0% of all new infections in 2019 and most university students are within this age bracket [2]. University students are mostly single and usually live alone without parental control, usually for the first time. The thrill over their 'newly acquired independence' may lead them to risky sexual behaviour fueled by their exposure to inappropriate media content, peer pressure, and the joy of experimenting and exploring, particularly regarding sex [3,4,5,6]. The likelihood of contracting sexually transmitted diseases (STDs) including HIV/AIDS is therefore high among university students and this phenomenon has been a public health concern in Ghana (Oppong Asante, 2013). The fight against HIV/AIDS cannot be fought without the contribution of university students because they form an important constituency in the intervention process [7].

The uptake of voluntary HIV/AIDS counselling and testing (VCT) among university students is low according to studies [8,9,6]. There are several barriers to VCT uptake among university students [10]. The false sense of low risk among some students may lead them to believe they cannot contract HIV [11,12]. Socio-cultural and religious beliefs regarding HIV/AIDS and testing may also be a barrier. Major among these barriers is the fear of stigmatization, discrimination, and rejection by family, friends, and society if one is found to be HIV positive [13]. These factors may prevent university students from accessing VCT services even when they are available and free. The lack of VCT facilities, trained personnel, and other resources on university campuses also militate against VCT uptake among students. The traditional model of disseminating HIV/AIDS-related information through formal workshops, conferences, and talks is not also helpful. University students have newer channels of accessing information mainly through social media and the internet [14,15]. Therefore, there may be under-reporting of HIV/AIDS prevalence

among university students due to occult HIV infection as a result of the many barriers to the uptake of VCT.

The global campaign against HIV/AIDS and particularly in Ghana is waning primarily due to the shortage of funds to sustain campaigns and improved treatment methods such as anti-retroviral therapy (ARVs). Sensational reports from the media regarding emerging pandemics such as Ebola and COVID-19 have made HIV/AIDS a lesser evil. Although there has been more awareness regarding HIV/AIDS in Ghana since 2003, VCT uptake is still poor among university students and young people because knowledge of HIV and VCT does not usually translate into VCT uptake [16,17,18,19]. The reduction in sensitization programs on HIV/AIDS may reduce the level of knowledge and awareness of university students regarding the pandemic. These factors may create a false sense of low risk for HIV and a culture of complacency among university students. This study was therefore conducted to assess the determinants of VCT uptake among university students in Ghana in the face of reduced media campaigns, sensitization, and the new global pandemics.

2. MATERIALS AND METHODS

2.1 Study Design and Settings

This cross-sectional study was conducted from May to June 2020 at the University for Development Studies (UDS), Tamale campus. The University for Development is a multidisciplinary university with two campuses in Tamale and one campus in Nyankpala, all in the Northern region of Ghana. The university offers both under- and postgraduate programs in Medical, Agricultural and Educational disciplines. The university admits students from all parts of Ghana and some from other African countries such as Nigeria and Kenya [20].

2.2 Participants

The study population consisted of 119 students of whom 28.6% (34/119) were female and 71.4% (85/119) were male. The study was voluntary and also free to all students who were willing to participate. To be eligible for the study, however, one must be an identifiable student of UDS, either studying an undergraduate or postgraduate program. Sample selection was not

restricted by a student's program of study. Students perusing any program including Doctor of Medical Laboratory Sciences, Nutrition, Nursing, Medicine or Education were all eligible. However, to ensure we had a comparable number of males and females participating, the sampling process was stratified into male and female after which a convenient sampling method was then used to select the participants.

2.3 Data Sources

The data were collected using a semi-structured self-administered questionnaire. The researchers sought permission from lecturers to use the last 10 minutes of their lecture time to educate students about the study. Students were pre-informed through their class representatives before the visit of a member of the research team to their class. The students were given orientation on the structure of the questionnaire and how to fill it. They were also made to know that participation was voluntary and they reserved the right to participate or decline. The students were assured that the study was going to be anonymous and the confidentiality of their information was assured. The questionnaire was pre-tested with a small group of students. It was observed at the pre-testing stage that students preferred an electronic version of the questionnaire since most of the students used social media and were more likely to participate in the study if the questionnaire was being posted on their class social media platforms. The questionnaire was then adjusted for clarity and coded in Google form before it was posted on the students' class platform for volunteers to complete.

2.4 Statistical Methods

The data was collected in Microsoft Excel and were then dummy coded. The data was then exported into IBM SPSS v23 (SPSS Inc., Chicago, IL, USA) for analysis. Summary statistics of the variables were then presented frequency (per cent). Logistic regression analysis was performed to establish associations between the uptake of VCT and other variables. For all comparisons, a $P < 0.050$ was considered statistically significant.

3. RESULTS

3.1 Participants

The total number of participants was initially 133. After the questionnaires were vetted, 4 (3.0%)

did not provide all sociodemographic data, 6 (4.5%) and 4(3.0%) provided less than 50% of the information needed in sections 2 and 3 of the questionnaires respectively. In the end, 119 participants were used for the study.

3.2 General Characteristics of the Study Population

The general characteristics of the study population are shown in Table and Fig. 1. Males constituted a majority of the study population (71.4%). A large portion of the students was between the ages of 25 to 30 years (51.3%) and the majority were single (70.6%). Most of the students were informed regarding VCT (70.6%) or knew where VCT services were provided (84.9%). Also, from Fig. 1, most of the students who were enrolled in the study obtained their information regarding VCT from the hospital (48.7%).

3.3 Sources of VCT-related Information

As shown in Fig. 1, the majority of the respondents indicated that they obtained their information regarding VCT from the hospital (48.7%) followed by friends (22.7%), the media (16.0%), and then non-governmental organizations (NGOs) which formed only 12.6%.

3.4 Uptake of VCT between Males and Females

The association between the uptake of VCT among males and females is shown in Table 2. The odds that males, relative to females, will obtain their VCT related information from the hospital was less compared to the media [OR: 0.193(0.041-0.914)].

3.5 Determinants of Willingness to Test for HIV

From Table 3, the odds that a student will be willing to take an HIV test was less if the student was informed regarding VCT [OR: 0.190 (0.039-0.942)]. However, the willingness to take an HIV test had greater odds if a student knew where VCT services were provided [OR:5.791 (1.832-18.304)].

3.6 Determinants of VCT Uptake

Factors that were associated with the uptake of VCT among students is shown in Table 4. Students who were more informed regarding VCT [OR: 6.833 (1.258-37.119)] and students

who knew where VCT service was provided [OR: 9.336 (3.002-29.032)] had greater odds to have tested for HIV. Also, students who were willing to take the HIV test [OR: 4.400 (1.515-12.777)] and students who took their HIV test on campus [OR: 5.455 (1.930-15.418)] had odds to have tested for HIV. However, the

reason a student tested for HIV was more related to medical than to other factors [OR: 0.284 (0.084-0.959)]. Moreover, the odds that a student took the HIV test was reduced if the testing was done by the staff at the hospital relative to a VCT mobile team [OR: 0.225 (0.072-0.704)].

Table 1. General characteristics of the study population

Variable	Frequency n (%)
Age (years)	
<25	33(27.7)
25 - 30	61(51.3)
>30	25(21.0)
Sex	
Female	34(28.6)
Male	85(71.4)
Religion	
Christian	24(20.2)
Islam	94(79.0)
Marital status	
Single	84(70.6)
Married	35(29.4)
Are you informed about VCT?	
No	7(5.9)
Yes	112(94.1)
Do you know where VCT is done?	
No	18(15.1)
Yes	101(84.9)
Is testing for HIV important?	
No	5(4.2)
Yes	114(95.8)
Will you take an HIV test?	
No	17(14.3)
Yes	102(85.7)
Why wouldn't you test for HIV?	
Fear	29(24.4)
Believes	29(24.4)
Other's bad experiences	47(39.5)
Have you tested for HIV?	
No	35(29.4)
Yes	84(70.6)
Should HIV/AIDS be a course of study?	
No	23(19.3)
Yes	96(80.7)

Results were presented as frequencies (per cent).

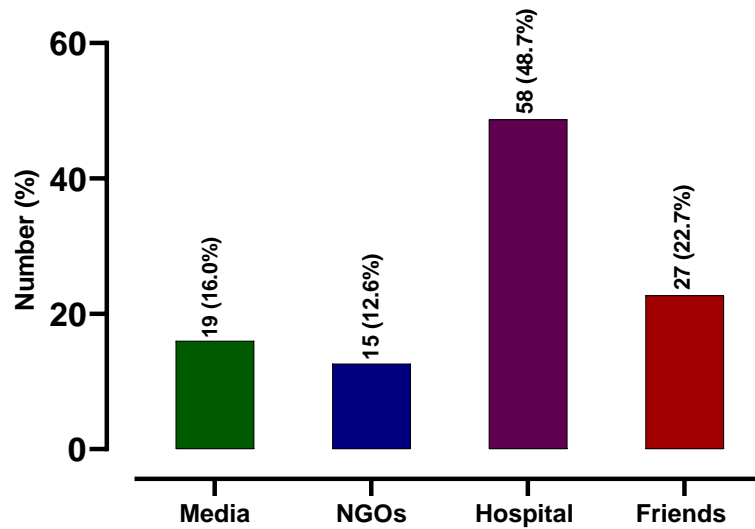


Fig. 1. Frequency distribution of the sources of information regarding voluntary counseling and testing for HIV/AIDS among the participants

Table 2. Determinants of VCT uptake stratified by sex

Variable	n	Have you tested for HIV?		
		Female	Male	OR (95%CI)
Is testing for HIV important?				
No	5	1(20.0)	4(80.0)	1
Yes	114	33(28.9)	81(71.1)	0.614(0.066-5.697)
What is your source of information?				
Media	19	2(10.5)	17(89.5)	1
NGO	15	1(6.7)	14(93.3)	1.647(0.135-20.116)
Hospital	58	22(37.9)	36(62.1)	0.193(0.041-0.914) *
Friends	27	9(33.3)	18(66.7)	0.235(0.044-1.249)
Will you take the HIV test?				
No	17	3(17.6)	14(82.4)	1
Yes	102	31(30.4)	71(69.6)	0.491(0.132-1.831)
Have you tested for HIV?				
No	35	7(20.0)	28(80.0)	1
Yes	84	27(32.1)	57(67.9)	0.528(0.205-1.350)
What is the reason for testing for HIV?				
Medical	28	11(39.3)	17(60.7)	1
Fear	45	14(31.1)	31(68.9)	1.433(0.534-3.843)
Other	46	9(19.6)	37(80.4)	2.660(0.929-7.614)
Have you tested for HIV on campus?				
No	74	19(25.7)	55(74.3)	1
Yes	45	15(33.3)	30(66.7)	0.961(0.307-1.553)
Do you trust the VCT personnel?				
No	29	8(27.6)	21(72.4)	1
Maybe	42	10(23.8)	32(76.2)	1.219(0.414-3.591)
Yes	48	16(33.3)	32(66.7)	0.762(0.277-2.097)
Why wouldn't you test for HIV?				
Fear	29	7(24.1)	22(75.9)	1
Believes	29	6(20.7)	23(79.3)	1.220(0.354-4.203)

Variable	Have you tested for HIV?			
	n	Female	Male	OR (95%CI)
Other's bad exp	47	17(36.2)	30(63.8)	0.561(0.199-1.585)
Should HIV/AIDS be made as a course of study?				
No	23	4(17.4)	19(82.6)	1
Yes	96	30(31.3)	66(68.8)	0.463(0.145-1.479)

Results were presented as frequencies (per cent). OR; odds ratio, CI; confidence interval. Significant at the level $P < 0.050$

Table 3. Determinants of willingness to take an HIV test among the study population

Variable	Will you take an HIV test?			
	n	No	Yes	OR (95%CI)
Age (years)				
<25	33	3(9.10)	30(90.9)	1
25 - 30	61	9(14.8)	52(85.2)	0.578(0.145-2.301)
>30	25	5(20.0)	20(80.0)	0.400(0.086-1.864)
Sex				
Female	34	3(8.8)	31(91.2)	1
Male	85	14(16.5)	71(83.5)	0.491(0.132-1.831)
Marital status				
Single	84	12(14.3)	72(85.7)	1
Married	35	5(14.3)	30(85.7)	1.000(0.324-3.086)
Are you informed about VCT?				
No	7	3(42.9)	4(57.1)	1
Yes	112	14(12.5)	98(87.5)	0.190(0.039-0.942) *
Do you get enough VCT information on campus?				
No	74	13(17.6)	61(82.4)	1
Yes	45	4(8.9)	41(91.1)	2.184(0.666-7.170)
What is your source of information on VCT?				
Friends	27	3(11.1)	24(88.9)	1
Media	19	5(26.3)	14(73.7)	0.350(0.072-1.692)
NGO	15	1(6.7)	14(93.3)	1.750(0.166-18.482)
Hospital	58	8(13.8)	50(86.2)	0.781(0.190-3.211)
Do you know where VCT is done?				
No	18	7(38.9)	11(61.1)	1
Yes	101	10(9.9)	91(90.1)	5.791(1.832-18.304) **
Why wouldn't you test for HIV?				
Fear	29	6(20.7)	23(79.3)	1
Believes	29	3(10.3)	26(89.7)	2.261(0.507-10.084)
Other's bad exp	47	6(12.8)	41(87.2)	1.783(0.515-6.169)
What will motivate you to take the HIV test?				
Education	89	26(29.2)	63(70.8)	1
Privacy	17	4(23.5)	13(76.5)	0.411(0.112-1.509)
Other	13	4(30.8)	9(69.2)	0.422(0.099-1.796)
Are there VCT centres on campus?				
No	62	8(12.9)	54(87.1)	1
Yes	57	9(15.8)	48(84.2)	0.790(0.282-2.210)
Are campus VCT centres enough?				
No	77	13(16.9)	64(83.1)	1
Yes	42	4(9.5)	38(90.5)	1.930(0.587-6.345)

Results were presented as absolute numbers (per cent). OR; odds ratio, CI; confidence interval. *Significant at the level $P < 0.050$, **Significant at the level $P < 0.010Z$

Table 4. Determinants of VCT uptake among the study population

Variable	Have you tested for HIV?			
	N	No	Yes	OR (95%CI)
Age(years)				
<25	33	11(33.3)	22(66.7)	1
25 - 30	61	17(27.9)	44(72.1)	1.294(0.158-3.231)
>30	25	7(28.0)	18(72.0)	1.286(0.414-3.996)
Sex				
Female	34	7(20.6)	27(79.4)	1
Male	85	28(32.9)	57(67.1)	0.528(0.205-1.360)
Marital Status				
Single	84	29(34.5)	55(65.5)	1
Married	35	6(17.1)	29(82.9)	2.548(0.949-6.841)
Are you informed about VCT?				
No	7	5(71.4)	2(28.6)	1
Yes	112	30(26.8)	82(73.2)	6.833(1.258-37.119) *
What is your source of information?				
Friends	27	7(25.9)	20(74.1)	1
Media	19	10(52.6)	9(47.4)	0.315(0.091-1.095)
NGO	15	7(46.7)	8(53.3)	0.400(0.106-1.513)
Hospital	58	11(19.0)	47(81.0)	1.495(0.507-4.415)
Do you know where VCT is done?				
No	18	13(72.2)	5(27.8)	1
Yes	101	22(21.8)	79(78.2)	9.336(3.002-29.032) ***
Will you take the HIV test?				
No	17	10(58.8)	7(41.2)	1
Yes	102	25(24.5)	77(75.5)	4.400(1.515-12.777) **
Where were you tested?				
Public health facility	74	17(23.0)	57(77.0)	1
Private health facility	17	6(35.3)	11(64.7)	0.547(0.176-1.697)
Mobile team	23	8(34.8)	15(65.2)	0.559(0.206-1.543)
Why did you take the test?				
Medical	28	4(14.3)	24(85.7)	1
Fear	45	14(31.1)	31(68.9)	0.369(0.108-1.266)
Other	46	17(37.0)	29(63.0)	0.284(0.084-0.959) *
Why wouldn't you test for HIV?				
Fear	29	5(17.2)	24(82.8)	1
Believes	29	10(34.5)	19(65.5)	0.396(0.116-1.355)
Other's bad experience	47	15(31.9)	32(68.1)	0.444(0.142-1.393)
Who tested you?				
VCT Mobile team	59	14(23.7)	45(76.3)	1
Staff at Health facility	39	9(23.1)	30(76.9)	0.225(0.072-0.704) *
Other personnel	21	12(57.1)	9(42.9)	0.964(0.371-2.509)
Did you pay for the test?				
No	76	15(19.7)	61(80.3)	1
Yes	28	8(28.6)	20(71.4)	0.615(0.227-1.664)
Have you tested for HIV on campus?				
No	74	30(40.5)	44(59.5)	1
Yes	45	5(11.1)	40(88.9)	5.455(1.930-15.418) **

Results were presented as absolute frequency (per cent). OR; odds ratio, CI; confidence interval. Significant at the level $P < 0.050$, **Significant at the level $P < 0.010$, ***Significant at the level $P < 0.001$

4. DISCUSSION

This study aimed to determine the factors influencing VCT uptake among university

students. It was observed that the majority of the students were single and were between the ages of 25-30 years. The number of students who were informed about VCT or knew where VCT

was done formed a larger portion of the study sample. Students who were willing to take the HIV test and those who tested for HIV were more than those who were not willing to test or haven't tested for HIV. Male students were more likely than females to access VCT-related information from the media. Knowledge of VCT was associated with VCT uptake and knowing where VCT was done was also associated with both the willingness to test for HIV and testing for HIV. Most students were tested for HIV based on medical reasons. Moreover, VCT services provided by mobile teams or on the university campus were associated with VCT uptake.

A significant number of the study population were single and young. This was consistent with other studies [19]. This was expected because most university students are usually young and single and those who are married are mostly students pursuing top-up programs or post-graduate studies. This is a significant finding that should make authorities focus more on educating university students about HIV and VCT. Most university students are leaving home for the first time. The thrill of their newly found "independence", peer influence, and their quest to explore the unknown make them more likely to engage in risky sexual behaviour and therefore more likely to contract sexually transmitted infections including HIV [21]. Also, male students had greater odds than females to access VCT related information from the media compared to the hospital. Previous studies have shown that university students were more likely to obtain HIV/AIDS-related information from media (social media, television, and print) than from other sources [15,7,22,24]. Mass-media campaigns have had a significant influence on social norms and also, in raising awareness of health services [25]. The differences in sources of information regarding VCT could be due to the general observation that females are more concerned about their health and are more likely to visit the hospital to seek information regarding VCT [19]. Traditionally, males are not usually involved in domestic chores and are most likely to be watching television or surfing the internet and social media during vacations where they probably will be exposed to information regarding VCT. Stakeholders should recognize the variations in information sources among university students. Information on VCT targeting males should be made available through mass media and the internet, while VCT related information for females should be channelled through the hospitals.

A larger proportion of the students were informed about VCT and also, knew where VCT services were provided [26]. This was consistent with previous studies [27,7,8,19,28,21] but contrary to others [29,30,8]. The higher VCT knowledge and uptake could be attributed to the efforts of the National HIV/AIDS control program (NACP) with support from local and international partners which have held a sustained sensitization program on HIV/AIDS in Ghana over the years through the mass media and the hospitals. In some instances, HIV/AIDS clubs were formed on the campuses of secondary and tertiary institutions for peer-to-peer education among students [19]. The odds that a student had tested for HIV previously were greater if he/she had knowledge of VCT and knew where to access VCT services. This was also observed in similar studies among university students [30,19]. Although the willingness to take an HIV test was associated with knowledge of where VCT services were provided, it was, however, not associated with knowledge of VCT. This has been demonstrated by previous studies which showed that HIV knowledge does not always translate into willingness to test for HIV or VCT uptake. Previous studies, including one study among private university students in Ghana, have shown that although the majority of had knowledge regarding HIV, less than half had previously tested for HIV [19,6]. Moreover, increased knowledge and awareness of HIV among university students do not always predict behavioural change. Expressing a willingness to test for HIV does not also translate into actually testing for HIV, and this usually constitutes a major barrier to VCT uptake among students [16,11,18].

Testing for HIV on campus or VCT services that were provided by a mobile team increased the odds that a student tested for HIV previously. The model used in VCT for HIV does have an effect on the uptake of VCT among university students. A study by Cheruiyot et al. [30] revealed that the majority of students were familiar with the mobile VCT model, which could have accounted for the high VCT uptake among the students in their study. Similar studies have shown that students prefer door-to-door mobile VCT services because they were convenient, accessible, and eliminated the fear of being seen at a VCT centre. Door-to-door VCT services,, reduced the fear of stigmatization which is one of the major barriers to VCT uptake among students [31,32]. The Ghana Health Service (GHS) with support from the NACP and some

NGOs regularly embark on sensitization campaigns on VCT which are usually termed as “Know your status” where mobile VCT teams move to campuses of universities and schools to sensitize students and to offer them free VCT services for HIV. In addition to that, most students’ groups, as part of their week-long programs to create awareness regarding their future professions, do include free medical screening for students and HIV test is usually a routine test in such programs. Stakeholders and school management should therefore focus more on establishing VCT mobile services on campuses since they have been shown to provide increased access to VCT [33].

The current study has some strengths: this study adds to the few studies that have been conducted among university students in the northern part of Ghana. The study has also provided useful information regarding the need for providing VCT services on university campuses. The authors, however, recognize that there are some limitations in the study: this was a cross-sectional study among university students; therefore, a causal relationship cannot be established; the results of this study cannot also, be extrapolated to all university students in Ghana since it was a single university study. Also, the results largely depended on the responses of the participating students, and such recall bias and withholding of information cannot be entirely ruled out.

5. CONCLUSION

The uptake of VCT among university students can be enhanced through education, particularly in the media for males and also through the hospitals for females. The establishment of mobile VCT teams to offer VCT services on campus will greatly help improve VCT uptake among university students.

CONSENT

Informed consent was obtained from all the participants before the study.

ETHICAL APPROVAL

All procedures performed in studies involving human participants were done following the ethical standards of the institutional and/or national research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. The study was

approved by the Institutional Review Board of the University for Development Studies (UDS), Tamale.

ACKNOWLEDGEMENTS

The authors wish to thank all the students who consented to participate in the study. We also wish to acknowledge the support of the staff of the Department of Biomedical Laboratory Science of the University for Development Studies.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Organization WH, UNICEF. Young people and HIV/AIDS: Opportunity in crisis. In *Young people and HIV/AIDS: opportunity in crisis*. 2002;27-27.
2. Ali H, Amoyaw F, Baden D, Durand L, Bronson M, Kim A, Swaminathan M. Ghana's HIV epidemic and PEPFAR's contribution towards epidemic control. *Ghana medical journal*. 2019;53(1):59-62.
3. Imaledo JA, Peter-Kio OB, Asuquo EO. Pattern of risky sexual behavior and associated factors among undergraduate students of the University of Port Harcourt, Rivers State, Nigeria. *Pan African Medical Journal*. 2012;12(1).
4. Mill JE, Anarfi JK. HIV risk environment for Ghanaian women: challenges to prevention. *Social Science & Medicine*. 2002;54(3):325-337.
5. Sadgrove J. 'Keeping up appearances': Sex and religion amongst university students in Uganda. *Journal of Religion in Africa*. 2007;37(1):116-144.
6. Tagoe M, Aggor R. Knowledge, behaviour, perceptions and attitudes of University of Ghana students towards HIV/AIDS: what does behavioural surveillance survey tell us? *J Health Hum Serv Adm*. 2009; 51-84.
7. de Beer IH, Gelderblom HC, Schellekens O, Gaeb E, van Rooy G, McNally A, Tobias RWF. University students and HIV in Namibia: An HIV prevalence survey and a knowledge and attitude survey. *J Int AIDS Soc*. 2012;15(1):9. Available: <https://doi.org/10.1186/1758-2652-15-9>

8. Fikadie G, Bedimo M, Alamrew Z. Prevalence of voluntary counseling and testing utilization and its associated factors among Bahirdar University Students. *Adv Prev Med.* 2014;906107. Available:<https://doi.org/10.1155/2014/906107>
9. Peltzer K, Nzewi E, Mohan K. Attitudes towards HIV-antibody testing and people with AIDS among university students in India, South Africa and United States. *Indian J Med Sci.* 2004;58(3):95-108.
10. Ndabarora E, McHunu G. Factors that influence utilisation of HIV/AIDS prevention methods among university students residing at a selected university campus. *SAHARA-J: Journal of Social Aspects of HIV/AIDS.* 2014;11(1):202-210. Available:<https://doi.org/10.1080/17290376.2014.986517>
11. Khawcharoenporn T, Chunloy K, Apisanthanasarak A. Uptake of HIV testing and counseling, risk perception and linkage to HIV care among Thai university students. *BMC Public Health.* 2016;16:556. Available:<https://doi.org/10.1186/s12889-016-3274-8>
12. Lalo R, Theodhosi G, Breshanaj A. Health beliefs and barriers related to HIV prevention and screening among students of the University of Vlora: A cross-sectional study. *BMC Public Health.* 2020; 20(1):1302. Available:<https://doi.org/10.1186/s12889-020-09416-8>
13. Ulasi CI, Preko PO, Baidoo JA, Bayard B, Ehiri JE, Jolly CM, Jolly PE. HIV/AIDS-related stigma in Kumasi, Ghana. *Health & place.* 2009;15(1):255-262.
14. Abiodun O, Sotunsa J, Ani F, Jaiyesimi E. Knowledge of HIV/AIDS and predictors of uptake of HIV counseling and testing among undergraduate students of a privately owned university in Nigeria. *BMC Res Notes.* 2014;7:639. Available:<https://doi.org/10.1186/1756-0500-7-639>
15. Chng CL, Eke-Huber E, Eaddy S, Collins JR. Nigerian college students: HIV knowledge, perceived susceptibility for HIV and sexual behaviors. *College Student Journal.* 2005;39(1):60-72.
16. DiClemente RJ. Predictors of HIV-preventive sexual behavior in a high-risk adolescent population: The influence of perceived peer norms and sexual communication on incarcerated adolescents' consistent use of condoms. *Journal of adolescent health.* 1991; 12(5):385-390.
17. Koku EF. Stigma, sexual risk and desire for HIV tests in Ghana. *Sex Health.* 2011;8(1):110-119.
18. Onah HE, Mbah AU, Chukwuka JC, Ikeme AC. HIV/AIDS awareness and sexual practices among undergraduates in Enugu, Nigeria. *Niger Postgrad Med J.* 2004; 11(2):121-125.
19. Oppong Asante K. HIV/AIDS knowledge and uptake of HIV counselling and testing among undergraduate private university students in Accra, Ghana. *Reprod Health.* 2013;10:17. Available:<https://doi.org/10.1186/1742-4755-10-17>
20. UDS. Profile of the University for Development studies (online); 2020. Available:<https://uds.edu.gh/about-us/> [Assessed 19-04-2020]. Retrieved 19-04-2020 from <https://uds.edu.gh/about-us/>
21. Woldeyohannes D, Asmamaw Y, Sisay S, Hailesselassie W, Birmeta K, Tekeste Z. Risky HIV sexual behavior and utilization of voluntary counseling and HIV testing and associated factors among undergraduate students in Addis Ababa, Ethiopia. *BMC Public Health.* 2017; 17(1):121. Available:<https://doi.org/10.1186/s12889-017-4060-y>
22. Laryea DO, Awuah B, Amoako YA, Osei-Bonsu E, Dogbe J, Larsen-Reindorf R, Konney TO. Cancer incidence in Ghana, 2012: Evidence from a population-based cancer registry. *BMC cancer.* 2014;14(1):362.
23. Nwokoji UA, Ajuwon AJ. Knowledge of AIDS and HIV risk-related sexual behavior among Nigerian naval personnel. *BMC Public Health.* 2004;4(1):24.
24. Sallar AM. Correlates of misperceptions in HIV knowledge and attitude towards People Living With HIV/AIDS (PLWHAs) among in-school and outof-school adolescents in Ghana. *Afr Health Sci.* 2009;9(2).
25. Abdool Karim Q, Meyer-Weitz HA. Interventions with youth in high prevalence areas. HIV preventions: A comprehensive approach. Edited by: Mayer K, Pizer HF. 2009. In: London: Academic; 2009.
26. Ntata PRT, Muula AS, Siziya S, Kayambazinthu EE. Gender differences in university students' HIV/AIDS-related

- knowledge and sexual behaviours in Malawi: A pilot study. SAHARA-J: Journal of Social Aspects of HIV/AIDS. 2008; 5(4):201-205.
Available:<https://doi.org/10.1080/17290376.2008.9724920>
27. Anwuri GC, Dunn MS, Schulze F. Determinants of voluntary HIV/AIDS counseling and testing among community college students in the United States. Int J MCH AIDS. 2017;6(2):109-120.
Available:<https://doi.org/10.21106/ijma.212>
28. Uzochukwu B, Uguru N, Ezeoke U, Onwujekwe O, Sibeudu T. Voluntary counseling and testing (VCT) for HIV/AIDS: A study of the knowledge, awareness and willingness to pay for VCT among students in tertiary institutions in Enugu State Nigeria. Health Policy. 2011; 99(3):277-284.
Available:<https://doi.org/10.1016/j.healthpol.2010.11.007>
29. Charles MP, Kweka EJ, Mahande AM, Barongo LR, Shekalaghe S, Nkya HM, Mahande MJ. Evaluation of uptake and attitude to voluntary counseling and testing among health care professional students in Kilimanjaro region, Tanzania. BMC Public Health. 2009;9:128.
Available:<https://doi.org/10.1186/1471-2458-9-128>
30. Cheruiyot C, Magu D, Mburugu P, Sagwe D. Uptake and utilization of institutional voluntary HIV testing and counseling services among students aged 18-24 in Kenya's public Universities. Afr Health Sci. 2019;19(4):3190-3199.
Available:<https://doi.org/10.4314/ahs.v19i4.42>
31. Angotti N, Bula A, Gaydosh L, Kimchi EZ, Thornton RL, Yeatman SE. Increasing the acceptability of HIV counseling and testing with three C's: convenience, confidentiality and credibility. Social Science & Medicine. 2009;68(12):2263-2270.
32. Meda L. Assessing factors influencing university students to uptake voluntary counselling and testing (VCT) of human immune deficiency virus/acquired immune deficiency syndrome (HIV/AIDS). Journal of AIDS and HIV Research. 2013;5(6):173-180.
33. Payne NS, Beckwith CG, Davis M, Flanigan T, Simmons EM, Crockett K, Sly KF. Acceptance of HIV testing among African-American college students at a historically black university in the south. J Natl Med Assoc. 2006;98(12):1912-1916.

© 2022 Banyeh et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/84483>