



[www.kebaafrica.org](http://www.kebaafrica.org)

VOLUNTARY COUNSELLING AND TESTING (VCT) AND  
HEALTH SCREENING REPORT OF  
HAIRDRESSDRESSERS, SPARE PARTS DEALERS AND  
MECHANICS

*AT*

*TEMA KOKOMPE AND TESHIE*



7<sup>TH</sup>- 8<sup>TH</sup> OCTOBER 2009

*Submitted to:*

**GHANA SOCIAL MARKETING FOUNDATION (GSMF)**

4<sup>th</sup> Dzorwulu Crescent, Airport-West, P.O.Box CT 1847, Cantonments, Accra

## INTRODUCTION

The world is now more than 20 years into the HIV/AIDS crisis with no vaccine in sight and with relatively few effective and sustainable prevention programmes. While numerous programs have been mounted throughout the world since the first AIDS cases were reported in the early 1980's, the AIDS epidemic is out of control in many nations of Africa and across the world. Over 65 million people have been infected with HIV, of which over 25 million have died of AIDS. World wide some 7,000 people are infected everyday, 95 percent of them in developing countries. Although the rates of HIV infection and AIDS death have declined in the richer nations of the developed world, infection rates are soaring in developing countries. AIDS is now the leading cause of death in Africa and fourth leading cause of death globally. In seven Sub Saharan African nations, more than 22 percent of the population aged 15 to 49 is infected with HIV. Africa accounts for 83 percent of all AIDS death worldwide. In South Africa, AIDS deaths are so wide spread that small children now play a new game called "*Funerals*". In Zimbabwe, the AIDS epidemic has shortened life expectancy by 22 years, rolling back the gains achieved in previous decade. Two out of every three Zimbabwean aged between 15 and 39 are HIV- positive.

AIDS affects many more people than it infects. The epidemic impoverishes families as they try to meet the cost of patient care and of funerals. AIDS leaves behind orphans with a dim future. And the epidemic reverses many of the hard-won development gains of past decades. Despite this growing crisis, the world is making poor use of behavior change communication strategies for HIV/AIDS prevention.

In profiling HIV/AIDS and STIs in Ghana, cumulative data for the period 1986 to 2008 shows that the most affected age group was the 15-49 groups, with the peak between 25 and 34 years. HIV/AIDS affects women disproportionately, as they account for about 60 percent of all reported cases. The primary HIV/AIDS/STI intervention Strategy is though information, communication and education; voluntary Counseling and Testing and reducing mother-to-child transmission. Also, while the availability of anti-retroviral treatment grows, the emphasis remains on prevention of opportunistic infections with the introduction of minimal levels of anti-retroviral therapy as an adjunct.

With respect to condom usage, there is a persistent gap between knowledge of family planning and use of contraceptives. Unmet need for contraception remains as high as 34%. The need of young people for contraceptives are now generally recognized but are not being fully met. Also, there is a direct correlation between the level of unmet need for family planning and the proportion of unintended pregnancies. In light of these revelations, KEBA AFRICA was contracted by the Ghana Social Marketing Foundation to organize a health screening and voluntary counseling and testing for mechanics and spare parts dealers living in Tema Kokompe and hairdressers in Teshie to promote healthy lifestyles that will lead to positive behavior change.

## **PROGRAMME DESCRIPTION AND SITUATIONAL REPORT.**

On the 7<sup>th</sup> of October 2009, KEBA Africa was contracted by GSMF INTERNATIONAL to organize voluntary counseling and testing/ health screening exercise for mechanics and spare parts dealers at Tema Kokompe, as part of their outreach activities for Ghana AIDS Commission (GAC) Youth programme and also to highlight the benefits of undergoing VCT as a way to stop HIV spread. The specific objectives of the programme were as follows:

- To introduce VCT to the spare parts dealers and mechanics
- To determine the HIV prevalence among mechanics in Tema
- To highlight more on the A,B,C and D method of prevention
- To monitor HIV trends among the spare parts dealers and mechanics.
- To provide health related data to inform GSMF intervention programs

KEBA Africa's mobile VCT unit arrived at the Tema- Kokompe at 8:40am, and realized the people in charge were still setting up the venue for the exercise and thus helped with the arrangement and positioning of the booths and counseling centers. Within a few minutes the team set up two booths for counseling, one for testing and another for the health screening.

The health screening and VCT was announced through the public address system engaged to keep the place alive. At 10:50am members started walking in to get tested. During the counseling sessions, the client was first introduced to the pretest counseling to prepare him or her psychologically for the test, i.e. what it entails and what the result means. This initial process also allows the counselor to access,



- The knowledge of the client on HIV/AIDS and provide basic information about HIV infection to the client.
- Explain basic principles of HIV test and procedure to the client
- Explain the benefits of the health screening exercise.
- Emphasize that the test is voluntary and confidential.
- Obtain informed oral consent from the client to proceed to do the test.
- Where the client can give a signature/thumb print as consent this is also obtained.

After this initial knowledge dissemination, It was also made clear to the client that, VCT does not test for the virus but rather for the antibodies which means that the presence of HIV antibodies in the blood implies that the body has been exposed to the HIV virus. The client was also made aware that; an HIV non-reactive result means that no HIV antibodies were present in the blood samples tested while a reactive result means that HIV antibodies were present in the blood samples tested.

Clients were also made aware that even though there is no cure for HIV as at yet, there are medications to help support people living with HIV/AIDS. Post-test counseling was always discussed after the client has undergone testing. Lastly, confidentiality was assured the clients as they were given codes for their results.



Through out the day people came in to get tested for free as well as collect both free condoms and HIV educational materials. The free distribution of condoms and IEC materials made the program more lively and purposeful. At about 1: 30 pm the crowd grew thicker as members came for their results slips whilst some also were waiting to be counseled and tested. As a result of this a member of the team set up an extra booth for the sole purpose of conducting post counseling. This action helped in managing the overcrowding at the CT site. Members were also encouraged to undergo the health screening even if they didn't want to test for the HIV. At the health screening centre members had the opportunity to find out their blood group, blood pressure, body mass index which is an indicator of whether one is healthy or obese. Others were screened for diabetes and dental defects. During the health screening exercise most people were surprised to find out that they had a weight problem and also that they needed to exercise regularly to combat the effects of drinking and poor eating habits which result in high blood pressure and diabetes. Most spare parts dealers and mechanics got the opportunity to know their blood group, BMI, blood sugar and free advice to keep good health.

The whole exercise ended at about 3:30pm with a total turnout of 90+ turning up to undergo HIV testing as well as the health screening. Below is a diagrammatic presentation of the events that took place.

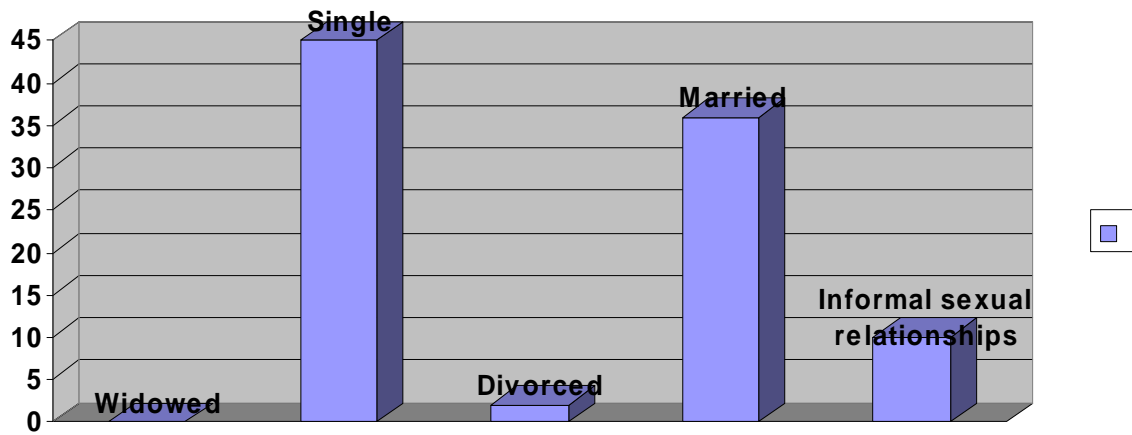


**TABLE ON COMMUNITY OUTREACH VCT EXERCISE ORGANIZED.**

	15-19(yrs)	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Total
<i>FEMALE</i>		6	14	1	1	1	3				26
<i>MALE</i>	5	21	9	13	8	5	1	2		1	65
<i>MALE POSITIVE</i>						1					1
<i>FEMALE POSITIVE</i>					1						1

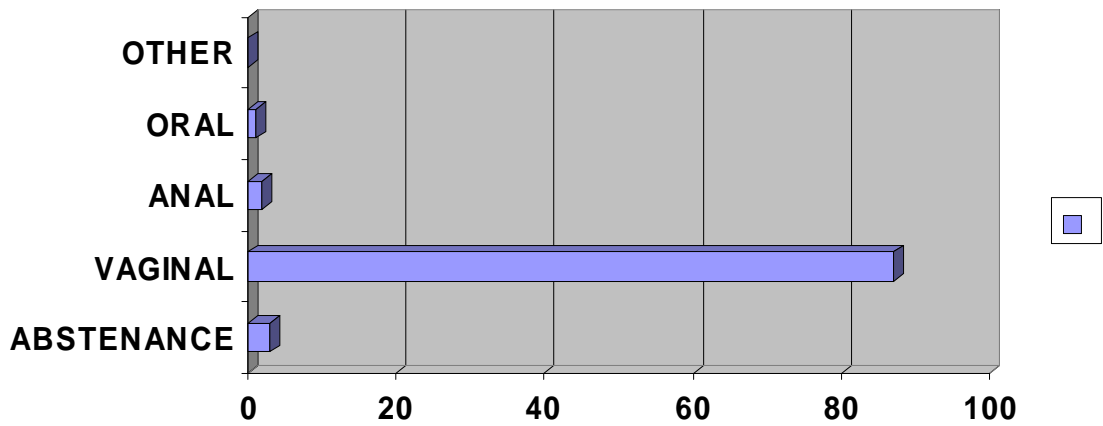
## MARITAL STATUS

<i>Widowed</i>	<i>Single</i>	<i>Divorced</i>	<i>Married</i>	<i>Informal sexual relationships</i>
0	45	2	36	10



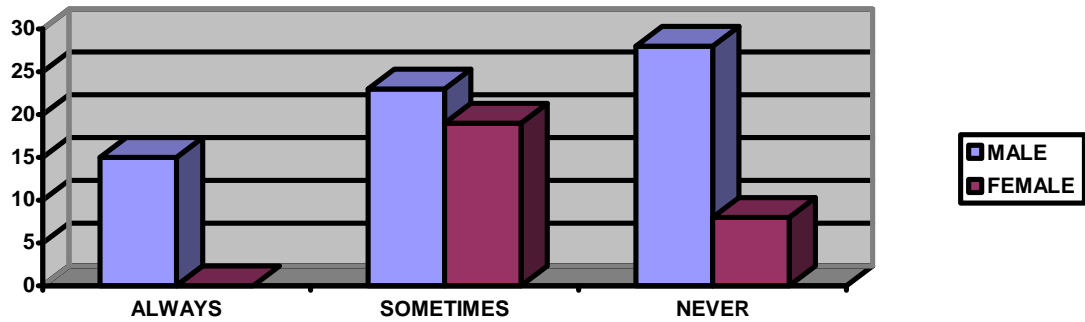
## SEXUAL PRACTICE

<i>ABSTENANCE</i>	<i>VAGINAL</i>	<i>ANAL</i>	<i>ORAL</i>	<i>OTHER</i>
3	87	2	1	0



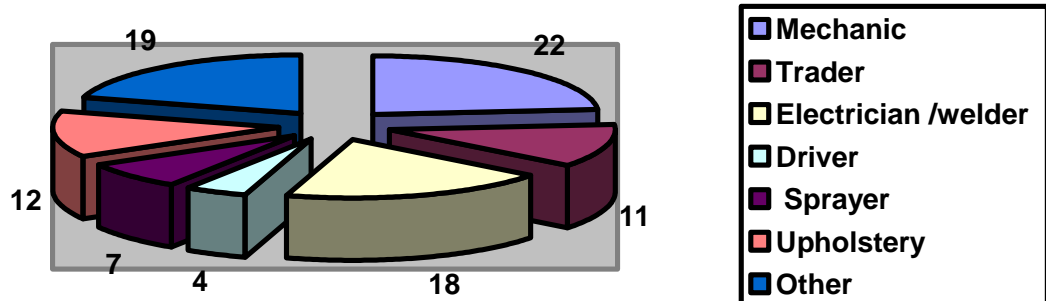
## CONDOM PRACTICE

	ALWAYS	SOMETIMES	NEVER
MALE	15	23	28
FEMALE	0	19	8



## OCCUPATION

Mechanic	Trader	Electrician /welder	Driver	Sprayer	Upholstery	Other
22	11	18	4	7	12	19



## HEALTH SCREENING RESULTS

N O.	NAME	AGE	SEX	HT/ M	WT/ KG	BMI	BN	BLD GRP	RB S
1.	Jonathan Akwada	33	M	1.6	61kg	21.36	120/70m gh	O+	
2.	Joyce Enchiel	46	F	1.54	75kg	31.62	140/100	A -	7.1
3.	Frank Asiedu	40	M	1.72	63	21.05	110/60	A-	3.7
4.	Emmanuel Opoku	47	M	1.17	84	22.05	120/70	O-	6.5
5.	Akwada Damakie	23	F	1.62	53	28.73	130/80	O-	6.7
6.	Isaac Waston	36	M	1.75	87	20.20	130/80	A-	5.0
7	Faustina Duamah	32	F	1.62	74	28.41	110/70	O+	5.0
8	Kofi Nkrumah	34	M	1.89	102	35.82	120/70	O+	5.6
9	Micheal Okyere	22	M	1.98	61	28.55	130/60	O-	5.6
10	Idowu Adelakum	32	M	1.77	67	24.13	130/70	B-	5.1
11	Ansah Christopher	33	M	1.89	25.2 2	21.39	130/80	O-	6.3
12	Agnes Krobea	39	F	1.80	70	79	110/70	O-	5.6
13	Samuel Krobea	38	M	1.7	91	27.69	120/80	A-	5.9
14	James Larmie	33	M	1.80	63	28.09	110/60	O+	4.9
15	Abdulai Oswin	24	M	1.79	73	21.8	150/100	O+	4.5
16	Kofi Tetteh	20	M	1.71	58	22.5	100/60	O+	6.6
17	Abraham Boabeng	52	M	1.73	64.1	18.10	100/50	O+	5.4
18	Efa Akomenya	42	M	1.61	65	22.0	130/70	A+	11
19	Mary Fosu	29	F	1.81	47	21.70	110/60	O+	5.5
20	Gertrude Nandol	18	F	1.64	62	18.13	110/60	A+	5.0
21	Samuel K Narh	65	M	1.62	79	27.19	110/70	O+	4.3
22	Adelaide Antwi	23	F	1.72	65	29.37	130/60	O+	4.9
23	Stephen Lartey	30	M	1.82	65	24.71	110/60	A+	6.0
24	Faustina Dwumoh	32	F	1.62	65	21.97	110/60	B+	4.8
25	Isaac Osei	21	M			23.31	130/70	B+	4.9
26	Susana Wilson	28	F	1.66	63	21.03	130/70	A+	5.4
27	Arthur Joel	17	M	1.68	55	22.86	110/60	O+	-
28	Jacob Henyno	36	M	1.67	72	19.49	110/60	O-	6.9
29	Philip Mensah	22	M	1.67	60	25.82	130/70	O+	-
30	Solomon Anti	22	M	1.74	71	21.5	110/60	B+	5.4
31	Lord Adjartey	20	M	1.75	63	23.45	110/60	AB+	5.5
32	Addo Joseph	25	M	1.63	54	20.57	110/70	O+	
33	Nartey Emma	19	M	1.64	22.7 6	20.32	110/60	O+	
34	Nana Yaw Boateng	36	M	1.84	63	22.7	110/70	O+	4.9
35	Emma Oboh	26	M	1.69	56	26.56	110/60	O+	5.6
36	Isaac Aryetey	25	M	1.68	55	19.6	130/70	O+	5.4

37	Enum Gbewe	26	M	1.66	53	19.45	110/60	O+	6.1
38	Isaac Aryetey	21	M	1.57	50	19.23	110/70	A+	4.3
29	Samuel Larwe	22	M	1.68	60	20.28	110/60	O+	4.9
40	Christiana Archer	18	F	1.65	62	21.26	110/60	B+	4.6
41	Emma Kyei	16	M	1.67	55	22.77	110/60	O-	-
42	Enoch Mensah	20	M	1.78	75	20.08	110/60	-	5.9
43	Daniel Atiogbe	42	M	1.69	79	23.67	130/70	O+	4.9
44	Aaron Tetteh	45	M	1.71	48	27.5	130/80	O+	6.2
45	Michael Agyegum	35	M	1.81	65	16.4	130/80	O+	4.7
46	Kniena Yeboah	28	F	1.62	56	22.0	120/70	O+	6.4
47	Martin Yeboah	30	M	1.70	75	21.3	110/60	O+	5.9
48	Rockson Okrike	29	M	1.78	68	25.95	140/90	O+	6.5
49	Philip Nkpedeyi	20	M	1.65	55	21.46	120/70	B-	5.9
50	Linda Tetteh	34	F	1.79	64	20.20	110/70	B+	5.1
51	Sankah Thomas	23	M	1.62	75	19.97	110/70	B-	5.0
52	Gyemeh Oti	43	M	1.63	65	25.9	120/70	O-	6.0
53	Comfort Tetteh	23	F	1.66	55	24.46	140/90	O+	6.3
54	Adu Gyan	20	M	1.71	57	19.96	120/80	O+	6.1
55	Amoako Atta	35	M	1.73	60	19.5	110/60	O+	5.8
56	Samuel Appiah	23	M	1.66	60	20.05	120/70	A-	5.9
57	Fred Worklatsi	48	M	1.88	54	21.77	100/60	B+	5.1
58	Harriet Boatey	35	F	1.80	59	21.63	130/80	A-	6.1
59	Mary Amankwano	23	F	1.69	67	23.63	130/80	A-	6.2
60	Ishmael Sarpong	36	M	1.75	82	20.68	120/80	A+	6.4
61	Daniel Derbo	20	M	1.70	66	28.70	140/100	O-	5.2
62	Isaac Kwaku	18	M	1.72	48	21.55	130/80	O+	6.1
63	Kwawo Kyere	37	M	1.76	73	16.61	110/70	O+	7.2
64	James Ayieku	26	M	1.56	69	24.68	120/70	B+	6.3
65	Moses Ajhian	37	M	1.74	45	22.28	110/60	O-	4.2
66	Frank Budu	26	M	1.68	65	18.5	120/70	O-	5.1
67	Enoch Nyarko	24	M	1.71	60	21.47	110/60	A+	6.3
68	Doku Ebenezer	26	M	1.6	72	21.26	120/70	B+	6.4
69	Michael Sampah	23	M	1.7	56	24.62	120/70	O+	5.8
70	William Amoah	24	M	1.77	65	21.88	120/70	O+	6.0
71	Enoch Mensah	20	M	1.7	76	22.5	120/70	O+	6.4
72	Owusu Godfred	47	M		125	24.26	120/80	O+	5.8
73	Andrew Lanynor	31	M	1.75	62	39.9	160/110	A+	6.0
74	Paul Aggrey	33	M		95	21.45	120/70	B+	5.5
75	Osei-Poku	30	M		83	29	150/110	A-	5.7

## **COUNSELORS OBSERVATION**

1. Most of the spare parts dealers and mechanics were scared but still wanted to know their HIV status
2. Most of the spare parts dealers and mechanics felt comfortable speaking their own language with the counselors. This facilitated easier counseling.
3. Most people felt comfortable when they knew they were given codes instead of names for their results.

## **CONCLUSION**

In all, the voluntary counseling and testing and health screening exercise was successfully completed since the whole programme met the target intended. According to the HIV Sentinel Survey, the highest prevalence was recorded within the age group of 25 to 20 years (3.0%), and the least (1.2%) was in the 15-19 years age group. Prevalence among the youth 15 to 24 years which is used as a marker for new infections was 1.9%. This programme was crucial since majority of the working class or group and sexually active people fall prey to the HIV/AIDS infection. HIV/AIDS affects a country's production output and there is therefore the need to curb its spread through education, condom sharing and the disbursement of IEC materials.

Stigmatization has also been a major problem in the society which prevents others from knowing their HIV status or undertaking voluntary counseling and Testing. We must therefore change our attitude towards people living with HIV/AIDS and consider them as part and parcel of the society and this will encourage them to undertake their activities without fear or prejudice. The good news is that HIV is not a common everyday infectious disease. It cannot be transmitted in contaminated water and food, like cholera or typhoid. The virus cannot be transmitted by an insect. HIV is not transmitted through the air, like influenza and tuberculosis nor through physical touch, like fungal infections. HIV transmission usually requires the active participation of an individual in activities in which bodily fluids (semen or blood) are exchanged. Theatrically, HIV'S spread can thus be controlled through preventive activities and the provision of free-anti retroviral drugs. But unless these interventions are implemented in an effective way, little benefit results.

## ACTIVITY 2: HEALTH SCREENING AT TESHIE (8<sup>TH</sup> OCTOBER 2009)

On the following day, another health screening programme was organized for the Ghana Hairdressers Association at Nungua Parague estate as part of the Ghana Social Marketing Foundation/Ghana AIDS commissions youth project. The KEBA AFRICA team got to Nunga around 9:00am .Upon our arrival, we found out that canopies had already been arranged for the programme. Four booths were set up for the programme. One for the checking of body mass index, the second booth for blood screening , the third for checking blood pressure and the final booth for checking the weight and height. The GSMF members together with the head of the Ghana Hair Dressers Association also arrived shortly after our arrival and gave an introductory speech and also stressed on the need for everyone to participate in this programme as a way of staying healthier. The program started around 9:30 and there was massive participation. There were weight checking, body mass index, blood screening, blood grouping and checking of Blood pressure as well.

At around 10:30, the crowd got thicker and there had to be a crowd control system which finally eased the pressure on the team. The program ended around 12:30pm. It was however noticed that some of the client's weights did not correspond to their heights and this gave the team the opportunity to educate them on attaining the required weight for their heights. The team educated them on the need to embark on physical exercise in other to reduce their weight since this was the best way of staying healthier since such weights meant that those clients were obese.

It was also observed that majority of the clients did not understand what "blood group" meant. And this also gave the team the opportunity to explain to them the meaning of blood grouping and the need for one to know his or her blood group in order to make the right choice in terms of marriage and thereby avoiding future consequences.

Also majority of the clients did not understand the whole process, thinking that the blood screening was rather Voluntary Counseling and Testing and were very disappointed upon knowing it was rather different from the Voluntary Counseling and Testing.

Below is the health screening results organized for the hairdressers association in Teshie-Nungua.

No	Name	Age	Wt	Ht	BMI	FBS	BLD GRP	BP
1	Christian Okine		63	1.62	24	5.6	O+	130/80
2	Judith Lumour	21	93	1.58	37.25	5.8	O+	120/80
3	Faustina Tetteh	22	60	1.54	24.52	5.4	A+	120/70
4	Patience Osei	23	65	1.59	22.71	9.0	O+	100/60
5	Sakina	27	54	1.54	18.97	5.9	A+	110/60
6	Vanessa Awuye	22	45	1.54	22.04	5.1	A+	110/70
7	Adelaide Nulemepbe	24	60	1.65	20.5	4.5	O+	130/70
8	Theresa Yeboah	20	48	1.53	24.5	6.1	O+	120/70
9	Regina Anobel	23	64	1.63	24.09	8.3	O+	120/70
10	Patricia Abeka	23	48	1.53	20.5	5.2	AB-	110/80
11	Sharon Yeboah	23	75	1.61	28.93	4.5	B-	110/70
12	Vida Dzade	22	71	1.64	26.40	4.6	B+	120/60
13	Doris Aframe	17	48	1.56	19.73	4.7	AB+	100/60
14	Theresa Attah	24	47	1.60	18.36	5.6	A+	120/70
15	Rita Sallah	21	54	1.50	24	5.4	B-	100/70
16	Rosemound Asiedu	27	55	1.56	22.6	4.1	A+	110/70
17	Sarah Aseidu	26	56	1.54	23.62	5.4	A+	120/70
18	Abigail Adu	21	50	1.56	20.55	5.8	O+	100/60
19	Bridget Kropah	24	54	1.63	20.33	5.7	A+	100/80
20	Florence Bemquah	19	64	1.63	24.1	6.1	O+	130/70
21	Susana Asare	23	88	1.55	24.1	5.4	A+	120/70
22	Mary Mensah	24	50	1.54	24.2	4.0	O+	120/70
23	Veronica Yartey	22	59	1.62	21.1	4.4	B+	110/70
24	Lucy Klokoto	20	74	1.66	22.5	-	A-	110/70
25	Rebecca Srabi	21	50	1.66	26.9	4.2	B+	110/60
26	Patricia Duy	23	50	1.71	18.2	-	A+	130/60
27	Sarah Kwakye	21	45	1.48	17.1	-	O+	130/70
28	Ruth Naa dei- Koi	24	57	1.60	20.6	4.5	O+	110/70
29	Gladys Agyapong	21	50	1.64	22.3	6.1	AB+	100/60
30	Patience Soye	22	60	1.59	18.6	5.4	B+	110/70
31	Rita Asamoah	17	59	1.54	23.8	5.3	O+	100/60
32	Mabel Adjetey	23	70	1.61	25.6	5.0	O-	110/60
33	Dora Otumfon	19	58	1.54	27.1	4.4	A+	110/60
34	Adelaide Forson	20	46	1.63	24.5	4.1	O+	100/60
35	Francis Yeboah	21	70	1.52	17.4	4.2	O+	120/60
36	Abigail Aidoo	22	58	1.51	18.1	5.2	O+	100/60
37	Margrete Arhin	26	46	1.49	20.6	5.4	O+	110/70
38	Veronica Quansah	19	70	1.51	21.9	4.3	O+	110/60
39	Lydia Mensah	24	46	1.49	23.1	6.0	B-	110/70
40	Gifty Quarshie	20	65	1.59	27.1	5.1	B-	120/80
41	Rita Awulonyo	23	58	1.42	21.3	5.2	O+	110/90
42	Mary Nkelequah	26	44	1.47	26.1	6.4	AB	110/60

43	Matilda Koomson	19	50	1.71	23.2	6.1	O+	100/50
44	Emelia Attey	22	51	1.40	26.1	-	A+	100/60
45	Rachael Botei	23	53	1.56	16.6	-	A-	100/60
46	Dorcas Donkoh	25	51	1.65	18.2	4.3	B+	110/60
47	Getrude Odei	23	45	1.61	22.5	-	O+	11/70
48	Margret Appiah	25	45	1.56	25.6	4.3	A+	100/60
49	Angela Awuah	21	56	1.60	18.5	-	O+	110/60
50	Alice Duncan	25	57	1.60	21.9	-	A+	110/70