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

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counsellors, and their perceptions with regard to lack of privacy, together with a lack of treatment for HIV made young adults to perceive HCT programme as being of less importance to them.

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, tactual 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 Knafl (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

'perceptions' in order to be able to improve the perceptions of young adults regarding the use of HCT.

3. Methods

The study is based on the concept analysis theory of Rodger and Knafl (2000). Data sources were used to gather information in relation to perceptions. Rodger and Knafl (2000) postulate that this part should reflect all sources consulted in systemic review. Primary and secondary sources such as books, dictionaries, thesauruses, articles and other internet searches, titles and abstracts were used to identify the meaning of the concept 'perception' as the core concept in an HCT programme. Definitions, uses and different interpretations for perception were presented and only 60 sources were used. The study target group were young adults who agreed to take part in the workshops and signed consent forms for their participation. A data collection through interviews with young adults was conducted during the workshop for programme validation and the quotations from young adults were used as model cases underneath.

4. Key elements of the concept analysis: results

Walker and Avant (2005) have identified several steps that should be used in concept analysis. Each step will be described clearly in the subsequent paragraphs.

4.1. Identification of the concept of interest

This implies choosing the concept from the findings which best describes what the participants describe in order to convey the meaning of the findings to the readers and to participants (Walker & Avant, 2005). The identified concept should be useful and related to research programme; otherwise, choosing irrelevant items might lead the study astray. Three types of questions entail concept identification, namely question of fact, value and of concept (Walker & Avant, 2005). The study focused on the question of concept in order to identify the meaning of the concept identified. Findings reflect that young adults acknowledge the availability of VCT. They have their own way of perceiving a VCT programme and the issues affecting the use of VCT by young adults. Both negative and positive perceptions related to VCT were identified, believed to have an influence on the decision young adults make regarding the use of VCT programme. Hence, the best concept to be identified to describe the situation better was **Perceptions**. Questions that often come into play, including the meaning of the concept 'perception' to young adults and VCT programmes in the health institutions as the following: Should perceptions be used in the promotion of VCT uptake by young adults?; Can perceptions of young adults to VCT programme be measured? The answers to the above questions were used as framework to describe the theoretical framework (Walker & Avant, 2005).

The concept 'perception' was preferred and seen to be the most relevant because each young adult has his or her own way of looking at a VCT programme and the ways affecting its uptake by young adults; hence, perceptions were discussed as being positive and negative towards VCT.

Young adults' presentations showed their understanding and different perceptions with regard to VCT programmes, because they clearly reflected their awareness of the programme and its activities. The explanation given by young adults revealed their mental awareness of the programme, because they could state it clearly rapidly and consciously from their own cognition. This showed that the VCT programme is not something new to them, but something that is well thought through and understood. Some young adults discussed the VCT programme with emotions to reflect their consciousness of the programme.

Concepts get meaning within a particular context. Wilson (1963) proposes that the analyst needs to check who might use the concept such as the *when*, *how* and *why*, as a way of identifying the context within which the concept may be used. Perception has different interpretations in different contexts and disciplines, including Psychology. This means that the concept 'perception' can be used in a variety of settings. It is therefore important in this study to clarify the meaning of perception within the context of an HCT programme. Perception in this study was described within the context of young adults and HCT programme usage. Perception occurs in social and cultural contexts where young adults are socialised (Risenga et al., 2013). The analysis of perceptions needs to consider the social and cultural context within which the concept is used. Perceptions may be viewed and interpreted differently within social and cultural contexts, starting from the family. In order to understand the concept 'perception' one needs to understand the complexity of the social and cultural context within its own boundaries. Perceptions should also be checked within the HCT context responsible for offering HCT services to young adults. In this context, interpretations of the concept will also be different; hence, the complexity of an HCT programme needs to be assessed within its professional and legal boundaries, as described by the health legislature and professional bodies (Risenga et al., 2013).

Perception is the core of VCT use by young adults, because it is from these perceptions that young adults will feel a need to follow the VCT programme or not, depending on how they perceive the programme. VCT 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, thereby enhancing its uptake. In the study, the concept 'perception' will be used to improve the perceptions of young adults regarding HCT uptake, as it serves as a core that determines whether a person uses an HCT programme or not. Clarification of the concept 'perception' is therefore important in order to guide the development of a theoretical framework, which will assist in developing an educational programme to improve perceptions of young adults with regard to HCT programmes in order to control the spreading of HIV and AIDS.

4.2. Identification of defining attributes of the concept

Walker and Avant (2005) reflect that this follows conducting a thorough systemic review. It involves reading through the information while making notes for the characteristics of the concept that appear repeatedly. The list of concepts that appear frequently is called defining or critical attributes, which are described in detail in the subsequent paragraph. These attributes are able to change as the concept's understanding improves, as well as when the concept changes. Changes may also be affected when the concept is used a different context from the one in the study. There can also be the possibility of the concept to have a large number of possible meanings; therefore, the researcher needs to reflect which meaning is the most useful in the study in relation to the aims of analysis (Walker & Avant, 2005). The uses of the concept 'perception' were identified and included in the critical attributes.

4.3. Critical attributes of perceptions

There should have been stimulus (visual, auditory, tactile) for the person to be able to perceive something. Gibson (2014) elaborates that for perception to be possible there must be stimulus. Perception is influenced by a variety of factors such as the intensity and physical dimension of stimulus. Included in the factors are subjects' experiences, attention factors such as readiness to respond to the stimulus, motivation and the emotional state of the subject. Too many events occur simultaneously in the environment; therefore, paying attention to all of them at once is not possible. Hence, there is selective attention to focus on the relevant stimulus. Stimulus characteristics such as intensity, changes, magnitude and attention also affect the responses to those stimuli (Gibson, 2014). The detailed information regarding the concept 'perception' has been elaborated in the definition of concept in the subsequent pages. The relationship between perception and the critical attributes as well as the role played by consciousness, which has an impact on HCT uptake by young adults, is also highlighted.

4.4. The antecedents for perceptions

Walker and Avant (2005) refer to antecedents as event occurring before the concept. 'Concept available' includes perceptions and views about HCT programmes. The positive

and negative antecedents were identified (See Table 1). Antecedents are used to identify underlying assumptions of 'perceptions' of young adults regarding the use of HCT within the HIV and AIDS prevention context. The antecedents for HCT programmes and for young adults' characteristics they display to show to reflect those antecedents were identified. Young adults' characteristics were as follows: Acceptance of stimulus related to HCT programmes as an entry point to HIV and AIDS services, motivation and trust pertaining to the HCT programme, previous learning, a good emotional state that is needed for the acceptance of results (whether negative or positive), awareness, and positive responses and readiness to respond positively with the aim of reducing the spreading of HIV and AIDS. The discussion above is depicted in Table 1 as a summary of antecedents and the consequences.

4.5. Consequences of perceptions

Walker and Avant (2005) define consequences as those events or incidents that can occur as a result of the occurrence of a concept and that can often stimulate new ideas or avenues for research pertaining to certain concepts. Consequences include HCT programmes being perceived positively as well as negatively because of the above antecedents and therefore more or fewer young adults use the programme. Table 1 provides a summary of the antecedents and consequences for the concept 'perception' and their effect. The effect of both positive and negative antecedents, and thus increased HCT uptake, the primary focus of the study aimed at improving young adults' perception, has been reflected. Looking at both the positive and negative antecedents is very crucial for improving the perceptions of young adults regarding HCT uptake; thus reducing the spreading of HIV and AIDS.

In psychology, perception has been defined as the process of attaining awareness or understanding of sensory information (Stone, 2012). Two theories of perception have been reflected. Passive perception involves the sequence of events such as surrounding which gives rise to awareness of information. Active perception involves a dynamic relationship between the descriptions in the brain, the senses and the surrounding environment (Milner & Goodale, 2006). Perception is further defined as referring to "recognition and interpretation of sensory stimuli based chiefly on memory". Sokolowski (2008) defines perception as a process by which organisms interpret and organise sensation to produce meaningful experience of the world. In humans, it entails a

Antecedents	Type of perception	Consequences
• Acceptance of stimulus • Motivation and trust • Previous learning • Good emotional state • Awareness and positive responses • Readiness to respond positively	• Positive Perceptions	• Increased HCT uptake by young adults • Positive lifestyle • Reduction in the spread of HIV and AIDS • Decreased HIV statistics amongst young adults
• Misconceptions about HCT services and HIV and AIDS	• Negative Perceptions	• Decreased HCT uptake by young adults

Table 1 – Summary of the antecedents and consequences of perceptions.

process whereby sensory stimulation is translated into organised experience.

Perceptions of health, HIV disease, treatment (antiretroviral) by people who are HIV positive and satisfaction with antiretroviral treatment, believing it will make them live longer while healthy. In marketing, perception is defined as the cognitive impression that is formed of reality, which in turn influences the individuals' actions and behaviour towards that object. In nursing, perception is defined as a process of identifying, organising, interpreting, integrating, and retrieving sensory information; thus, becoming aware of someone's environment through the senses (Bird, Bogart, & Delahanty, 2004; Brewer et al., 2007; Kalichman et al., 2002; Mascolini & Zuniga, 2008).

The following concepts were identified as synonyms for perceptions: percept, perceptual experience, sensing and detection. Several factors influence perceptions past experiences, motivation and learning are believed to have an influence on perceptions because they have the ability to affect the way stimuli are perceived. Once some learning has taken place, if stimuli related to stored information are perceived, it is very easy for the object to be perceived correctly because of associations with stored information and new stimuli leading to new perceptions.

Walker and Avant (2005) describe 'model case' as a real-life example of the use of the concept, including all critical attributes. In the new concept model, cases may only transpire from the analysis. The quotations presented below reflect some of the statements posed by young adults to reflect emotions, which explain their perceptions with regard to an HCT programme. The quotations reflect fear of getting the disease, because the HCT programme was perceived as an area where diagnoses of HIV will happen, but without treatment being provided.

The professional nurse's HCT presentation made me to start shivering, I was frightened when she stresses that AIDS kills and I felt as if someone has just poured extremely cold water over my body (I felt goose flesh) and I suddenly thought why should I go for HCT just to go and hear that I will die soon because sister says AIDS kills and why go for HCT then and I think this **affect HCT use** *by young adults. (Raising hands)* **Antecedent**

As a young adult I would expect that **HCT lessons be given thoroughly and being not in a hurry and giving us time to ask questions** *so that we will understand so if questions are not posed due to age problems between nurses and young adults it means all the fears attached to HCT, HIV and AIDS won't be voiced out and therefore HCT use by young adults will be reduced.* **Antecedent**

I prefer to talk to a person of the **same age** *with me than an old person because it won't be easy for me to ask questions related to HCT without any fears because I am afraid to ask an old person of my mother's age issues related to sex and HIV and AIDS, our culture is against that and I feel as if I am insulting her.* **Antecedent**

The problem is that I feel as if after having examined me, **the professional nurse will go and reveal my status that I am HIV**

positive so that is why I am afraid. If it was not because of that and I know that it will be between me and the counsellor only until I decide to disclose then I would definitely go for HCT without any fear. When people know that you are HIV positive or you have AIDS they will start discriminating you and it is painful. **Antecedent**

Ee (Yes) firstly we are afraid that you will **go around and talk about us saying that there is so and so who is HIV positive or having AIDS** *and because of this I feel I don't trust HCT counsellors. (Shaking head)* **Antecedent**

I see HCT as a very **good programme,** *because if you have never been for HCT you won't* **know your HIV status** *even if you would be assisted with specific tablets/medication meant for HIV positive people you won't know that you are supposed to go and get those tablets which can help you, so going for HCT would help you to be able to help you* **gain access to the other HIV and AIDS services linked to HCT.** **Consequence/Outcome**

So there is no way out unfortunately going for HCT is the only available mechanism to help a person to know HIV status, so **HCT is the best and the only entry point to HIV and AIDS services.** **Consequence/Outcome**

The best option for a person to do is to have their **blood taken for a test** *so that they know their HIV status and if positive you will be able to live positively so that you will live longer. Though others may start to live very bad life spreading infection but what is best is to live positively.* **Process**

At tribal office on Sundays, people usually meet to discuss community matters so for HCT issues calling on young adults to attend would be very important, and we can come in **large numbers as young adults because the chief's kraal is highly respected.** **Process**

These cases are examples of antecedents, processes and consequences to be considered when discussing crucial information with people in the community. It might help to promote the acceptance of programmes such as HCT. Understanding how things are done in different contexts helps a lot in changing people's perceptions of such events. According to a study by Risenga et al. (2013), HCT has several contexts to be considered in changing young adults' perception. These will be discussed next.

Family is part of a community context characterised by strong social ties amongst the family members. Family context also has its own health belief system highly valued by members in that particular family and the community of which the family forms part. Family context that lacks knowledge about HCT services is more likely not to use the services and thus may influence perceptions of young adults in those families towards HCT services, resulting in poor HCT uptake by young adults. Young adults with positive perceptions about the services who may try to use HCT services may face serious problems such as shame, abuse and rejection with regard to a possible HIV-positive status and AIDS. If the family perceives the HCT services negatively, they might fail to offer support to young adults with different perceptions

than theirs, and this influences the perceptions that young adults in the family might end up having with regard to HCT services. According to the theory of planned behaviour, this is more likely to affect the personal relevance or importance attached to HCT use by young adults.

Sociocultural context in the rural context is characterised by strong cultural beliefs, norms and values as well as strong social ties. This influences family values, culture and social networks in that particular community. Cultural practices such as initiation schools have an influence on the sexual orientation of young boys and girls, prescribing how both are expected to respond in their sexual practices. Community interaction is also influenced by taboos, which influence the way people interact in that particular context. Milner and Goodale (2006) defines 'taboo' as a ban or an inhibition resulting from social customs or emotional aversion, which simply means exclude from use, approach, or mention. Taboos in the sociocultural context determine young adults' perceptions of HCT programmes. If the use of HCT programmes is perceived as a taboo by the society, community members involved in a taboo may be dealt with in that particular community depending on the standards laid down by that particular society. Community members would therefore want to abide by the societal obligations/rules not to use HCT services, because it is seen as taboo in the society.

The way people perceive the HCT programme in the sociocultural context affects its acceptance by members in that community. If HIV and AIDS are regarded as shameful, young adults will have difficulty in utilising the programme. HIV-positive results will be frowned upon and thus lead to isolation of that particular young adult. To avoid isolation and rejection in the community, young adults may choose not to use HCT services. This influences the societal norms as described by the theory of planned behaviour, which motivates people in those communities to comply with or not with a specific behaviour such as HCT use by young adults.

Health Context – Contexts where HCT services are rendered play a major role in ensuring availability and accessibility of the services. These contexts include areas where HCT programmes are offered. Aspects such as its location, members involved in offering the services and maintenance of confidentiality all affect accessibility and the use of HCT services by young adults. Within this context, many factors influence HCT programmes, such as legal issues involved in HCT programmes, reflecting on how HCT counsellors should operate. These would include the regulations of the South African Nursing Council, rights of patients at health institutions and the number of trained HCT counsellors.

Walker and Avant (2005) describe 'identification of references' as a way of measuring or determining the existence of the concept in the real world. Rodger and Knafl (2000) indicate that this step entails describing different processes or areas where the concept is used. In this study, the researcher explored the perceptions of young adults regarding HCT through interviews and literature searches. Empirical referents for positive perceptions about HCT programme may include:

- The development of positive perceptions about HCT programme

- Increased acceptance of HCT programmes by young adults, evidenced by increased HCT uptake and a drop in HIV and AIDS statistics
- Positive lifestyle by young adults, both who are HIV-positive and go for treatment, thus preventing the spread of the disease, and those who are HIV-negative by applying preventive measures.
- Open discussion of HIV-positive status
- Lack of discrimination, stigma and abuse to HIV-positive people
- Good responses to HIV-positive results by young adults

The empirical referents will be used to measure the improvement of young adults' perceptions towards HCT programmes.

4.6.   *Definition of perception*

Perception as a concept leads to the dynamics of perceptions such as social expressions from the recipients' perceptions, which also have an impact to societal perceptions. These perceptions can be either negative or positive. Societal perceptions have the power to influence the responses of the people in that particular society regarding events taking place around the society. People usually respond positively to societal expectations due to fear of rejection, depending on the event, as perceived by society (Sadikaj, Moskowitz, Russell, Zuroff, & Paris, 2012).

Hersey, Blanchard, and Johnson (2001) indicate that perceptions are influenced by personal systems such as goals, beliefs and values, and that perceptions lead to decisions regarding choices made leading to outcomes, which may either be positive or negative and can confirm or deny the self-concept. Rodger and Knafl (2000) define surrogate terms as a philosophical way of expressing a concept in different ways. After the study of different literature the surrogate of the concept perception identified were views, opinions and mental awareness these are the words which are more likely and or mostly used as substitute.

In order for perceptions to form, there should be stimulus (visual, auditory, tactile) for the person to be able to perceive something (Gibson, 2014). Perception is influenced by a variety of factors in each person's life such as the intensity and physical dimension of stimuli. Factors such as the subjects' experiences, attention factors such as readiness to respond to the stimulus, motivation and the emotional state of the subject all have an influence on someone's perception. Too many events occur simultaneously in the environment; therefore, paying attention to all of them at once is not possible; hence, selective attention focuses on the relevant stimulus. Stimulus characteristics such as intensity, changes, magnitude and attention also affect the responses to those stimuli (Gibson, 2014).

Stimuli should have been recognised consciously for perception to take place. Perception often leads people to act in aberrant ways. People have relationships with everything in life, whether a person, other people, a thing, an event or even themselves. All perceptions start with a concept, depending on the perception attached to that particular event. This

mental image of a person, other people, a thing, or an event eventually becomes a consciousness (Velmans, 2009). Consciousness is known as perception or rapid recognition (Okoli, 2008). Human beings are conscious about the world by being aware of sensible qualities, colours, sounds, tastes, smells, warmth felt, shapes and positions of objects in the environment. Consciousness is effected through the highly complex information channels, such as the output of the three different types of colours, sensitive cells in the eyes, or channels in the ear for interpreting pulses of air pressure as frequencies of sound (Okoli, 2008). Perception as a unit of consciousness stresses that sensations are not retained in the memory, but that objects of perception are (Milner & Goodale, 2006). Velmans (2009) define consciousness as the observer's ability to discriminate between two or more alternative stimuli in a forced-choice task. Perceptions alter what humans see into a diluted reality, which ultimately corrupts the way truth is perceived by humans. When an idea is seen with some preconceived ideas related to it, those ideas tend to be seen, whether they are there or not. This occurs because new information is only understood when associated with previous knowledge (Milner & Goodale, 2006).

There should be responses in relation to stimulus for the perceived objects as a way of acknowledging those stimuli. Velmans (2009) indicates that humans gather information about the world and interact with it through their actions. Perceptual information is critical for action to take place, and if there is a perceptual deficit, it may lead to profound deficits of action. Therefore, without perception, action would not be guided and without action, perception would be pointless (Velmans, 2009) Perception, once formed, creates a resident tendency for quick, active and intuitive cognition of the person, people, thing or event being perceived (Okoli, 2008). This is related to research findings of young adults' perceptions, which have a direct negative impact on HCT uptake by young adults due to their previous experiences with HCT programmes, thus leading to poor HCT uptake.

5. Discussion

Positive antecedents should always be promoted, while negative antecedents should be discouraged, as they have a negative impact on HCT programmes and HIV and AIDS services, thus promoting the spreading of HIV and AIDS. The context within which HCT services are offered should have the following characteristics in order to promote positive perceptions of young adults and improve HCT uptake, namely confidentiality and privacy.

Confidentiality simply means to be entrusted with secrets of people whom a person serves (Dal Pont, 2006). HCT counsellors are entrusted with secret information when rendering their services; therefore, the public expects them to keep all information secret and not share it with others. Confidentiality applies to all information entrusted by a client to the professional person during the provision of care. This does not exclude HCT services.

The study conducted by Cheng, Savageau, Sattler and DeWitt (1993) reflects that confidentiality or the lack thereof

affects quality of care in health services. A survey conducted revealed that 58% of high school students reported health concerns regarding confidentiality and indicated that they wanted health professionals to keep all information related to their consultations private from their parents. Only approximately one third of the respondents knew they were legally entitled to receive confidential care for specific health issues, while 68% reported concerns about the confidentiality of services provided at school-based clinics (Dal Pont, 2006).

Privacy means the freedom from intrusion or public attention, it is mainly referring to a condition of being concealed from or hidden and thus there is a close link between confidentiality and privacy (Dal Pont, 2006). HCT counsellors should always ensure that HCT services offered to young adults and other users are kept privately and not done openly. This will help in promoting positive perceptions of young adults and thus HCT uptake will improve.

6. Conclusion

In conclusion, case studies confirm the available attributes related to concept perceptions. The ability of young adults to use their auditory senses to hear nurses talk about HCT and HIV, the ability to see attitudes displayed by HCT counsellors, and their perceptions with regard to lack of privacy, together with lack of treatment for HIV, cause young adults to perceive HCT programmes as being of less importance. Hence, the best concept to describe these responses and discussions was perceptions, because it is from perceptions that a person would feel the need to use an HCT programme or not. The concept 'perceptions' appeared to be the most relevant concept in this study in relation to young adults, because the relationship that people have with either the events or people around them begins with a concept. Concept is a mental image of a person or events, which eventually becomes a consciousness. The consciousness is called perceptions. Hence, young adults' ability to explain and describe HCT programmes reflects that they are conscious of the programme. Perceptions, once formed, create a resident tendency for quick, active and intuitive cognition of events being perceived. Perceptions often lead to non-deliberate, thoughtful decision making. Young adults explained that, for different reasons, they did not want to become involved in an HCT programme. This decision was taken consciously by young adults after perceiving the concept 'HCT programme'; thus, responses are not favourable because of the negative perceptions associated with HCT programmes.

R E F E R E N C E S

Bird, S. T., Bogart, L. M., & Delahanty, D. L. (2004). Health-related correlates of perceived discrimination in HIV care. *AIDS Patient care and STDs, 18*(1), 19–26.

Bodibe, K. (2011). *HCT campaign: The numbers so far living with AIDS# 478.* South Africa health e-news.

Brewer, T. H., Zhao, W., Pereyra, M., del Rio, C., Loughlin, A., Anderson-Mahoney, P., & ARTAS Study Group. (2007).

Initiating HIV care: Attitudes and perceptions of HIV positive crack cocaine users. *AIDS and Behavior, 11*(6), 897—904.

Cheng, T. L., Savageau, J. A., Sattler, A. L., & DeWitt, T. G. (1993). Confidentiality in health care: A survey of knowledge, perceptions, and attitudes among high school students. *JAMA, 269*(11), 1404—1407.

Dal Pont, G. E. (2006). *Lawyer's professional responsibility* (3rd ed., pp. 227—240). Thomson Lawbook Co..

Gibson, J. J. (2014). *The ecological approach to visual perception: Classic edition*. Psychology Press.

Hersey, P., Blanchard, K. H., & Johnson, D. E. (2001). *Management of school behaviour: Leading human resources*.

Kalichman, S. C., Graham, J., Luke, W., & Austin, J. (2002). Perceptions of health care among persons living with HIV/AIDS who are not receiving antiretroviral medications. *AIDS Patient Care and STDs, 16*(5), 233—240.

Lindsay, P. H., & Norman, D. A. (2013). *Human information processing: An introduction to psychology*. Academic Press.

Mascolini, M., & Zuniga, J. M. (2008). Perceptions of health, HIV disease, and HIV treatment by patients in 6 regions: Analysis of the 2555-person AIDS treatment for life international survey. *Journal of the International Association of Physicians in AIDS Care (JIAPAC), 7*(4), 160—177.

Milner, D., & Goodale, M. (2006). *The visual brain in action*. Oxford University Press.

Okoli, I. (2008). *The power of definition*. Retrieved December 11, 2011 at http://www.powerofdefinition.com/author.asp.

Park, H. D., & Tallon-Baudry, C. (2014). The neural subjective frame: From bodily signals to perceptual consciousness. *Philosophical Transactions of the Royal Society B, 369*(1641), 20130208.

Risenga, P. R., Davhana-Maselesele, M., & Obi, C. L. (2013). Voluntary counselling and testing for young adults in Limpopo Province-Counsellors' perceptions. *Health SA Gesondheid (Online), 18*(1), 1—11.

Rodgers, B. L., & Knafl, K. A. (2000). Concept analysis: An evolutionary view. *Concept Development in Nursing: Foundations, Techniques, and Applications, 2*, 77—102.

Sadikaj, G., Moskowitz, D. S., Russell, J. J., Zuroff, D. C., & Paris, J. (2012). Quarrelsome behaviour in borderline personality disorder: Influence of behavioral and affective reactivity to perceptions of others. *Journal of Abnormal Psychology, 10*, 1037—1048.

Sokolowski, R. (2008). *Phenomenology of the human person*. Cambridge University Press.

Stone, J. V. (2012). *Vision and brain: How we perceive the world*. MIT press.

UNAIDS, (2013, November 01). (2013). *Global report. UNAIDS report on the global AIDS epidemic* Accessed from http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf.

Velmans, M. (2009). *Understanding consciousness*. Routledge.

Walker, L. O., & Avant, K. C. (2005). *Strategies for theory construction in nursing*.

Wilson, J. (1963). *Thinking with concepts*. Cambridge University Press.