

**FACTORS INFLUENCING UPTAKE OF HIV TEST AMONG CIVIL SERVANTS IN
TETU DISTRICT, NYERI COUNTY**

BY

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**A Research Project Report Submitted in Partial Fulfillment of the Requirement for the
Award of the Degree of Masters of Arts in Project Planning and Management from
University Of Nairobi.**

2012

DECLARATION

This research project report is my original work and has not been submitted in any other university for the award of degree

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DEDICATION

This research work is dedicated to my partner Rose Moragwa for her dedicated support my Son Colin Mutuma for inspiring me to sojourn on, my family Kibaara's and Marangu's for moral support, my Uncle Dan Kithinji for support offered during the research period, and finally my boss Dr Munyua for being supportive during the study time.

ACKNOWLEDGEMENT.

I sincerely thank my first supervisor Dr Florence Itegi for her support and carefully informed guidance that she has demonstrated on me regarding this project report. I wish to thank my second supervisor Mr Solomon Mburung'a who made it possible for me to complete this project through his practical advice and continuous follow up on progress.

I sincerely thank the university of Nairobi and in particularly Nyeri Centre for giving me the opportunity to study this course keep up the with the spirit of decentralization that enabled me access to education, to my lecturer who took me through the course work within the stipulated time it was worth the effort you put, to my employer Public Service Commission for according me the need, time and resources to pursue the course.

To my Secretary who greatly helped out in editing and printing of this project report thanks a million times and lastly I wish to thank my colleagues for their moral support especially Bonventure Musyoki for encouragement he put into me in the entire period when I was pursuing the Master of Arts Degree Programme.

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ABBREVIATION AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome.
ARV	Anti Retrivirals
CD 4	Cluster of Differentiation 4.
CDC	Centre for Disease Control.
CUC	Chuka University College.
DMOH	District Medical Officer of Health.
ECDC	European Centre for Disease and Control.
FGD	Focused Group Discussion.
FHI	Family Health International.
GUM	Genitourinary Medical Clinics.
HIV	Human Immunodeficiency Virus.
HTC	Health Facility Testing and Counseling.
KAIS	Kenya Aids Indicator Survey.
KDHS	Kenya Demographic Health Survey.
KNBS	Kenya National bureau of Statistics.
MDG	Millennium Development Goals.
NASCOP	National Aids & Sti Control Programme.
NGO	Nongovernmental Organisation.
PMTCT	Prevention of mother to Child transmission.
PTD	Pretest Discussion.

TB	Tuberculosis.
UNAIDs	United Nations Aids.
UNGASS	United Nation General Assembly Special Session
USAID	United state Aids.
VCT	Voluntary Counseling and Testing.
WHO	World Health Organization

ABSTRACT

This study sought to establish factors that influence uptake of HIV test among Civil servants in Tetu district specifically the study looked at the influence of HIV/AIDS knowledge and awareness, access to testing site, model of HIV testing employed and pretest counseling on HIV test uptake. HIV Counseling and testing is the key to HIV management and universal access to treatment. Research has demonstrated that over 230,000 lives were saved by increased enrollment of HIV positive people to care and treatment. This number would have been even higher if every person was able to know his/her HIV status and by extension enroll to care and treatment early enough rather than when the epidemic is at AIDS stage.. The study employed descriptive survey design where questionnaire was administered to the respondents as a tool of study. The sampling method used in the study was stratified random sampling of civil servants from various government departments to achieve a sample size of 80 person. Data obtained was checked and analysed using statistical package for social sciences (SPSS) and the result presented using tables. Ethical issues were put into consideration through observation of guidelines spelt out by the university, seeking of consent and confidentiality of respondent. The study found out that, 89% of civil servants have ever tested for HIV/AIDS at least once, while 11% were never tested, 27% of civil servants had taken a HIV test at least 3 months prior to the study. The reason for not testing was 90 % fear of knowing the status and stigma from workmates while 10 % said it was not important. Most civil servants were Knowledgeable and aware of HIV/AIDS related issues attributable to training/seminars attended 77% and HIV/AIDS workplace policy 71% , however implementation of the HIV/AIDS policy is still low. Facility based model was know and utilized by majority of civil servants 97% and 72% respectively other model were averagely utilized with moonlight CT lowest at 17%. Most civil servants preferred testing within a health facility setting 64%. On Model of testing 69% strongly agreed that models of testing influences uptake of HIV testing, 8 percent agreed while only 11 percent disagreed. Testing site was easily accessible to civil servants with most testing site within 0 to 500 meter from the workplace 82%. Civil servants recommended that an ideal testing site should have integrated service easily accessible and should remain open after working hours. Majority of civil servants agreed that accessibility to testing site influences uptake of HIV/AIDS test. This study found out that 100% of civil servants tested were counseled during testing, 35 % strongly agreed that counseling influence uptake of HIV testing, 25% agreed while only 15% disagreed.

In conclusion HIV/AIDS Knowledge and awareness is very high among civil servants uptake of HIV test is high although very few were tested at least 3 Months prior to the study. HIV/AIDS work place policy need to be fully implemented, there is need to intensify variant testing models such as mobile testing and self testing to adequately reach the population that does not utilize facility based testing. Testing site are within accessible distance to civil servants and pretest counseling is adequately employed to positively influence HIV uptake, more invention through use of leaflets at pretest counseling need to be employed to reduce counseling test time and achieve more HIV test uptake.

CHAPTER ONE

INTRODUCTION

1.1 Background to Study.

Human capital is one of the most essential resources for any Nation or organization interested in economic growth. The wish of any country is to have a citizen that is free from any ill health that is preventable. Research has indicated that ill health is the biggest contributor to diminished productivity at workplace (Tropical Medicine and International Health, 2004). HIV/AIDS is one of the leading cause of mortality worldwide (WHO, 2010). The eight (8) Millennium Development Goals (MDG) that members state committed themselves to achieving by 2015, three of them (4, 5 and 6) are directly health related with MDG 6 stipulating that all members countries should have halted and began reversing the spread of HIV/AIDS by 2010 and universal access to treatment for HIV/AIDS to all those who need it by 2015, (WHO, 2010).

Human Immunodeficiency Virus (HIV) is a virus that causes Acquired Immune Deficiency Syndrome (AIDS) thus the reason why HIV and AIDs are studied synonymously. HIV is a member of a group of viruses called retroviruses that infects human cells and uses the energy and nutrients provided by those cells to grow and produce. HIV damage a person's body by destroying specific blood cells called CD4+ T cells which are crucial to helping the body fight diseases resulting to AIDs. The origin of HIV is not well documented, Scientists have identifying a type of chimpanzee in West Africa as the source of HIV -1 infection in humans while in 1986 a second type of HIV called HIV-2 was isolated from AIDS patients in West Africa. The HIV can be transmitted from an infected to uninfected person in various ways that includes sexual intercourse, mother to child during pregnant and lactating period, blood to blood contact through unsterilized equipment, (CDC, 2012).

HIV/AIDs has no cure but is preventable, prevention is possible through adoption of behavior change that reduce risk of exposure to the virus, HIV/AIDs infected person are capable of prolonging their life through the use of Antiretroviral (ARV) which is a medications for the treatment of infection by [retroviruses](#). HIV/AIDs does not kill directly but through opportunist infection as a result of weakened body immunity level, such opportunistic diseases include TB and Pneumonia (Averting HIV and AIDS, 2010, CDC 2012).

HIV/AIDS has lived with the human race for three (3) decades now, globally it is estimated that over 34 million people are living with HIV/AIDS and newly infected cases averaging 2.7 million annually with newly infected children estimated at 390,000, (WHO,2010). The death toll as a result of HIV/AIDS is estimated at 1.8 million, (UNGASS, 2010). Sub Sahara Africa remains the region most heavily affected by HIV/AIDS, in 2010 alone it accounted for about 68% (22.9 million) of all people living with HIV/AIDS aid globally and 70% of newly infected cases in the same year were reported. HIV/AIDS is claiming at least 1 million life annually in sub Sahara Africa and majority of this people are in the productive population age bracket of 15 – 49 years, approximately 60% of all people living with HIV/AIDS (UNAIDS, 2003, 2010).

In Kenya an estimated 1.5 million people are living with HIV/AIDS, 1.2 million children have been orphaned by HIV/AIDS; and in 2009 alone 80,000 people died from AIDS-related illnesses (UNAIDS, 2010), Central province of Kenya has an estimated population of 4,383,743 (KNBS, 2010), the number of people living with HIV/AIDS in this region is estimated at 95,000 with a prevalence rate of 3.6% (KAIS, 2007). Tetu district is one of the districts in Central Kenya without a major town and located adjacent to Nyeri central district it has a population density of 85,640 (KNBS, 2010 projection). The district does not have a District Hospital (Level IV) for specialized treatment health services are accessed through three (3) Health Centres (level III) facilities offering testing and Comprehensive care and treatment for HIV/AIDS, and 10 Dispensaries (Level II) that offers testing and counseling of HIV/AIDS. The estimated HIV/AIDS prevalence based in DMOH district data is 3.7% with 5,406 people living with HIV/AIDS aids (DMOH, 2011).

As a critical gateway to services, HIV testing and counseling are essential in expanding access to HIV prevention and treatment and ultimately achieving universal access to HIV prevention, care and treatment,(WHO,2011). Facility level data and population based survey show that both the availability and uptake of HIV testing have increased considerably across low and middle income countries in recent years, this has been made possible through concerted effort by government and civil society in creating awareness and reducing stigma (WHO, 2011). Since the confirmation of the 1st case of HIV in Kenya in 1984 the Government in partnership with donors have done much in attempt to manage the menace through the following:

establishment of National Aids Control Council (NACC) to coordinate HIV activities in the country, declaration of HIV/AIDs as a national disaster in 1999, increasing HIV funding support, scaling treatment site and annual campaign on testing and counseling among others (News from Africa, 2011). This efforts however have not borne much success as majority of people are yet to know their status and a large no of HIV positive people are unaware of their status posing an even greater risk of infecting others,(WHO, 2011).

According to WHO (2011) epidemic update and health sector progress toward universal access, percentage of women and men who had received HIV test and test result in the past 12 months preceding a survey in Kenya in 2009 where 29.3% and 22.8% respectively .The WHO report further review that of the people living positive only 68.9% knew their status before the survey. These reports indicate that a population of more than 30% is living with HIV and is not aware of its serostatus a major obstacle towards realizing the goals of universal access to treatment and prevention. A bigger proportion thus continues to present them late for treatment because they are unaware of their seropositive status thus reducing the effectiveness of ART on morbidity survival and preventing HIV infection.

The Kenya Government is the major employer in Kenya through its various Ministries, Commissions and parastatal. The Civil servants alone account for a working population estimated to be over 220,000 people (PSC, 2010). Kenya Government HIV/AIDS workplace policy formulated in 2005 stipulate that HIV and AIDS is a work place issue and should be treated like any other serious illness/condition in the workplace. No employee should be screened for HIV/AIDS as a pre condition for employment and promotion and Individual infected with HIV/AIDs should be accorded the necessary support for Care and Treatment with utmost regard to their rights to confidentiality, non discrimination and stigma (PSC, 2010). Despite this policy document little has been documented on the uptake of HIV test among the Civil servant.

It is in this regard that this study sought to establish factor influencing uptake of HIV test among the Civil servants in Tetu District.

1.2 Statement of the Problem.

Counseling and testing is the key to HIV/AIDS management and universal access to treatment (WHO, 2010). HIV/AIDS has no cure but is preventable and can be managed through enrollment of HIV/AIDS positive individual for ART Care and treatment services provided for free in all government and mission health facilities. ARV have been seen to prolong the life's of HIV positive individual even beyond 15 years, research has demonstrated that over 230,000 lives were saved by increased enrollment of HIV positive people to care and treatment (WHO, 2010).

According to WHO report 2010 only 26.05% of people in Kenya had known their HIV status 12 months prior to a national campaign the report further reveals that of the positive cases only 68% knew of their status before the survey (UNGASS, 2010). The vast majority of people living and being infected with HIV/AIDS are the productive population between 15 – 49 years in active employment. Kenya government in year 2005 developed a HIV work place policy to guide in the management of HIV/AIDS at work place however not much progress has been documented especially on uptake of HIV testing and disclosure of one's status (PSC, 2010). Tetu district is a newly established district that lacks the services of a District hospital and HIV test uptake data available in the DMOH office reveals that HIV test uptake is low at 33% (DMOH, 2011) and continues to be affected by the withdrawal of Bioline test kit by the WHO (NASCO, 2012). Government ministries have now been fully established at Tetu district adding up to the workforce at Tetu district.

Previous study by (Weisser *et al*, 2006, Namanzi, 2010, and KAIS, 2007) noted that HIV/AIDS awareness level, model of testing, availability of testing site and pre test counseling as a procedure in testing have an effect on the uptake of HIV test. This study sought to establish influence of these HIV/AIDS awareness level, model of testing, availability of testing site and pre test counseling on uptake of HIV test among civil servants population of Tetu District.

1.3 Purpose of the Study.

The purpose of this study was to establish influence of HIV/AIDS awareness level, model of testing, access to testing site and pretest counseling on the uptake of HIV test among civil servants in Tetu District.

1.4 Objectives of the Study.

The study aimed at achieving the following objectives:-

- i. To establish how HIV/AIDS knowledge and awareness level influence uptake of HIV testing among civil servants in Tetu district.
- ii. To establish how model of HIV testing employed influence uptake of HIV testing among civil servants in Tetu District.
- iii. To establish how accessibility to testing site influences HIV test uptake among civil servants in Tetu District.
- iv. To establish how the pre test counseling as a procedure in HIV testing influence the uptake of HIV test among civil servants in Tetu District.

1.5 Research Questions

This study aimed at answering the following questions:

- i. To what extent does HIV/AIDS knowledge and awareness level influence the uptake of HIV test among civil servants in Tetu District?
- ii. To what extent does the model of HIV testing influence the uptake of HIV test among civil servants in Tetu District?
- iii. To what extent does availability of testing site have on the uptake of HIV test among civil servants in Tetu District?
- iv. To what extent does pretest counseling as a procedure in HIV testing have on Uptake of HIV test among civil servants in Tetu District?

1.6 Significance of the Study

The project report can help in informing policy makers at national level on testing uptake, the report can be shared with the Central Government, District Medical officer Health, donors partners and interested stakeholder with a view of influencing their strategy towards universal access to HIV/AIDS management and getting to ZERO infection rates.

1.7 Scope of the Study.

This study assessed the effect of HIV/AIDS Knowledge and awareness level, model of testing employed HIV/AIDS testing, accessibility to testing site and pretest counseling as a procedure in HIV testing among the civil servants population of Tetu District.

1.8 Assumptions of the Study.

The study assumed that all respondent had the slightest knowledge of HIV/AIDS and testing models and that were able to respond freely, correctly and accurately to the questionnaire. It also assumed that the population is normally distributed and the sampling method employed yielded a representative population, it is further assumed that the instrument for data collection is valid and reliable. It was assumed that the variables used in the study did not change in the course of the research period.

1.9 Delimitations of the Study.

The study was only be carried out in the Tetu District of Nyeri County on civil servants located at district headquarters. The population under study was limited to a sample population of the target group involving the civil servants population of Tetu district. The study was a qualitative study and the method of data collection tools employed in the study was Questionnaires.

1.10 Definition of Significant Terms.

Civil Servants: Employees of the Central Government and working in Tetu District Headquarters.

Model of testing: This a designed way through which HIV testing are implemented to member of the community such as VCT, HTC and self testing.

Pre test counseling: the process of exchanging opinions and ideas between clients and health care provider prior to administering a HIV test

Testing: This is a medical check to determine the presence of HIV causal agent

Testing Site: Area designated for HIV testing need not be a building could be a van.

Uptake of HIV test: Involves the getting to know ones HIV status through testing.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction.

This chapter reviews the literature on uptake of HIV testing and counseling and factors that influence HIV uptake which include HIV/AIDS awareness level, model of counseling and testing, availability of counseling and testing site, pre test counseling. The literature review is carried to critically review the research variables, bridge the knowledge gaps and review previous works related to the study.

2.2 HIV/AIDSs Current Situation.

Globally 34 million people are living with HIV/AIDSs, newly infected cases average 2.7 million annually and newly infected children estimated at 390,000. The death toll as a result of HIV/AIDSs is estimated at 1.8 million annually and over 16.6 million children of less than 17 years old have been orphaned as result HIV/AIDSs pandemic by year 2009, (UNAIDS, 2009). Sub Sahara Africa remains the region most heavily affected by HIV/AIDSs, in 2008 sub Sahara Africa accounted for 67% (22.9 million) of HIV infection worldwide, 68% of new HIV infection among adults and 91% of new HIV infections among children. The region also accounted for 72% of the world Aids related death in 2008(UNAIDS, 2009), the epidemic continues to have an enormous impact on household, communities business , public services and national economies in the region , in Swaziland for instance life expectancy fell by half between 1990 and 2007 to 37 years (UNDP, 2008; Whiteside *et al* ,2006).

In Kenya the first case of HIV/AIDSs was diagnosed in 1985(USAID ,2010) between 1983 and 1985 26 cases of AIDS were reported in Kenya and [Sex workers](#) were the first group affected, (Avert , 2012). To date the number of people living with HIV/AIDS in Kenya is estimated at 1.5 million and of this population only 68.9% knows their status (WHO, 2010. HIV/AIDSs prevalence had increased steadily since the first case was identified in 1984 hitting the highs of 13.4% in year 2000 however the prevalence has since gradually reduced to 6.9% in 2007 (KAIS, 2007), attributable to greater emphasis on HIV/AIDS by stakeholders that increased levels of funding to tackle the epidemic by the government and donor partners.

Kenya's HIV/AIDS epidemic has been categorized as generalized – meaning that HIV/AIDS affects all sectors of the population though HIV/AIDS prevalence tends to differ according to location, gender and age, (KDHS, 2009). Great progress has been achieved in the recent past which include increased testing and counseling, care and treatment , behaviour change and funding levels, however universal access to care treatment remain a vague dream yet to be achieved(KNASP III,2009). Muraah, (2001) in his works noted that HIV/AIDS continues to be a major global health priority despite progress achieved in preventing new HIV/AIDS infection and in lowering the annual number of HIV/AIDS related death (through care and treatment). The number of people living with HIV continues to increase, HIV/AIDS related illness remain one of the leading causes of death globally and are projected to continue as a significant global cause of premature mortality in the coming decades (WHO, 2008).

HIV testing and counseling (HTC) is the primary strategy to control the generalized epidemic as it serves as the entry point for HIV prevention treatment and care. Knowledge of one's status is crucial for individuals, general population, Government and donor partners. For the HIV negative individuals counseling offered is able to help them make specific decision aimed at reducing risky behavior and increase safer sex practice so that they can remain disease free, while those who are HIV positive knowledge of their status allow them enroll for care and treatment available in most public and Faith based hospital at no charges additionally they become empowered to take actions to protect their sexual partners and general population from infection and to plan for their future as they continue to live positive (Li Liu *et al* , 2008).

2.3 HIV/AIDS Workplace Policy and it Implementation.

HIV/AIDS constitute one of the most formidable challenges to development and social progress, it is estimated that the working population aged 15 – 49 years is the most affected by the HIV/AIDS constituting a national prevalence of 7.4% (KAIS, 2007).

HIV/AIDS workplace policy is a written document that acknowledges the effects of HIV and other related illnesses on the smooth operation of a company or organisation. The illness and subsequent deaths of workers resulting from HIV and AIDS has an enormous impact on national productivity and earnings (PSC, 2010). For instance; labour productivity drops, the benefits of

education are lost and resources that would have been used for wealth creation and poverty reduction are diverted to treatment, care and support. Similarly savings decline; low participation and/or loss of human capital affecting production and quality of life are evidenced. The sum total of these has been a negative impact on the National Gross Domestic Product (pfizer, 2002)

Kenya government HIV/AIDS workplace policy formulated in 2005 stipulate that HIV and AIDS is a workplace issue that should be treated like any other serious illness/condition in the workplace, routine counseling and testing should be provide by a pool of personnel trained from within the department, no employee should be subjected to any HIV screening as a precondition for employment or promotion and HIV positive employee should be accorded necessary health care support with full provision of right to confidentiality and non discrimination (PSC, 2010). It is worth noting that despite this comprehensive policy that is well articulated very little has been done by body corporate and government at large in promoting HIV/AIDS testing at workplace or uptake HIV/AIDS test. The study sought to establish the implementation of the policy and the influences it has on uptake of HIV test among the civil servants of Tetu district.

2.4 Uptake of HIV/AIDS Testing

Many countries Kenya included have taken steps to increase utilization of HIV/AIDS testing services, (WHO/UNAIDS, 2009). Despite testing uptake having doubled research has demonstrated that considerable gap remain in HIV/AIDS testing uptake, in a Kenya between 2003 and 2007 it is estimated that 83% of Kenya living with HIV/AIDS remained undiagnosed in 2007(MOH, 2009). According to Kenya Aids Indicator Survey 2007 the percentage of people ever tested for HIV were 58% women and 42% men during the period of the survey 29% women and 23% men had been tested for HIV/AIDS 12 months preceding a survey? Overall 36% of Kenyan adults ages 15-64 have tested at least once for HIV/AIDS and nearly 2/3 of Kenyan reported never having been tested for HIV and therefore is unaware of their status and may not access appropriate services for prevention, care and treatment (KAIS 2007).

In Nyeri four districts namely Nyeri South (Othaya), Tetu, Mukurweini and Nyeri central the following testing rate were recorded from various HIV/AIDS campaign period and at facility based VCT and DTC as indicated in the table below.

Table 1.1 Percentage Rate of no of people tested in three years.

Period	No of people tested during campaign period.	People tested at Facility VCT.	People tested at Facility DTC.	Total	15-59 yr population	% testing rate.
2009	32,235	3,257	5,628	41,120	218602	19
2010	17,277	2,771	3,688	23,736	218602	11
2011	15,768	22,850	62,536	101,154	218602	46

Source: District Medical Officer of Health 2011

Based on district data provided it evident that the testing rate is at an average of 33% in three years, this clearly indicates that a population of approximately 67% remains untested. This study will seek to establish the reason for the untested population and come up with recommendation to relevant stakeholders on how to reach the untested population.

2.5 HIV/AIDS Awareness Level.

A study conducted in Uson state Nigeria revealed that 99% of the population knew of HIV/AIDSs and 84 % new of HIV counseling and testing through source like electronic media ,public campaign, health workers, friends and newspapers (Ijadunola, 2011)). However the fact that people are aware of HIV/AIDS had not translated into correct knowledge of transmission and prevention of the disease because there are still a lot of misconceptions about HIV/AIDSs and HCT uptake is still poor. Awareness of HCT (84%) was lower than that of HIV/AIDS (99%), the commonest sources of information were the electronic media, health care workers and public enlightenment campaigns.

HCT was relatively unpopular until about a few years ago when the Prevention of Mother-to-Child Transmission (PMTCT) program was commenced in ante-natal clinics of government hospitals (NASCO, 2008) It also received much media publicity after the celebration of the 2006 World AIDS day when everybody was encouraged to know his/her status. Prior to this period, HIV/AIDSs testing was limited to health care settings and doctors only sent patients suspected to be HIV positive for test. In addition, such tests were mandatory rather than

voluntary (Family Health International, 2010). The availability of rapid HIV/AIDS test kits has also increased HCT awareness. The use of these kits does not require the availability of laboratory or highly technical staff and test results are obtained within a few minutes of undergoing the test. Owing to the fact that they can be made readily available at seminars and public enlightenment campaigns, more people have become aware of HCT. The study sought to establish the influence of individual HIV/AIDS knowledge has on uptake of HIV test among civil servants of Tetu District.

2.6 Model of HIV Testing and Counseling on HIV Test Uptake

Variant of models of HIV counseling and testing have been designed with an aim to address different need of the population. These models are used as tools to expand entry points to HIV/AIDS testing and to promote testing as a more routine practice. Expanding the number of model has helped more people take up testing depending on the design of the model and benefit from prevention, care and treatment services (Family Health International, 2005). Each models is designed to reach different target groups and achieve different goals, one testing model may provide an entry point to clinical care for those living with HIV/AIDS, while another may help prevent mother to child transmission of HIV (PMTCT) and yet another may serve as an HIV prevention tool for the general population (FHI, 2005). Each testing model has its own strength and weakness and should be implemented appropriately to suit the targeted population and region taking into consideration unique characteristic existing in each region, when selecting counseling and testing model it important to consider programs goals, cost implication, cost effectiveness, suitability affordability and appropriateness to the target group (FHI, 2005). The models are as illustrated but can be generally summarized as those at facility level, community level and individual level.

2.6.1 Stand Alone Counseling and Testing

These models commonly known as voluntary counseling and testing usually involve a standalone site that are generally operated by nongovernmental organization (NGO) with no association with medical institution. Counseling and testing is the only service these site offers and the staff are wholly dedicates to full time provision of counseling and testing, (FHI, 2005). Clients in this site mostly self refer themselves (voluntary) to stand alone sites that are placed

strategically in high volume/density areas where infection rates is perceived to be high to achieve most clients taking services. This site have dedicated staff on full time but are usually expensive to set up and operate, follow up of positive cases is challenging and posses a real stigma to the population around as the building is associated with HIV virus and any person accessing it is labeled as being positive or is unsure of his/ her behavior (NASCOP, 2008).

The advantage of this type of testing model is the ability to maintain a high quality control since staff is wholly dedicated to the counseling and testing exercise, the model is also able to reach the untested population (men and youth) who do not visit health facility to access HIV test. The model is however faced with the disadvantage of high set up and operating cost and high stigma due to its association with HIV/AIDs (FHI, 2005). Due to its strategic positioning this model is capable of reached the untested population but is highly affected by stigma associated with it, the study seeks to preference rate of this type of model on the civil servants of Tetu district.

2.6.2 Integrated Counseling and Testing.

Commonly known Provider initiated Counseling and testing (PICT) this model of counseling and testing services are offered in health facilities setting and are initiated by health care providers. It's provided alongside other services strategies employed in this model are diagnostic counseling and testing and routine counseling and testing (FHI, 2005).

Diagnostic counseling and testing is HIV testing services that are offered to patient who present at a health facility with clinical HIV symptoms, it assist in identifying HIV positive individual for the purpose of referring them for treatment care and support for example Comprehensive Care Centre located in some facilities in Kenya,(NASCOP, 2008). Routine counseling and testing involved integration of HIV counseling and testing into other services offered in the health facility, the clients is holistically provided with all services. It is mostly integrated into services such as antenatal, family planning clinics, MCH, TB clinics and other regular part of standards care services offered in the clinics (FHI, 2005).

Prior to receiving an HIV test the health care provider explains the procedure and the reasons for requesting the test to the client or patients, upon the recommendation of the health care provider if the clients or patients agrees to learn their HIV status s/he will receive an HIV

test and will be informed of their results. The provision of results should be accompanied by appropriate post- test counseling. Effort should be made to provide HTC services in the same room or location nearby to where the patient is receiving other medical care (NASCOP, 2008).

In this model the client has the option of opting out if he/she does not wish to be tested and get offered other service, great emphasis has been placed to antenatal clinics because of the prevention of mother to child transmission (PMTCT). This model has yielded positive result in integrating and scaling up the HIV services reduce stigma through normalizing HIV services but is seen as jeopardizing quality assurance in HIV services, (FHI, 2005). Given the fact that one must visit the facility the study will seek to establish the frequency of utilization of the service in health facility among the civil servant of Tetu district.

2.6.3 Mobile Counseling and Testing

Mobile counseling and testing involves taking counseling and testing service into the community by offering them either out of a van, or pitching tents at designated areas in the community. This service could be offered by NGO or by Health facilities as an outreaches service to the community. In this model a team of service providers set up a temporary site where they offer services to the general population to defined groups such as in churches sports events, workplaces markets centre and to vulnerable groups such as sex worker, MSM inject able drug users. The model is carried out for a period of time in designated place for a specified period it assumes a project approach to service delivery after which it move to another place (FHI, 2005).

The model of service is very effective in reaching the untested group and rural population, it yields more accessibility as it takes services to beneficiaries however it an expensive exercises to manage and faced with difficult of ensuring follow up after post test counseling. It's very common with campaigns by government and non government entities, (FHI, 2005). The model can reach untested population at anyplace however a need to way cost effectiveness is Very important. The study will seek to establish the civil servants knowledge and preference for this model of testing and counseling.

2.6.4 Home Based Counseling and Testing

Also referred as family based model, it is a relatively new model of counseling and testing and is yet to receive full scale roll out like other models. This model just like mobile counseling and testing involved moving from home to home offering counseling and testing services to family member's children included. This model is good in that it attempt to address family needs at once and can lead to behavior change however it a very expensive model and can place parent at uncomfortable position of disclosure, (FHI, 2005).

In a study conducted in Uganda it was reviewed that offering HIV results at home significantly increased uptake of results from 10% - 37% for all adults aged 15 years and 46% of those aged 25 - 54 years . Inconveniences, fear of stigmatization and emotional Vulnerability of receiving results from public facilities were the most common explanation for the relative popularity of Home based voluntary counseling and testing (Brent Wolff et al, 2005). This study will seek to establish prior use and preference of this model by the population of civil servants in Tetu District.

2.6.5 Self Testing Model

Recent advances in testing technologies have availed several non blood based HIV test. Some of the common examples include oral fluid and urine based testing it is anticipated that other simple non blood test will become available in the coming years,(UNAIDS, 2010). High levels of interest in self testing and high rates of 'informal' self testing were reported among health workers in five countries, (WHO, 2011). The basic principles of self testing is the conducting of an HIV test upon oneself, this principle has been used before for other non invasive test such as in pregnancy test. In these situation clients can assess test kits from pharmacies and other approved supplies, where basic training is done to enable s/he understand the procedure, such information should be ; step by step instruction for how to conduct the test , correctly interpret the test results and where to access follow up and support services in the surrounding area. Emphasis must be made that self test are not confirmed until a second confirmatory test is conducted and all test kit used must meet the minimum standard set by government of Kenya, (NASCOP, 2008).

This new model of testing and counseling has been piloted by NASCOP Kenya on health workers, the model has been seen to report a very high uptake rate among the population that is 89% test rate, (Population Council Kenya 2011). Formalizing self testing may potentially increase the uptake of HIV testing and minimize the potential harm associated with informal self testing, (WHO, 2011). This study will seek to establish how many of the civil servants in Tetu District would be willing to self test themselves and if such person have the requisite information to do so.

Study carried out in Uganda on model of testing and uptake reviewed that household-member and door-to-door HCT strategies reached the largest proportion of previously untested individuals (>90% of all clients). Hospital-based HCT diagnosed the greatest proportion of HIV-infected individuals (27% prevalence), followed by stand-alone HCT (19%). Household-member HCT identified the highest percentage of discordant couples; however, this was a small fraction of total clients (<4%). Costs per client (2007 USD) were \$19.26 for stand-alone HCT, \$11.68 for hospital-based HCT, \$13.85 for household-member HCT, and \$8.29 for door-to-door-HCT. It therefore concluded that all testing strategies had relatively low per client costs. Hospital-based HCT most readily identified HIV-infected individuals eligible for treatment, whereas home-based strategies more efficiently reached populations with low rates of prior testing and HIV-infected people with higher CD4 cell counts. Multiple HCT strategies with different costs and efficiencies can be used to meet the UNAIDS/WHO call for universal HCT access by 2010.

It is worth noting that this Models are broadly categorized into Facility based model (PMTCT, PITC, VCT, DTC), Community based model (mobile HBCT, VCT and MTC) and self testing. This study sought to look at the influence of each of the Broader Model of HIV testing and counseling among civil servants in Tetu District while expounding to establish the most preferred model of HIV/AIDs testing.

2.7 Availability of Testing Site and Uptake of HIV Test

Tetu district is located in the rural area of Nyeri county and covers an estimated 212 sq km with a population density of approximately 79,000(KNBS, 2010). Facility offering HIV/AIDs related services include four (4) level III facilities (Health Centers), eight (8) level II facilities (Dispensaries), 5 clinics and occasionally on campaign or targeted testing mobile VCT may be

provided (DMOH Nyeri 2011). However in the recent past testing for HIV have had to face challenges due to withdraw of testing kit (BIOLINE) and errant supply of kit by responsible agencies, (DMOH Nyeri, 2012).

In a study carried by (Kanara, 2009) on Association between distance to HIV testing site and uptake of HIV testing for tuberculosis patients in Cambodia it was realised that TB patients treated at clinics without onsite or nearby HIV testing are less commonly tested for HIV infection. Making HIV testing available to TB patients without the necessity of traveling to a distant HIV testing site is likely to increase HIV testing rates. Similarly this study sought to establish whether there is any influence of availability of testing site on uptake of HIV test among the civil servants in Tetu District.

2.8 Pretest Counseling as Procedure for Testing

According to Nascop Kenya 2010 guidelines to HIV/AIDs testing and counseling, a comprehensive procedure in HIV testing and counseling involves the following four steps namely, Pre test counseling, actual testing, post test counseling and ongoing counseling for HIV positive clients on treatment, (NASCOP, 2010).

Pre test counseling involves a session on basic HIV information to the client or patient wishing to receive an HIV test and may be provided to individual, a couple or a group The purpose of pre-test counseling is to provide oneself with information on the technical aspects of testing and the possible personal, medical, social, psychological, legal and ethical implications of being diagnosed as either HIV positive or HIV negative. The minimum services that should be provided during a pre test counseling session for HTC include 1) information on the benefits of knowing ones HIV status, 2) benefits of couple testing 3) explanation of the testing process and 4) need for consent for HIV test, (NASCOP, 2010). Studies have indicated that pretest counseling has influence in test Uptake.

The second step is the actual testing, in majority of setting licensed rapid test will be done on the spot by the HTC service provider, anyone receiving an HIV test should be encouraged to receive their test results even if such testing was conducted at a different location from the counseling location. An HIV positive test must be confirmed by at least one other test, serial

testing algorithm must be used by the HTC service provider as per national Algorithm (NASCO, 2010).

Post test Counseling is done after the HIV test is complete the HTC services provider must offer post test counseling to the client or patient based on results ,risk reduction information and emotional support should be provided at this time based on the individual persona risk factors and referral to appropriate follow up services should be given. On average a complete HIV testing using rapid antibody test take 30 minute however where antibody test are not involved the process could take between 2 to 14 days which raises the clients anxiety (NASCO, 2010).

For a long period medical systems have supported the concept of HIV/AIDS as an “exceptional” disease, one which requires special considerations even before people can receive an HIV test, (CDC, 2006). This exceptionalism in turn, tends to breed stigma by singling out those who are tested for HIV. CDC's revised recommendations have advanced that HIV/AIDS is not exceptional, but rather, a treatable disease that meets the criteria for routine screening, for example 1) It is a serious health disorder that can be diagnosed before symptoms develop. 2) It can be detected by reliable, inexpensive screening tests. 3) Infected patients have years of life to gain if treatment is initiated early; and the costs of screening are reasonable in relation to the benefits , analyses show that routine testing for HIV is as cost-effective as screening for hypertension, colon cancer, and breast cancer, (CDC, 2006). Laws governing HIV testing were developed at time when the infection was untreatable and intensely stigmatizing as a result a very cautious approach to testing was adopted from the genetic counseling model of testing for untreatable conditions. Whereas HIV epidemic has not remained static the testing process has. Legislative continue to mandate lengthy pretest counseling these imposition of extra steps has prevented HIV testing from becoming a routine part of medical care. There is need for standardization and shifting resources to effective post test counseling and linkage to care for those found to be HIV positive rather than pretest counseling, (AMPH, 2006).

Rogstad, 2002 study in Genitourinary Medicine clinics (GUM), UK on routine use of a leaflet to replace verbal pretest discussion (PTD) increased the proportion of patients undergoing

testing. Part of the increased testing was because physicians were more likely to offer the test, possibly because the time constraints of pretest discussion were removed. The use of the leaflet increased the number of patients offered an HIV test from 654 of 1004 (65%) patients to 371 of 397 (94%), (Rogstad , 2002), it is thus worth noting that some significant influence of counseling exist of HIV test uptake, this study sought to establish whether pre test counseling as a procedure in HIV testing has any influence in the uptake of HIV testing among the civil servants population of Tetu district.

2.9 Conceptual Framework

The following is the conceptual frame work for the study.

Independent variables

Dependent Variable

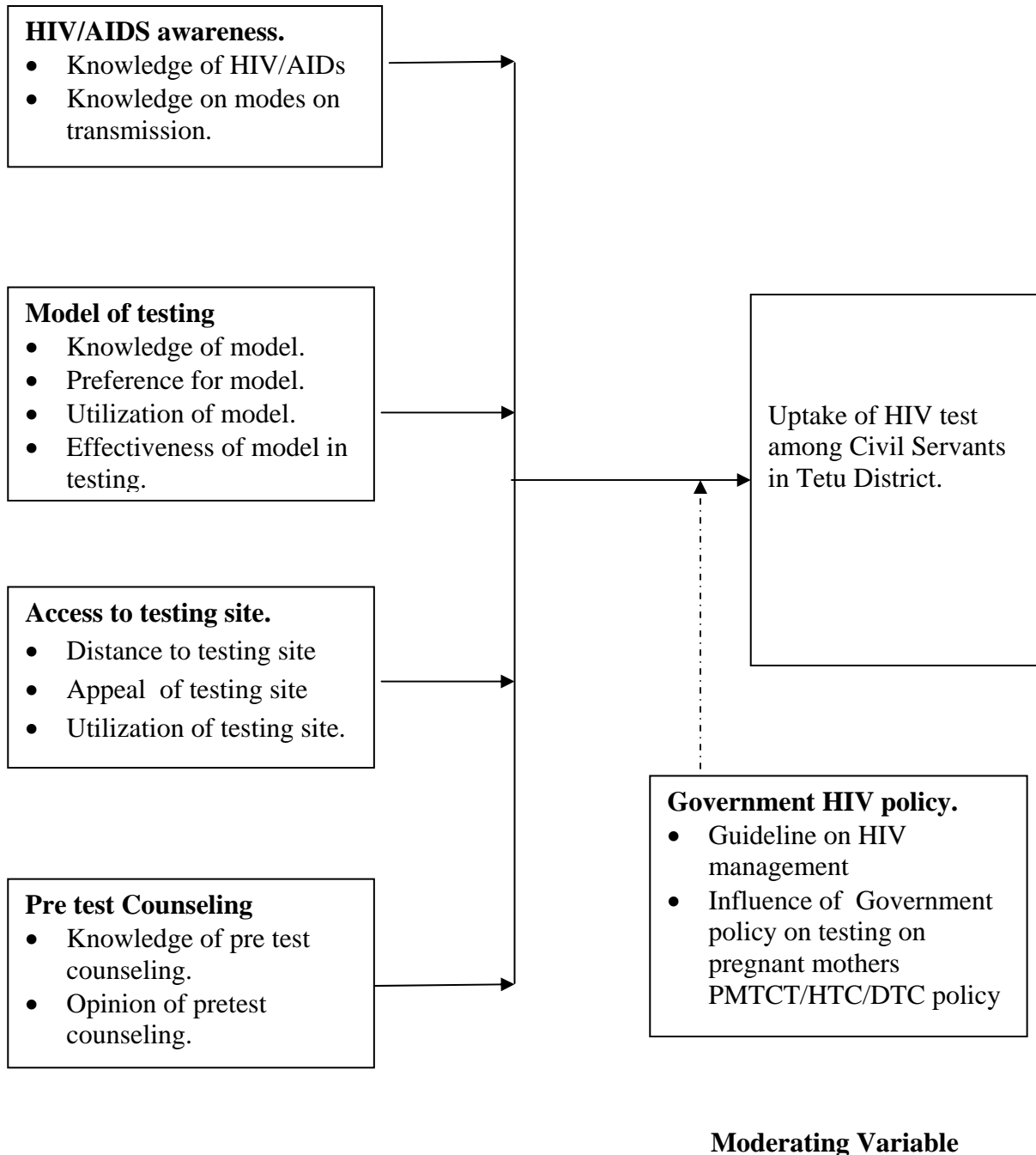


Figure 1: Conceptual framework

A conceptual framework is an explanation either graphically or in narrative form of the main variable, factors and concepts under study and the presumed relationship among them (Miles and Huberman, 1994). In the conception framework in the study explains the relationship between HIV/AIDS awareness level, model of testing employed, access to testing site, pre-test counselling, education level, Government policy and uptake of testing among the civil servants in Tetu District.

Individual HIV/AIDS Awareness level influences the uptake of testing among civil servants in Tetu district. HIV/AIDS Awareness level in this context refers to knowhow on existence of HIV/AIDS, mode of transmission, training or seminars o HIV/AIDS update, risky behaviour associated with HIV/AIDS.

Model of testing here refers to various way of administering testing they include facility based model, community based and self testing models such VCT, mobile testing health facility testing and self testing each model has different influence on uptake of HIV testing depending target population.

Access to testing site influence uptake in that where site are easily accessible and strategically placed more HIV test uptake are likely to be recorded likewise a long distance to testing site and exposed site discourage uptake of testing, convenient site are likely to yield more uptake.

Pre-test counselling is a general requirement in testing the involve information of risk assessment, HIV/AIDS and possible outcome pre test counselling influences the HIV test uptake in that some individual are not able to go the whole process while require tha process to gain courage to carry on with the test..

Government policy and level of education are seen as intervening and moderating variable respectively this is possible through such government policies as PMTCT and DTC that have greatly intervenc on uptake of HIV test uptake, education that academic education and general awareness level moderate the uptake of HIV test.

2.10 Summary of Literature Review

The literature review critically analyses the HIV/AIDS uptake situation as influenced by the Individual HIV/AIDS awareness level, model of testing employed, accessibility to testing site, and pre-test counselling as a procedure if HIV/AIDS testing. Over 34 million people are living with HIV/AIDS worldwide, HIV testing and counselling is the primary strategy to prevention of treatment and care. Knowledge of one's status is very important. The literature reviewed in this study has clearly shown that HIV/AIDS awareness level among the population is high (84) (K.T.Ijadunola, 2011) but this high level of awareness have not been translated to uptake of HIV/AIDS test uptake 26% (KAIS ,2007) of great concern is the HIV/AIDS positive population that is yet to know their status. This population is at risk of unknowingly transmitting the virus to general population thus reversing on the effort to minimizing infection of the virus further this untested population need to be enrolled to care and treatment to help in prolonging their life.

Various model employed in HIV/AIDS testing program have been reviewed with an aim of getting an insight on their effectiveness in increasing uptake of HIV/AIDS testing model review in this study include facility based testing(HTC,PITC,PMTCT) and community based testing (VCT, MVCT, HBCT) and self testing that has been piloted by NASCOP Kenya. The review establishes that each model target different population and yield different result based on population tested. Access to testing site has been found to be inadequate this is depicted on the physical availability of the testing site, were the testing is done within the facility, orientation of the testing site in yielding more test how client friendly the testing site is. Pre-test counselling is a very important step in HIV/AIDS counselling and testing however literature has review that pre-test counselling in some way is in itself a hindrance in uptake of HIV/AIDS counselling and testing.

This study hence seek to establish the influenced of Individual HIV/AIDS awareness level, model of testing employed, accessibility to testing site, and pre-test counselling as a procedure if HIV/AIDS testing on HIV/AIDS test uptake among the civil servants of Tetu District.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter deals with the research methodology of the study. The research design, target population, sample and sampling procedures, research instruments pilot study, data collection procedures and data analysis and presentation techniques are given in the chapter

3.2 Research Design.

The study was conducted using the descriptive research design. Descriptive research design is a scientific method which involves collecting data in order to answer questions on current status of subjects of the study (Kothari, 2004) it involves **gathering data that describe events and then organizes, tabulates, depicts, and describes the data collection (Glass & Hopkins, 1984)**. In this study descriptive research design was preferred because the nature of the research was a social study aimed at finding out “what , how and why is” observed in a completely natural and unchanged natural environment. Descriptive research is important because it acts as a pre cursor to quantitative research design and the general overview gives some valuable pointers as to what variables are worth testing quantitatively (Kothari ,2004).

3.3 Study Area and Target Population

The study was based on civil servants in Tetu District, Nyeri County in Central province of Kenya. Tetu District has been selected for this study because of its unique characteristics; that include Lack of district hospital, no major town and borders Nyeri town (provincial headquarters central province). The target population comprises of 160 civil servants distributed in different government department in Tetu district, respondents were sampled at the time of study to come up with a representative population.

3.4 Sample Size and Sampling Procedure

Sampling is the process of selection of appropriate number of subjects from a defined population (Kothari 2004). A sample size of 10% for a social study is adequate for the study (Mugenda and Mugenda, 2003). To enhance representation of population Characteristic the researcher raised the sample size to 50% of the population. The study employed stratified sampling method where

each department constituted a stratum and 50% of the civil servants from each stratum were selected. A resultant sample size of 80 people was arrived at as shown in Table 3.1.

Table 3.1: Sampling Procedure from Government Department.

No	Government Department	Population	Sample size
1	Office of the president	61	31
2	Public Health and sanitation	41	20
3	Finance	6	3
4	Planning and Vision 2030	3	2
5	Public Works	2	1
6	Education	10	5
7	Adult education	3	2
8	Agriculture	15	7
9	Livestock	3	1
10	Youth and Sports	11	5
11	Water and Irrigation	3	2
12	Cooperative	2	1
	Total	160	80

Source : Tetu District registry, 2012

3.5 Data Collection Methods and Procedures.

The study used self administered questionnaires to sampled civil servants working in Tetu District as tools for data collection. A questionnaire is a research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents (Mugenda and Mugenda, 1999). The study opted for the questionnaire because the response are

gathered in a standardized way, so questionnaire are more objective compared to other tools of data collection additionally it is a relatively quick method of data collection and enable information gathering to a big sample population.

3.6 Validity of Instruments

Validity is the accuracy and meaningfulness of inferences which are based on the research results (Kothari and pals 1993); it's the degree to which results obtained from the analysis of the data actually represent the phenomenon under study. To enhance validity of the questionnaire the supervisor validated the value content, construct and criterion of the instruments upon which modification were made where necessary, peer to peer review was employed to improve on validity.

3.7 Reliability of Instruments

Reliability of the research is its level of internal consistency over time (Mugenda & Mugenda, 1999). A reliable instrument therefore is one that constantly produces the expected results when used more than once to collect data from two samples drawn from the same population. There was pre testing of the research instrument among civil servants at Nyeri Central district to monitor the effectiveness of the questionnaire, the result of the study were cross checked with other secondary data to ensure authenticity and accuracy. The information gathered accurately showed how much each variable affects the outcome of the respondents to cooperate and answer the entire question accurately.

3.8 Data Collection Methods.

The researchers visited the district headquarters of selected department and created a rapport prior to the collection of data. Appropriate permission from the respondent was sought from the respondent. The study employed a self administered questionnaire where the research assistant made available the questionnaires to the respondent and waited for him/her to complete, research assistant was available for any clarification that will enable completeness of responses.

3.9 Data Analysis Technique.

The result of the questionnaires was checked for completeness before preparation of analysis. Data was coded before using statistical package for social sciences (SPSS). The

simplest way to present information when using descriptive statistics (willis, 2004) is through frequencies, percentages tables and distribution which give a summary of data about a single variable. Descriptive statistics enable the researcher to meaningfully describe a distribution of scores or measurement using a few indices or statistics (Chalmers,2002) Each statistics used in descriptive statistics has a purpose, the types of statistics or indices used depends on type of variables in the study and the scale of measurement which was be used. The SPSS programme gives descriptive statistics and therefore the programme is appropriate for the analysis of the data.

3.10 Research Ethics

The researcher maintained research ethics by following the procedure outlined by the university and by seeking permission from the relevant authorities before carrying out the study. Honesty integrity and confidence was highly maintained throughout the study. Findings of the research were only utilized for purpose intended for, the finding will be shared with the respective authority to inform policy Change.

3.10 Operationalization of Variable.

Table 3.2 Operationlizing framework.

Objective	Variables	Indicators	Measurement scale	Data analysis
To establish the influence of HIV/AIDS awareness level on HIV test uptake among civil servants in Tetu District.	<ul style="list-style-type: none"> • HIV/AIDS awareness level. • Uptake of testing. 	<ul style="list-style-type: none"> • Knowledge on existence of HIV/AIDS. • Ever been tested for HIV/AIDSs and frequency • Attendance to any seminar/training on HIV/AIDS • Knowledge on HIV/AIDSs transmission mode • Knowledge on care and treatment. • Knowledge on prevention methods 	Nominal/ordinal ordinal Nominal Nominal ordinal	Mean Frequency Percentage
To establish how model of testing employed influence uptake of testing among civil servants in Tetu District.	<ul style="list-style-type: none"> • Model of testing 	<ul style="list-style-type: none"> • Knowledge of model of testing. • Model ever accessed for services. • Preference to specific model. 	Nominal ordinal ordinal	Mean Frequency Percentage
To establish how accessibility of testing site affect HIV test uptake among civil servants in Tetu District.	<ul style="list-style-type: none"> • Testing site availability large. 	<ul style="list-style-type: none"> • Knowledge of existence of testing site. • Distance to nearest facility. • Knowledge of nearby testing site. • Utilization of the testing site • Evidence of mobile testing at work place 	Nominal Interval Nominal Ratio	Mean Frequency Percentage
To establish how the pre test counseling in testing influence the uptake of testing among civil servants in Tetu District.	<ul style="list-style-type: none"> • Pretest counseling 	<ul style="list-style-type: none"> • Attendance to HIV/AIDS pre test counseling • Knowledge of pretest counseling • Opinion on pretest counseling. 	Nominal Rank	Mean Frequency Percentage

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the findings of the study. The chapter covers the response rate, background information, knowledge and awareness of HIV/AIDS, Uptake of HIV/AIDS, model of testing, availability of testing site, and pretest counseling. The responses were analyzed using descriptive statistics and data presented in tables.

4.2 Response Rate

Out of 80 questionnaires which were administered to the interviewees, 80 of them were returned for data analysis. This translates to 100% percent return rate of the respondents. This response rate can be attributed to the fact that, the researcher self administered the questionnaires himself to the respondents.

4.3 Background Information

Table 4.1 Gender of Respondents

Gender	Frequency	Percentage
Male	42	52
Female	38	48
TOTAL	80	100

Table 4.1 shows the gender of the civil servants, 52% are males, 48% female. This shows that, there was almost gender parity in distribution of each gender among the civil servants of tetu district.

Table 4.2 Age Distribution of the respondents.

Age Group	Frequency	Percentage
Below 20 years	0	0
21-30	33	41
31-40	26	33
41-50	16	20
51-60	5	6
TOTAL	80	100

Table 4.2 shows the ages the civil servants fall in, below 20 are 0%, from 21-30 are 41%, 31-40 are 33%, 41-50 are 20%, 51-60 are 6%. Therefore majority of civil servants young and middle people below 40 years of age who are sexually

Table 4.3 Job Group Distribution of the respondents.

Job Groups	Frequency	Percentage
D	2	3
E	0	0
F	10	12
G	11	14
H	22	27
J	3	4
K	24	30
L	3	4
M	5	6
N	0	0
P	0	0
TOTAL	80	100

Table 4.3 shows that 3% are job group D, 12% are F, 14% are G, 27% are H, 4% are J, 30% are K, 4% are L, 6% are M. This shows that, majority of the respondents were in low cadre position in civil service.

Table 4.4 Academic Levels of the respondents.

Highest Academic Qualification	Frequency	Percentage
Certificate	23	29
Diploma	34	42
Higher diploma	6	8
Degree	12	15
Master	5	6
Other specify	0	0
Total	80	100

Table 4.4 shows 29% of civil servants' highest academic qualification reached was certificate, 42% Diploma, 8% higher diploma, 15% Degree while only 6% Masters. This shows that all respondent have attained basic educated and the majority of respondent are below higher diploma levels.

Table 4.5 Work Experience of the respondents.

Period of Working in Current Station	Frequency	Percentage
Less than one year	17	21
One to two years	21	26
Two to three years	13	16
Three to four years	6	8
More four years	23	29
Total	80	100

Table 4.5 shows 21% of the civil servants have been in the current station for less than one year, one to two years were 26%, two to three years were 16%, three to four years were 8% and more than four years 29%. Work experience among the respondents is averagely distributed among the respondent with exception of three to four years.

4.4 HIV /Aids Knowledge and Awareness.

Number of items correctly Respondent	Frequency	Percentage
19	12	15
15 to 18	58	72
11 to 14	6	8
9 - 10	4	5
Below 9	0	0
TOTAL	80	100

Table 4.6 On HIV/AIDS knowledge and awareness respondent were required to respond to 19 items based on HIV/AIDS transmission, causes symptoms and ways of prevention and the rate of correct response were analysed, 15% correctly responded to all items, 72% to 15 to 18 items, 8% to 11-14 items while 5% to 9- 10 items. This clearly indicated that majority of civil servants 87% were well knowledgeable and aware of HIV/AIDS related issues. The result concurs with K.T. Ijadunola, 2011 finding that 84% of population in Nigeria knew of HIV testing and counseling.

Table 4.7 HIV/ Aids Training

Number of People Who Have Attended HIV/Aids Training /Seminar	Frequency	Percentage
Yes	62	77
No	18	23
TOTAL	80	100

Table 4.7 shows 77% of civil servants have attended HIV/AIDS training /seminar, while 23% have not. This shows that a majority of respondents were well acquainted with HIV/AIDS related issues however a significant number was yet to attend such training/seminar and cannot be ignored.

Table 4.8 Awareness of HIV Workplace Policy

Number of Civil Servants Aware of HIV/Aids Policy In The Workplace	Frequency	Percentage
Yes	57	71
No	23	29
TOTAL	80	100

Table 4.8 shows 71% of civil servants were aware of the HIV/AIDS policy in the work place, while 29% were not aware. The HIV/AIDS workplace policy is well known by majority of civil servants but a significant population 29% is yet to knowledgeable on HIV/AIDS related issues.

Table 4.9 Source of Knowledge of HIV/AIDS

How Civil Servants Came To Know About The HIV/Aids Policy In The Work Place	Frequency	Percentage
Departmental circulars	29	51
Internet	4	7
Media	13	23
Colleagues	11	19
Total	57	100

Table 4.9 shows 51% of civil servant came to know about the HIV/AIDS work place policy from departmental circulars, 7% from the internet, 23% from the media and 19% from colleagues. Department circular are a very efficient means of relaying information among the civil service followed by media, colleagues and internet.

Table 4.10 Individual Knowledge on HIV/Aids Influence Uptake of HIV Test

Does Individual Knowledge On HIV/Aids Influence Uptake Of HIV Test	Frequency	Percentage
Yes	59	74
No	21	26
TOTAL	80	100

Table 4.10 shows 74% of civil servant felt that individual knowledge on HIV/AIDS influence uptake of HIV test, while 26% disagreed. This shows that Individual knowledge on HIV/AIDS has influence on uptake of HIV test. This knowledge is obtained through sensitization in seminars/training circulars, HIV policy documents media and internet.

4.5 Uptake of HIV Test

Table 4.11 Uptake of HIV Test

Number Of People Tested For HIV/Aids	Frequency	Percentage
Yes	71	89
No	9	11
TOTAL	80	100

Table 4.11 shows 89% of civil servant have been tested for HIV/AIDS, while 11% were not tested. The reason for not testing was fear of knowing the status and stigma from workmates, 80% and 10 % said it was not important. Majority of civil servants have taken a HIV test this contradicts KAIS 2007 finding that only 36% of the population had tested for HIV however a significant population of 11% have never taken a HIV test. This high level of uptake can be linked to the high level of knowledge and awareness on HIV/AIDS as demonstrated in the study

Table 4.12 No of times Tested

Number Of times ever Tested For HIV/Aids	Frequency	Percentage
1	43	61
2	15	21
3	7	10
4	4	6
More than 5 times	2	3
TOTAL	71	100

Table 4.12 shows that 61% of civil servants have been tested only once, 21 twice, 10% thrice, 6% four times and only 3% five times. This show that frequency of uptake of HIV tests by civil servants is low with only 19% having tested more than three times.

Table 4.13 Reasons for Getting Tested

Reasons For Getting Tested	Frequency	Percentage
Own volitions	54	76
Persuaded by friends /relatives/partner	5	7
Initiated by health care provider	13	18
Fulfilling a requirement	7	10
Other[specify]	0	0
TOTAL	71	100

Table 4.13 shows 76% of civil servants tested on their own volitions, 7% persuaded by friends /relatives /partner, 18% initiated by health care provider, 10% fulfilling a requirement. Majority of civil servants have taken the HIV test at their own volition.

Table 4.14 Last Time The Civil Servants Were Tested

Last Time The Civil Servants Were Tested	Frequency	Percentage
Less than three months ago	19	27
Three to six months ago	20	28
Six months to one year ago	18	25
One year to two years ago	6	8
More than two years ago	8	12
Total	71	100

Table 4.14 shows 27% of the civil servants were lastly tested for HIV/AIDS less than three months ago 28% three to six months ago,25% six months to one year ago,8% one year to two years ago,12% more than two years ago. Only 27% of respondent took the test three month prior to the study.

4.6 Model of Testing

Table 4.15 Mode of Testing

Mode of Testing Known	Frequency	Percentage
Health facility testing and counseling	78	97
Mobile testing and counseling	49	61
Self-testing	30	37
Moonlight testing and counseling	14	17

Table 4.15 shows 97% of civil servants know health facility testing and counseling model, 61% know mobile testing and counseling, 37% are aware of self testing and 17% know moonlight

testing and counseling. Health facility testing and counseling model is known to most respondent with moonlight testing and counseling least know.

Table 4.16 Mode of Testing ever utilized

Mode Of Testing Used	Frequency	Percentage
Health facility testing and counseling	58	72
Mobile testing and counseling	25	31
Self-testing	12	15
Moonlight testing and counseling	9	11

Table 4.16 shows 72% of the civil servants have used health facility testing and counseling mode, 31% mobile testing and counseling, 15% self-testing while only 11% moonlight testing. Health facility testing and counseling was most utilized respondents probably because of proximity the workstation while moonlight testing and counseling utilization remain low

Table 4.17 Most Preferred Place for HIV/Aids Testing

Most Preferred Place For HIV/Aids Testing	Frequency	Percentage
At health facility setting	51	64
Outside health facility setting	9	11
Self-testing	20	25
Total	80	100

Table 4.17 shows 64%of civil servants mostly prefer to get tested from a health facility setting, 11% outside health facility setting while 25% self testing. It is evidence that most respondent prefer taking HIV test at Health facility, a significant numbers of respondent prefer to test themselves while very small no preferred testing outside the health facility testing.

Table 4.18 Influence of Models of Testing On Uptake of HIV Tests

DOES THE DIFFERENT MODELS OF TESTING INFLUENCE ON UPTAKE OF HIV TESTS	FREQUENCY	PERCENTAGE
Strongly Agree	55	69
Agree	6	8
Neutral	10	13
Disagree	9	11
Strongly Disagreed	0	0
TOTAL	80	100

Table 4.18 shows 69 percent strongly agree that models of testing influences uptake of HIV testing, 8 percent agreed while only 11% disagreed. Majority of the respondent 72% agree that model of testing administered influence uptake of HIV test while only 11% of the respondent disagreed. This concurs with Brent Wolff et al, 2005 study in Uganda that reviewed indeed the model of HIV testing and counseling has influence in HIV test uptake it further explained that each model yield different population target.

Table 4.19 characteristic of an Ideal Testing location

CHARACTERISTICS OF Ideal TESTING Site	AGREE	%	INDIFFE RENT	%	DISAG REE	%
Should be easily accessible	80	100	0	0	0	0
Should not be separate place from other service	77	96	3	4	0	0
Should be a stand alone site	11	14	13	16	56	70
Should be mobile for access	58	73	9	11	13	16
Should encourage one to test himself/herself	44	55	12	15	24	30
Should be opened even past working hours	65	81	6	7	9	11

Table 4.19 shows 100 percent thought the ideal characteristic of a testing site should be accessible, 96 percent felt it should be in a separate place from other services. 55 percent agreed that it should be in a stand-alone site while 30 percent disagreed. 55 percent advocated for self testing while 30 percent disagreed with self testing. 81 percent felt that testing site should be opened past working hours. Majority of respondent agreed that an ideal testing location should be accessible, integrate services with others, more mobile for access and opened past working hours while encouraging self testing by individuals

4.7 Availability of Testing Site

Table 4.20 The Distance of The Testing Site From Work Place of The Civil Servants

The Distance Of The Testing Site From Work Place Of The Civil Servants	Frequency	Percentage
0-100 meters	48	60
101-500 meters	18	22
501-1000 meters	5	6
1km-5km	9	12
Above 5 km	0	0
TOTAL	80	100

Table 4.20 shows the distance of the testing site from work place of the civil servants 60% were 100 meters away 22% were 101-500 meters, 6% were 501-1000 meters while only 12% were 1km-5km. Majority of the respondent access distance to testing site this can be attributed to the distance between district head quarters and Wamagana health centre.

Table 4.21 Accessibility of the Testing Room

Accessibility Of The Room For Testing	Frequency	Percentage
Yes	58	82
No	13	18
Total	71	100

Table 4.21 shows 82 % of civil servants felt that rooms for testing are accessible, while 18% felt they were in accessible. Majority of the respondent indicated that testing room are easily accessible whenever provided.

Table 4.22 Mobile Counseling and Testing In Work Place

Has Mobile Counseling And Testing Ever Been Conducted At The Work Place	Frequency	Percentage
Yes	15	19
No	65	81
Total	80	100

Table 4.22 shows 19% said mobile counseling and testing has been conducted at their work place while 81 percent said no, the most recent mobile testing was done between 2010-2011. There is clear evidence that mobile counseling and testing has not been explored in respondent work place a fact that has been confirmed by knowledge and utilization on Model of testing.

Table 4.23 Distances between the Home and the Next nearest Testing Facility

Distance Between The Home And The Next Nearest Testing Facility	Frequency	Percentage
0-100 Meters	2	3
101-500 Meters	10	12
501-1000 Meters	14	17
1Km-5Km	38	47
ABOVE 5 Km	16	21
Total	80	100

Table 4.23 shows 3% of civil service are staying 100 meters away from the nearest testing facility ,12% stayed 101-500 meters,17% were staying 501-1000 meters,47% were staying 1km-5 km,21% above 5km. This indicates that testing site is not far from area of residence of civil servants however the distance is longer than that from workplace 68% of testing site are located more than 1km away from area of residence.

Table 4.24 Influence of Distance To Testing Site on HIV Testing

Does Distance To Testing Site Influence You From Taking The Test	Frequency	Percentage
Strongly agree	17	21
Agree	26	32
Indifferent	9	12
Disagree	16	20
Strongly disagree	12	15
Total	80	100

Table 4.24 shows 53% agreed that distance to the testing facility influence the civil servants from taking the test, with 21 percent strongly agreeing, while disagree 35% disagreed. There is no clear indication of influence of distance to testing site and HIV test uptake some would prefer to test far from know place while others do not mind

4.8 Pre Testing Counseling Procedure

Table 4.25 Counseling and Testing

Does Counseling Take Place In Testing	Frequency	Percentage
Yes	71	100
NO	0	0
TOTAL	71	100

Table 4.25 shows 100% of civil servants tested were counseled during testing. This indicate that as the NASCOP policy on testing indicate all tested respondent were counseled prior to testing.

Table 4.26 Types of Counseling

Types Of Counseling	Frequency	Percentage
Pretest counseling only	11	15
Posttest counseling	0	0
Both	60	85
TOTAL	71	100

Table 4.26 shows that majority of civil servants tested 85 % were given pretest counseling and posttest counseling while only 11 percent were given pretest only.

Table 4.27 Influence of Counseling on the Decision To Take Up HIV Testing

Does Counseling Influence The Decision To Take Up HIV Testing	Frequency	Percentage
Strongly Agree	28	35
Agree	20	25
Neutral	20	25
Disagree	6	7.5
Strongly Disagree	6	7.5
TOTAL	80	100

Table 4.27 shows that, 35 percent strongly agreed that counseling influence uptake of HIV testing, 25 percent agreed while only 15 percent disagreed. This indicates that, counseling does have an influence on HIV testing. Majority 60% of the respondent agree that counseling influences their decision to take up HIV test and 15% disagree for those who agree they said that counseling prepared the adequately to take the test and accept the result as provided. This confirm to Rogstad, 2002 were pretest counseling increased uptake of HIV test

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The basic purpose of this chapter is to give the summary of findings, discussions, conclusions and recommendation of the study. This was based on the research findings that is presented and discussed in the previous chapters.

5.2 Summary of findings.

The findings of this study found out that, among the respondents, 52% are males, 48% female. In terms of age, it was found that majority 74% of civil servants are young and middle aged people below the age of 40 years. In terms of distribution of their job groups, majority of the civil servants were in low cadre position in civil service only 10% are in job L and above. 29% of civil servants' highest academic qualification reached was certificate, 42% Diploma, 8% higher diploma, 15% degree while only 6% had a master's degree. In terms of working experiences there was average distribution of period of years one has worked in current station from less than one year to more than four years.

The study found out that, 89% of civil servants have ever been tested for HIV, of those tested only 9% had tested more than four times and 27% had tested three months prior to the research. The reason for not testing was fear of knowing one's status and stigma from workmates, 90 % while 10 % said it was not important. In addition, 76% of civil servants tested on their own volitions, 7% persuaded by friends /relatives /partner, 18% initiated by health care provider, 10% fulfilling a requirement.

On objective one the study found out that, majority of the civil servants 87% were aware of the causes of HIV, symptoms and how it can be transmitted, 77% of civil servants had attended HIV/AIDS training /seminar, while 23% did not. Further, 71% of civil servants were aware of the HIV/AIDS policy in their work place, while 29% were not aware. On how they came to know of the HIV/AIDS work place policy, 51% of civil servants came to know about the HIV/AIDS work place policy from departmental circulars, 7% from the internet, 23% from the media, and 19% from colleagues. On how knowledge influence uptake of testing, 74% of civil

servants felt that individual knowledge on HIV/AIDS influence uptake of HIV test, while 26% disagreed

On objective the study found out that, 97% of civil servants knew health facility testing and counseling model, 61% knew mobile testing and counseling, 37% are aware of self testing and only 17% knew moonlight testing and counseling. The study also revealed that, 72% of the civil servants have utilized health facility testing and counseling model, 31% mobile testing and counseling , 15% self-testing while only 11% moonlight testing. On preference of where to test, 64% of civil servants mostly prefer to get tested at a health facility setting, 11% outside health facility setting while 25% prefer self testing .An ideal testing site, should be accessible 100 % , integrated with other services 96 % ,should explore likelihood of self testing 55% while extending service behold working hours. On the influence of testing site on uptake of HIV test, 77% agree that models of testing influences uptake of HIV test among civil servants.

On objective the study found out that 53% agreed that distance to the testing facility influence the civil servants HIV test uptake. Further, the study also found out that, 60% of the civil servants were working 100 meters away from a testing site, 22% were between 101-500 meters, 6% were working between 501-1000 meters away while only 12% were working far from their work station, that is over 1 kilometer. On accessibility to testing site, the study found out that, 58% of civil servants felt that rooms for testing are accessible, while 18% felt they were inaccessible. The study shows 3% of civil service are staying 100 meters away from the nearest testing facility ,12% stayed 101-500 meters, 17% were staying 501-1000 meters, 47% were staying 1km-5 km, 21% above 5km.

On objective Four the study found out that, 60% agreed that counseling influence uptake of HIV testing, while only 15 percent disagreed. The study also revealed that, 100% of civil servants tested were counseled during testing. The study also found out that majority of civil servants tested, 85 percent, were given both pretest and posttest counseling while only 11 percent were given pretest only.

5.3 Discussion

The findings of this study found out that, among the respondents, there was almost gender parity in distribution of each gender in civil service in Tetu district. In terms of age, it was found that majority 74% of civil servants are young and middle aged people below the age of 40 years who are sexually active thus exposed to the risk of contracting HIV/AIDS. In terms of working experiences there was average distribution of period of years one has worked in his/her current station from less than one year to more than four years.

The study found out that, 89% of civil servants have ever been tested for HIV while 11% have never tested for HIV, of those tested 61% ever tested only once while only 9% had tested more than four times. Respondent uptake of HIV test is high however the frequency of taking the HIV test is low and so is the period last tested prior to the study of less than three months 27%. The reason for not testing was fear of knowing one's status and stigma from workmates, 90% while 10% said it was not important. In addition, 76% of civil servants tested on their own volitions. This study agrees with those of Kenya Aids Indicator Survey (2007) which found out that, nearly 2/3^r of Kenyan reported never having been tested prior of HIV/AIDS survey and therefore are unaware of their status and may not access appropriate services for prevention, care and treatment (KAIS 2007). On the contrary, this study has found high testing rates among civil servants but recent testing was low that is 27% as per recommendation by WHO (WHO/UNAIDS/UNICEF, 2011).

The study objective one sought to establish how HIV/AIDS awareness level influence uptake of HIV test among civil servants in Tetu district. The study found out that, majority of the civil servants were aware of the causes of HIV, symptoms and how it can be transmitted. The knowledge was assessed using set of question in the research tool where the respondent was measured on correct responses 87% responded correctly to the items in the questionnaire. This clearly demonstrated high HIV/AIDS knowledge and awareness levels among civil servant. It is further supported by training attended, 77% of civil servants had attended HIV/AIDS training /seminar, while 23% did not. In connection to this, 71% of civil servants were aware of the HIV/AIDS policy in their work place, while 29% were not aware. On how they came to know of the HIV/AIDS work place policy, 51% of civil servants came to know about the HIV/AIDS work

place policy from departmental circulars, 7% from the internet, 23% from the media, and 19% from colleagues. On how knowledge influence uptake of testing, 74% of civil servants felt that individual knowledge on HIV/AIDS influence uptake of HIV test, while 26% disagreed. HIV/AIDS individual knowledge and awareness is a critical factor that influences civil servants in taking up HIV test as has been demonstrated by the high testing rate among civil servants 89%. This study agrees with a study conducted in Uson state Nigeria, which revealed that 99% of the population knew of HIV/AIDS and 84 % new of HIV counseling and testing through source like electronic media ,public campaign, health workers, friends and newspapers (Ijadunola, 2011)). However the fact that people are aware of HIV/AIDS has not translated into adequate uptake of HIV testing.

The objective two sought to establish how model of HIV testing employed influence uptake of HIV testing among civil servants in Tetu District. This study found out that, 97% of civil servants knew health facility testing and counseling model, 61% knew mobile testing and counseling, 37% are aware of self testing and only 17% knew moonlight testing and counseling. The study also revealed that, 72% of the civil servants have utilized health facility testing and counseling model, 31% mobile testing and counseling , 15% self-testing while only 11% moonlight testing. On preference of where to test, 64% of civil servants mostly prefer to get tested at a health facility setting, 11% outside health facility setting while 25% prefer self testing .An ideal testing site, should be accessible 100 % , integrated with other services 96 % ,should explore likelihood of self testing 55% while extending service behold working hours. On the influence of testing site on uptake of HIV test, 69 percent strongly agree that models of testing influences uptake of HIV test, 8 percent agreed while only 11 percent disagreed. Therefore, it can be concluded that model of testing influences uptake of HIV test further each model has a potential of reaching different population. This concurs with Population Council Kenya (2011) finding that, new model of testing and counseling piloted by NASCOP Kenya on health workers, the model had been seen to report a very high uptake rate among the population that is 89% test rate. Exploring more Models of testing and counseling may potentially increase the uptake of HIV test, (WHO, 2011).

The study objective three aimed at establishing how accessibility to testing site affect HIV test uptake among civil servants in Tetu District, accessibility to testing sites were measured in terms of distance and general facility orientation. This study found out that, 53% agreed that distance to the testing facility influence the civil servants HIV test uptake, with 21 percent strongly agreeing, while 35% disagreed. Further, the study also found out that, 60% of the civil servants were working 100 meters away from a testing site explained by the proximity of Wamagana Health Centre to Tetu District Headquarters ,22% were between 101-500 meters, 6% were working between 501-1000 meters away while only 12% were working far from their work station, that is over 1 kilometer.

On accessibility to testing site, the study found out that, 58% of civil servants felt that rooms for testing are accessible, while 18% felt they were in accessible. The study shows 3% of civil service are staying 100 meters away from the nearest testing facility ,12% stayed 101-500 meters, 17% were staying 501-1000 meters, 47% were staying 1km-5 km, 21% above 5km. This indicates that testing sites are not far from working place of civil servants. This availability of testing sites corresponds with the high uptake of HIV test. This study concurs with Kanara, (2009) on Association between distance to HIV testing site and uptake of HIV testing for tuberculosis patients in Cambodia, which it revealed that, TB patients treated at clinics without onsite or nearby HIV testing are less commonly tested for HIV infection. Making HIV testing available to TB patients without the necessity of traveling to a distant HIV testing site is likely to increase HIV testing rates.

The study objective four sought to establish how the pre test counseling as a procedure in HIV testing influence the uptake of HIV test among civil servants in Tetu District. This study found out that, 35 percent strongly agreed that counseling influence uptake of HIV testing, 25 percent agreed while only 15 percent disagreed. This indicates that, counseling does have an influence on HIV testing. It was also revealed that, 100% of civil servants tested were counseled during testing. The study also found out that majority of civil servants tested, 85 percent, were given pretest counseling and posttest counseling while only 11 percent were given pretest only. It can be concluded that, counseling does have an influence on uptake of HIV/AIDs testing. This study concurs with (Rogstad, 2002) study in Genitourinary Medicine clinics (GUM), UK which

revealed that, routine use of a leaflet to replace verbal pretest discussion (PTD) increased the proportion of patients undergoing testing. Part of the increased testing was because physicians were more likely to offer the test, possibly because the time constraints of pretest discussion were removed. The use of the leaflet increased the number of patients offered an HIV test from 654 of 1004 (65%) patients to 371 of 397 (94%),(Rogstad , 2002), it is thus worth noting that some significant influence of counseling exist of HIV test uptake as it build up confidence of the clients to take up test.

5.4 Conclusions

The study found out that, 89% of civil servants have ever been tested for HIV/AIDs, while 11% were not tested however the frequency of HIV test uptake was low and only 27% of Civil servants had taken a test 3 months prior to the study. The reason for not testing was fear of knowing the status and stigma from workmates, 90 percent and 10 percent said it was not important, in addition, majority of civil servants tested on their own volitions. HIV/AIDs Knowledge and awareness level was high among civil servants attributable to education level, training and seminar, HIV workplace policy. This high awareness was manifested in high HIV test uptake on self volition; therefore knowledge on HIV/AIDS is a critical factor that influences civil servants from testing HIV/AIDS.

It can also be concluded that, majority of the civil servants have used health facility testing and counseling model, while a few have used mobile testing and counseling, self-testing and moonlight testing. On preference of where to test, majority of civil servants mostly prefer to get tested from a health facility setting, rather than outside health facility setting and self testing.

Testing site are generally accessible and within reachable from workplace and residential areas distance to the testing facility and HIV test uptake could influence the civil servants from taking the test and pretest Counseling influence uptake of HIV testing among civil servants. All of civil servants tested were counseled during testing. It is concluded that, counseling does have an influence on up take of HIV/AIDS testing.

5.4 Recommendations.

This study makes the following recommends:-

1. To Ministry of health and HIV/AIDs implementing partners there need to intensify HIV/AIDs knowledge and awareness since it has influence uptake of HIV test.
2. To NGO and Health facility managers ideal testing site to be constructed and set up should be accessible, integrate other services with HIV/AIDs services and be should be able to offer services behold official working hours.
3. To NGO and health facility managers testing models should be introduced to supplement the traditional health care providers testing models from hospitals, mobile testing and counseling and self testing method should be explored to increase testing rates.
4. To policy makers NASCOP Counseling is a very important process in increasing uptake of HIV/AIDS testing and hence should be intensified before and after testing, more innovative way of providing counseling such as leaflets should be explored.
5. To the Civil servants and general population need to embrace a culture periodical uptake HIV test atleast once in every three months to take advantage of improved accessibility to testing site.

5.5 Suggestion for further research

Further research is recommended on

1. Further studies to be done on influence of HIV/AIDs related stigma on uptake HIV test among the working population.
2. Further studies on implementation of HIV/AIDs work place policy on government department at district/county levels and their effectiveness in addressing HIV/AIDs related issues at workplace

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APPENDICES

Appendix 1 introduction letter

Kelvin Mwenda Kibaara

P.O. Box 444,

Nyeri

Cell phone no 0721 793690

To

Dear Sir/ Madam

REF: REQUEST FOR PARTICIPATION IN RESEARCH STUDY

I am a final year Master of Arts Degree student at the University of Nairobi pursue project planning, Design and Management and currently undertaking a research on effect of mode of HIV testing, availability of testing sites and counseling on uptake of hiv testing among civil servants in Tetu District.

I would be grateful if you could spare some time from your busy schedule and complete the questionnaire enclosed. All the information provided will be treated with utmost confidentiality. Your timely response will be highly appreciated.

Yours faithfully

Kelvin Mwenda Kibaara

L50/61561/2011

Section B: HIV/AIDS knowledge and awareness.

6. Here are some statement about HIV/AIDSs please indicate whether you think each statement is TRUE or FALSE.

Question	True	False
HIV/AIDSs can be transmitted through sharing food with infected person.		
HIV/AIDSs can be transmitted through Handshakes with an infected person.		
HIV/AIDSs is genetically transmitted.		
HIV/AIDSs has cure.		
HIV is transmitted through unprotected sex with an infected person.		
HIV Infected person can prolong his life through use of ARV		
HIV care and treatment is free in government hospital		
Coughing and sneezing DO NOT spread HIV		
A person can get HIV by sharing a glass of water with someone who has HIV		
Showering, or washing one's genitals/private parts after sex keeps a person from getting HIV		
All pregnant women infected with HIV will have babies born with HIV/AIDS		
People who have been infected with HIV quickly show serious signs of being infected		
There is a vaccine that can stop adults from getting HIV.		
People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.		
There is a female condom that can help decrease a woman's chance of getting HIV.		
Having sex with more than one partner can increase a person's chance of being infected with HIV.		
Taking a test for HIV one week after having sex will tell a person if she or he has HIV.		
Using more than one condom lowers the chance of getting HIV.		
HIV AIDSs can be transmitted through use of infected tool(needles, Scissors)		

7. Have you ever attended any HIV/AIDSs training/ seminars? Yes [] No []

a) If yes whenand for how long?

8 Are your aware of HIV/AIDSs workplace policy? Yes [] No []

a) If yes how did you come to know of it?

- Departmental circulars []
- Internet []
- Media []
- Colleagues []

9 Do you think individual knowledge on HIV/AIDs influence Uptake of HIV test?
Yes [] No []

Section C: Uptake of HIV test

10 Have you ever been tested for HIV/AIDs? yes [] No []

- a. If yes how many times.....
- b. Why did you choose to get tested?

Own volitions []
Persuaded by friends/relatives/partner []
Initiated by health care provider []
Fulfilling a requirement []
Others specify..... []

- c. If yes, when were you lastly tested?

Less than three months ago []
Less than Six Months ago []
Less than One year ago []
Less than Two years ago []
More than two years ago []

If no why?

11 Would you recommend another person to take up the test? Yes [] No []

- a) If yes why?

Section D: Model of testing.

12 Please Tick any model of testing that you know of.

- a. Health facility testing and counseling. []
- b. Mobile Testing and Counseling. []
- c. Self testing. []
- d. Moonlight testing and counseling. []

13 Please Tick any model of testing that you have ever utilized or seen being utilized.

- a. Health facility testing and counseling. []
- b. Mobile Testing and counseling. []
- c. Self testing. []
- d. Moonlight testing and counseling. []

14. Where do you prefer to take up HIV/AIDS test?

At Health facility setting [] Outside Health facility setting [] Self testing []

15 In your opinion what characteristic would you like a testing model to possess please tick against the scale provided to indicate rank?

Characteristic	Agree	Indifferent	Disagree
Should be easily accessible.			
Should not be separately place from other services.			
Should be a standalone site.			
Should be mobile for access.			
Should encourage one to test him/herself			
Should be opened even past working hours			

16 Do you think the different model of testing have influence on your uptake HIV test?

Yes [] No []

Section E: Availability of testing site.

17 How far is the testing site in km from your workplace?

- I. 0- 100 meters []
- II. 101- 500 meters []
- III. 501 – 1000 meters []
- IV. 1 km - 5 kilometers []
- V. Above 5 kilometers []

18. If tested did you find the testing area/room easily accessible for the services?

Yes [] No []

19. What do you recommend in the testing site?

- I. Separated testing site from other services. []
- II. Integrated testing site with other service. []
- III. Friendly and welcoming staff at testing site. []
- IV. Mobile testing accessible at place of work. []
- V. Others specify..... []

20. Has any mobile counseling and testing ever been conducted at you workplace?

Yes [] No []

a) If yes whenand how often.....

21 Apart from the facility mentioned how far is the next nearest testing facility from your work place?

- i. 0- 100 meters []
- ii. 101- 500 meters []
- iii. 501 – 1000 meters []
- iv. 1 km - 5 kilometers []
- v. Above 5 kilometers []

22 Do you agree that distance to testing site influence you from taking HIV test?

- i. Strongly agree []
- ii. Agree []
- iii. Indifferent []
- iv. Disagree []
- v. Strongly disagree []

Section: Pre Test counseling procedure.

22. If HIV testing was offered to you was counseling done? Yes [] No []

a. What type of counseling was administered to you?

- Pretest counseling only []
- Post test counseling []
- Both []

23. In your own opinion does counseling influence your decision to take up HIV testing?

Yes [] No []

a) If yes how?

- I. Encouraged me to take up the t the test []
- II. Discouraged me from taking the test []
- III. Did not influence my decision []
- IV. Give me very important information. []
- V. Other specify..... []

24. State two aspects you would like change in the way HIV/AIDs test are conducted to achieve more uptakes?

1.....

2.....

.....Thanks for your precious time.....