MOTIVATORS AND OBSTACLES OF VOLUNTARY COUNSELING AND TESTING AMONG YOUNG PEOPLE IN USIGU DIVISION; THE CASE OF GOT AGULU SUB-DISTRICT HOSPITAL

By
BUORO EDWARD OMONDI
Registration Number N69/71668/08

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2010
DECLARATION

This project is my original work and has not been submitted for a degree to any other university.

[Signature]
Buoro Edward Omondi

13.11.2010
Date

This project has been submitted for examination with my approval as a University Internal Supervisor

[Signature]
Charles Owuor Olungah PhD

14.11.2010
Date
DEDICATION

This project is dedicated to all those who contributed to this study by sharing knowledge, information and their experiences on Voluntary Counseling and Testing (VCT) for the purpose of realizing the objectives of the study.

To the women in my life; Patricia Odipo my grandmother, Mary Buoro my mother, Mary Okumu my dear wife and Maria Tombo my daughter, for their inspiration and patience and support while undertaking this study.

To all those who are relentlessly working hard to mitigate against HIV and AIDS particularly those individuals who are seeking to know their HIV status in order to prevent the spread of HIV by striving to remain negative if negative or by avoiding to infect others if positive.
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ABBREVIATIONS

AIDS - Acquired Immuned Deficiency Syndrome
ARVs - Antiretroviral drugs
CBOs - Community Based Organization
CBS - Central Bureau of Statistics
CCC - Comprehensive Care clinic
ELISA - Enzyme-linked Immunosorbent assay (test)
FGD - Focus Group Discussion
HBM - Health Belief Model
HIV - Human Immunodeficiency Virus
HTC - HIV Counseling and Testing
KAIS - Kenya AIDS Indicators Survey
KDHS - Kenya Demographic Health Survey
KNBS - Kenya National Bureau of Statistics
MPHS - Ministry of Public Health and Sanitation
Ms Excel - Microsoft Office Excel
NASCOP - National AIDS and STI Control Programme
NGOs - Non Governmental Organizations
PMTCT - Prevention of Mother to Child Transmission
ReCAPP - Resource Centre for Adolescent Pregnancy Prevention
STI - Sexually Transmitted Infections
TB - Tuberculosis
UNAIDS - United Nations Programme on HIV and AIDS
USA - United States of America
VCT - Voluntary Counseling and Testing
VMMC - Voluntary Medical Male Circumcision
WHO - World Health Organization
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ABSTRACT

This was a cross-sectional qualitative study with the objective of exploring factors that motivate young people to go for Voluntary Counseling and Testing (VCT), the obstacles they face in accessing VCT and the shortcomings that make VCT unattractive. The study was conducted in Got Agulu Sub-district Hospital in Usigu division, Bondo district. It was based on the premise that many young people are not inspired to go for VCT.

Convenient sampling method was used to identify the young people who were involved in the study while VCT staff were purposively selected based on their experience and position as VCT Counselors. Qualitative data was thematically analyzed based on the content while quantitative information done via Ms Excel and basic frequency and tables generated. The study revealed that many young people do not have confidence on the VCT process, facilities and staff and therefore, shun VCT services.

The study further established that many young people are sexually active but neither consistently uses condoms nor stick to one partner making their chances of being infected with HIV high thus the fear of going for VCT. They do not have the muscle and nerve to face an HIV positive outcome and prefer to remain ignorant and unaware because they are not confident enough to deal with the consequences of living with HIV/AIDS.

The study concludes that many young people do not go for VCT mainly because of lack of confidence and ability to deal with outcomes and low confidence on the facilities or Counselors. The study recommends that young people should be persuaded to go for VCT by highlighting the value and benefits of VCT. In addition, providers of VCT services should be encouraged to focus on taking the services closer to young people through outreaches (mobile VCT), while the VCT site environment and staff should offer optimum confidentiality to potential clients.
CHAPTER ONE: BACKGROUND OF THE STUDY

1.1 Introduction

This study sought to explore factors that motivate young people to go for Voluntary Counseling and Testing (VCT), the obstacles they face in accessing VCT and the shortcomings that make VCT sites unattractive to young people. It explored the experiences and perceptions of young people about VCT. The study was conducted in Got Agulu Sub-district Hospital in Usigu Division, Bondo District through key informant interviews, in-depth interviews and focus group discussions (FGDs). Young people aged 15 to 24 years were interviewed and secondary data collected to strengthen the findings of the study.

According to Horizons Program Report 2001, young people normally go for VCT while healthy; having HIV symptoms and feeling ill are seldom reasons given for them to get tested. The most commonly cited reason that they give for getting an HIV test is to know their HIV status in general. In some cases, the youth said that the decision to have a test was not theirs but a parent’s or doctor’s and several said they were not informed that they had been tested for HIV while a few mentioned marriage as a reason for seeking to be tested.

Young people who are willing to go for VCT have expressed reservations about issues of confidentiality, cost and site location. Besides availability and acceptability worries about confidentiality, they fear that results may be shared with parents without their consent. The obstacles faced by young people who want to go for VCT can be categorized as situational, interpersonal, structural limitations, behavioural intentions, perceived vulnerability, perceived barriers, self efficacy and demographic factors (Boswell and Baggaley. 2002).

Limitations of VCT sites not only inhibit the effective delivery of VCT services but also impede accessibility of the sites by young people. Such limitations include lack of fulltime VCT counselors at sites, inadequate HIV testing kits, unprofessional disclosure of test results especially when the result is positive, negative attitude towards VCT staff and site, long distance to VCT sites and unfriendly VCT environment or location (McCauley 2004). This study sought to find out reasons for the discrepancy between the knowledgeable about HIV/AIDS, VCT and location of the sites and the reluctance of young people to go for VCT (KNBS, 2010).
1.2 Statement of the Problem

Even though efforts have been made to provide VCT in Kenya by establishing over 1,050 VCT sites, many young people have not gone for VCT (NACC, 2009). VCT is primarily a preventive measure to help people know their HIV status and counsel clients who test negative to remain negative whereas, those who test positive are assisted to get proper and timely medical care and social support services to prevent the spread of HIV (Boswell and Baggaley, 2002). Youth aged 10 to 24 years account for over 50% of all HIV infections occurring worldwide (excluding perinatal cases) (WHO/UNAIDS, 2000). Less than 10% of the sexually active adolescent females in Kenya consistently use condoms at every sexual intercourse (NASCOP, 2009).

The KDHS 2008-2009, report indicates that 99% of women and 100% men aged 15-49 years have heard about HIV/AIDS while 88.5% of men and 90.2% of women aged 15-24 years know where to get HIV testing. However, this high knowledge of HIV/AIDS and VCT sites does not translate to high VCT uptake among young people. The 2007 KAIS report shows that 66.4% of men and 50.4% of women aged 15-24 years have never gone for HIV testing. It also shows that at 15 years, 20% of girls & 22.4% of boys have had sex, at 18 years, 53.7% girls & 56.4% boys have had sex and nearly all women (95.2%) & men (92.8%) have had sex at least once at age 24.

Despite indication by the KDHS 2008-2009 report that young people have a very high level of knowledge on HIV/AIDS, VCT and VCT site locations many of them are reluctant to go for VCT. This is further confirmed by the 2007 KAIS report which indicates that only 34% of men and 44% of women have gone for VCT yet majority of them (95.2% women and 92.8% men) continue to engage in unprotected sexual intercourse and risk being infected with HIV (NASCOP, 2009). The study explored the experiences and views of young people who have not gone for VCT and that of VCT Counselors to further understand why with the knowledge about HIV/AIDS and VCT provision many young people are still reluctant to go for testing. This study was guided by the research questions outlined below;

1.3 Research Questions

i. What motivates young people to go for VCT?

ii. What obstacles do young people face in accessing VCT?

iii. What shortcomings make VCT sites unattractive to young people?
1.4 Study Objectives

1.4.1 Overall Objective

The overall objective of this study was to explore the reasons why young people are reluctant to go for VCT despite indications that they are fully aware of the provision of these services.

1.4.2 Specific Objectives

i. To explore the factors that motivate young people to go for VCT.

ii. To identify obstacles that young people face in accessing VCT.

iii. To identify shortcomings that make VCT sites unattractive to young people.

1.5 Justification

Young people make up a large proportion of Kenya’s population and also represent the largest majority of cases of new HIV infections. The AIDS pandemic accounts for the deaths of many young people whose lives are cut short by opportunistic infections. Among the young people in rural areas like Usigu, VCT is an alien phenomenon that is linked to illness, HIV/AIDS and death making only a small number of young people to go to the VCT site. Literature available on VCT is largely foreign, with very little on the local VCT context among young people in Kenya specifically in Usigu division. Moreover, the studies that have been done in Kenya are concentrated in urban areas and not rural ones like Usigu where the majority of young people live. This study contributes to information on factors that motivate young people to go for VCT, the obstacles they face in accessing VCT and the shortcomings that make VCT sites unattractive.

It enlightens VCT service providers on the challenges that young people face in accessing VCT services. The study draws from the experiences and perspectives of young people who have gone through the VCT process to promote the design and development of comprehensive youth friendly VCT policies and programmes in order to increase VCT uptake among young people. The focus on young people is largely because they are considered among the most at risk population on HIV infection and spread. The data from this study is vital in promoting effective youth friendly VCT programmes and strategies that encourage more young people to go for VCT in order to reduce new cases of HIV infection. The recommendations of this study are important for government agencies and non-governmental organizations with an interest on VCT.
1.6 Scope and Limitations of the Study

This was a qualitative cross-sectional study involving a small number of participants selected through purposive and convenient sampling methods. This means that findings are neither representative nor sufficient enough to allow for generalization. The study was limited to twenty-five young people aged between 15 and 24 years visiting the VCT at Got Agulu Sub-district Hospital VCT or those seeking other medical services at the same facility.

The study focused on the factors that motivate young people to go for VCT, the obstacles that they face in accessing VCT and the shortcomings of VCT sites which make them unattractive to young people and was limited to Usigu division, the catchment area of the health facility. Data was collected through key informant interviews, in-depth interviews and focused group discussions that are qualitative in nature and may be affected by interviewer biases.

1.7 Definition of Key Terms/Concepts

The following key concepts are the focus of this study and have therefore, been defined and explained as intended in the study.

i. Voluntary Counseling and Testing (VCT) refers to the process whereby a person or couple makes a decision to find out about his/her HIV status and walks into an HIV testing site to be counseled and tested for HIV (UNAIDS, 2000).

ii. Young people (youth); the United Nations defines anyone aged between 15 and 25 years as a young person however; a young person according to this study is anyone who is aged between 15 and 24 years.

iii. Motivators refer to the reasons or interests that cause young people to go for VCT. This includes circumstances and situations whether external or internal.

iv. Obstacles refer to hindrances that prevent young people from going for VCT. This includes factors that either stop them or make it difficult for them to access VCT.

v. VCT site (site) refers to integrated VCT site or location within a public health facility where young people can access VCT services.
CHAPTER TWO: LITERATURE REVIEW

This chapter seeks to understand previous researches and literature on factors that motivate young people to go for VCT, the obstacles they face in accessing VCT and the shortcomings that make VCT sites unattractive to young people.

2.1 Introduction

VCT is the process whereby a self-referred client decides to be tested for HIV. The process is divided into three sections; pre-test counseling, testing and post-test counseling. In the pre-test counseling, client’s knowledge of HIV/AIDS is explored, they are educated about the meaning of a positive and a negative HIV test, their support system is explored and clients are informed about the testing process (UNAIDS/WHO, 2002). In the testing phase, blood is drawn to determine one’s HIV status. In the post-test counseling phase, clients are again educated on the meaning of the test results, nutrition and safe sexual practices.

VCT is the most common method of HIV testing for those who would like to know their HIV status. In Kenya, the sites have grown progressively from 3 sites in year 2000, to 1,048 sites in January 2008 with the cumulative number of people tested through VCT and PMTCT rising 1.7 million in 2005 to over 4.6 million at the end of 2007. 60% of VCT sites are based in urban and peri-urban areas where 20-30% of the population lives, while 40% of the sites are in rural areas with a population of 70-80%. mobile VCT for remote rural areas is being promoted to cater for this imbalance. Home-based, door-to-door and public events VCT have been introduced but uptake remains low particularly among young people (NACC, 2009).

2.2 Motivators of VCT among Young People

VCT may be influenced by several factors such as content and quality of counseling, number of counseling sessions undertaken, age/emotional maturity of clients, HIV testing methods used (e.g. rapid testing versus ELISA), individual, couple or group pre-test counseling, availability of VCT support services and socio-economic factors that may affect prevention and treatment (UNAIDS, 2000). The more people think that they might have contracted HIV, the more they acknowledge the benefits of VCT and the more familiar they are with using healthcare services, the more they are likely to go for VCT (Khan and Mishra, 2008).
The national VCT data form provides for over 20 reasons why clients seek the services. These reasons can be clustered as medical reasons (self, partner/child unwell), referral by a health worker, high risk exposure (rape survivor, unprotected sex, social reason), ‘planning for the future’ (marriage, pre-marital sex) and testing follow up (window period, medical insurance). VCT uptake is highest among clients seeking the services for medical reasons, referral or due to high-risk exposure e.g. unprotected sex with persons of unknown HIV status (NASCOP, 2009).

According to Horizons Program Report 2001, majority of untested youth know about VCT and more than 75% of untested youth in Kenya and 90% in Uganda indicated that they are willing to go for VCT even though men and women gave different reasons for going for VCT. Some of the reasons given by young men and women in the report included; planning for the future, getting married, feeling unwell and due to their partner’s risky behaviour. Service providers believe the youth seek HIV tests because of exposure to HIV risk, distrust of partners and having HIV related symptoms.

The 2007 KAIS report indicates that the VCT rate among females (22.9%) is twice that of males (11.4%). The report attributes VCT uptake to several factors including; perceived low risk (51.2% men & 43.3% women), lack of interest in knowing HIV status (8.7% men & 9.2% women), don’t know about test (6.3% men & 8.6% women), lack of access to testing (7.4% men and 6.5% women), fear that others will know the test results (8.0% men & 5.2% women) and don’t know where to go for a test (4.9% men & 6.6% women).

Ignorance of HIV status in the health care setting can lead to poor medical care. The social benefits of VCT include challenging stigma and discrimination, promoting awareness of the rights of HIV positive people. Counseling for adherence to ARVs, prevention of mother to child transmission (PMTCT), preventative therapies and coping with adverse effects of HIV/AIDS are embraced in the VCT process. People who test HIV negative are also supported to ensure they remain negative (McCauley, 2004).
2.3 Obstacles to VCT among Young People

Young people associate seeking an HIV test with finding the cause of an existing illness. This perception (that only the ill seek testing) may discourage interested healthy young people from HIV testing. Besides, the linking of illness to HIV testing diminishes the role that VCT can act as a preventive measure for healthy persons. Other reasons that stop young people from going for VCT includes not feeling at risk and fear of a positive test result while others do not want anyone to know they have been tested. Young people equate going for an HIV test with acknowledging that one is sexually active. Thus, stigma and association of sex with testing stops them from going for HIV testing (Horizon Program, 2001).

Obstacles to VCT among young people may also include: availability and acceptability of VCT services including legal issues, waiting time for service, inaccurate risk perception, pressure by health staff to notify partners, worries about confidentiality and fear that results would be shared with parents(s), or other people known to them without their consent, fear of being labeled and stigmatized by their families, friends and communities, perceptions of the consequences of living with HIV and inadequate responses from health care providers and Counselors, to effectively meet the HIV prevention, care and support needs of the youth (Boswell and Baggaley, 2002).

Confidentiality is a major concern of young people seeking VCT. On the one hand, some parents feel that it is the duty of service providers to inform them about their children’s HIV status while on the other hand service providers feel that young people should tell their parents about having an HIV test. The cost implications e.g. distance and duration of testing may also prevent young people from VCT as many of them have had their tests where services are provided without incurring any costs (Horizons Program, 2001).

Some young people believe that service providers do not share test results with youthful clients particularly if the result is positive. Some untested youth have also expressed frustrations from service providers while some of the providers believe that it is necessary to hide a positive result from young clients who are ill-prepared for it. The more people fear an HIV positive test result and the social stigma associated with it, the less they are likely to go for a test (Boswell and Baggaley, 2002).
2.4 Shortcomings of VCT Sites

Integrated VCT sites are normally located on the grounds of a health facility with a sole function of providing HIV/VCT services. It may be a separate building within the grounds of the health facility, or it may be attached to the health facility such as a group of rooms in a specific ward. Even though 83% of VCT sites in Kenya are located within health facility grounds, the challenge is inability to employ fulltime VCT attendants thus, relying on health workers who devote most of their time to medical care (NASCOP, 2008).

The content and quality of VCT services offered in various sites across Kenya vary considerably with some cases providing in-depth, long-term counseling services that include follow up social and medical support. VCT services are often under-utilized when the services offered are deemed substandard and do not meet client needs and expectations. The services should match the medical, emotional and social needs of target groups in order to maximize client uptake. Poor pre-test and post-test counseling, process of disclosure, client follow up and staff attitude are essential for an efficient and effective VCT process (NACC, 2009).

The method of reporting and handling HIV test results by VCT sites may influence uptake of the service, especially where people are worried about confidentiality. Sites that offer anonymous service (personal details are not shared) seem to be more popular than surveillance sites that may require referral and follow up. In many developing countries, the lack of ARVs and medical and social support services available for HIV positive people is reported as a reason for the poor VCT uptake. Early diagnosis of HIV provides a great advantage to HIV positive people in cases where ARVs and other effective medical interventions are available. This leads to changes in attitudes about VCT by health workers and people who are at risk of contracting HIV resulting in a higher uptake (UNAIDS, 2000).

VCT can only be said to be complete when an individual has gone through the entire process including obtaining his/her test results and undergoing post-test counseling. Many studies have shown that if people are able to obtain their HIV test result immediately or within a few hours using simple/rapid technologies they are much more likely to take the test than if they have to wait a day or week. However, they may not have adequate time to think through the decision on whether or not to take a test (UNAIDS, 2000).
The level of stigma and discrimination in various communities determines the VCT uptake. Large number of people who have been tested promotes normalization thereby reducing stigma and discrimination associated with HIV. It has been shown that declaration by a role model or a valued member of the community that he or she has been tested, significantly reduces stigma and increases the uptake of HIV testing. Political commitment to HIV prevention and care has led to less discrimination & hence higher demand for VCT in countries like Uganda (UNAIDS, 2000).

According to Horizons Program Report 2001, male clients prefer stand-alone VCT sites whereas female clients preferred integrated sites, however, there were no significant age difference between the clients at integrated and stand-alone VCT sites. Stand-alone VCT sites were preferred by skilled professionals, those with secondary education and above and clients who had never been married. The report also indicated that couples tend to prefer stand-alone sites while integrated sites conduct more group sessions.

Most VCT sites have very little preparation and experience in working with the young people. Service providers noted that it is difficult to work with the youth because many of them do not easily open up when asked to explain their problems or respond to sensitive questions. Service providers also complained that the youth do not listen to advice, don’t return for follow up or ignore advice. Further, the providers do not get adequate support to assist youth who threaten to harm themselves, their partners or plan to leave home/school (Horizons Program, 2001).

According to report on HIV VCT meeting convened by Family Health International (FHI), on September 2000 in Nairobi, Kenya, community’s view on VCT also obstructs the use of VCT particularly, when the community looks at a VCT site as an opportunity to find out who is living with HIV and perhaps quarantine them. This is made worse by myths about VCT such as testing transmits HIV, the results are unreliable, people die of shock after receiving a positive result and that positive clients take revenge by infecting others. The meeting also emphasized on the weaknesses of integrating VCT services within existing health facilities particularly those with inadequate staff whose priority is medical diagnosis and urgent medical problems and not to attend to VCT clients or “elective” services such as VCT.
2.5 THEORETICAL FRAMEWORK

The Health Belief Model (HBM) has been preferred for this study because it has been used previously to explain people’s health seeking behaviour. HBM is relevant to this study because VCT is primarily a preventive medical measure to establish one's HIV status in order to protect those who are negative from HIV infection, while those who are positive are put on medication, supported and advised to avoid infecting others e.g. unborn children & partners.

2.5.1 Health Belief Model (HBM)

The HBM theory was first developed by psychologist Hochbaum, Rosentock and Kegeles working in public health services in the United States of America (USA) to explain and predict health behaviours by focusing on the attitudes and beliefs of individuals (Campus, 2005). It has since been used to explore long-term and short-term health behaviours including sexual risk behaviours and the transmission of HIV. It theorizes that a person will take a health-related action such as VCT if that person;

i. feels that a negative health condition can be avoided (Campus, 2005) e.g. if VCT outcome is negative, one has an excellent opportunity to avoid HIV infection.

ii. has a positive expectation that by taking a recommended action such as VCT, they will avoid a negative health condition (Campus, 2005) e.g. by knowing your HIV status, you can avoid HIV infection if negative or reduce other infections if positive.

iii. believes that he/she can successfully take a recommended health action (Campus, 2005) e.g. a person is adequately prepared to go for VCT.

According to ReCCAP (2005), HBM is spelt out in terms of four constructs representing the perceived threat and net benefits i.e. susceptibility, severity, benefits & barriers;

a) perceived susceptibility; people will not change their health behaviours unless they believe they are at risk (ReCAPP, 2005) e.g. young people who feel they are not at risk of acquiring HIV are unlikely to go for VCT.

b) perceived severity; people will change their health behaviours to avoid a certain consequence depending on how serious they consider the consequences to be (ReCAPP, 2005) e.g. young people will avoid VCT if they feel that the consequence is not severe.
c) **perceived benefits**: it is difficult for people to change their behaviour if there is nothing in it for them (ReCAPP, 2005) e.g. young people will not go for VCT if in their perception, they do not stand to gain anything.

d) **perceived barriers**: one of the major reasons people do not change their health behaviours is that they think that doing so is going to be hard as it could mean not just a matter of physical difficulty, but social difficulty as well. Changing one’s health behaviour can cost effort, time and money (ReCAPP, 2005) e.g. young people will not go for VCT if they feel that it will require them to change their life styles (i.e. nutrition and ARVs).

HBM further recognizes the fact that sometimes, wanting to change a health behaviour is not enough to make someone do it, and includes ‘cues to action’ and ‘self efficacy’ as fundamental elements that enables an individual to actually make a leap. A cue to action is something that helps move someone from wanting to make a health change to actually making the change. These are external events that prompt a desire to make a health change (ReCAPP, 2005) e.g. illness, mobile VCT, or medical check up for college admission may act a cue to action for VCT.

The self efficacy that looks at a person’s belief in his/her ability to make a health related change was added to the HBM in 1988. It underscores the fact that, faith in one’s ability to do something has an enormous impact in the actual ability to do it; thought of failure will almost certainly lead to failure (ReCAPP, 2005). Confidence in oneself that makes him/her ready to accept the VCT outcome irrespective of whether it is positive or negative may encourage him/her to go for VCT.

### 2.5.2 Relevance of the Health Belief Model (HBM) to the Study

The HBM was used in the study to explain perceptions and opinions of the study participants leading to a clear understanding of the topic. HBM clarified the circumstance of young people with regard to VCT. It helped explain findings such as revelations that some young people go for VCT after engaging in unprotected sexual intercourse with partners that whom they do not know their status and suspect that, they may have been infected with HIV **(susceptibility)**. The theory also helped to explain the decision by many young people who are not sexually active (virgins) not to go for VCT because they believe that they are not at risk **(severity)**.
The perception by young people that going for VCT does more harm than good was also qualified by IBM given that many of them said that they don’t mind going for VCT if certain gains such as college admission were attached to it (benefits). Lastly, the IBM helped to clarify young people’s reluctance to go for VCT because the outcome requires them to change their lifestyle if found to be positive such as being on ARVs and strict nutrition (barriers).

2.6 Assumptions of the Study

i. Young people are not motivated to go for VCT.

ii. Young people face obstacles that make it difficult for them to access VCT.

iii. Got Agulu VCT has shortcomings that make it unattractive to young people.
3.0 CHAPTER THREE: METHODOLOGY

This section gives a description of the study design, site, participants' selection, and methods of data collection, data analysis, ethical considerations and study limitations.

3.1 Study Design

An exploratory study design was used in this study to investigate the factors that motivate young people to go for VCT, the obstacles they face in accessing VCT and the shortcomings that make VCT unattractive to young people. The fieldwork took a period of 2 weeks: one week for planning meetings with staff at Got Agulu Sub-district Hospital briefing them on the research process, objectives and their respective roles and the other week for data collection. Primary data was collected through in-depth interviews, key informant interviews and FGDs.

The study involved VCT Counselors and medical staff at Got Agulu Sub-district Hospital. The VCT Counselor booked interviews for young people who were visiting the VCT site while the other medical staff booked interviews for young people who were seeking other medical services and have never gone for VCT in order to further explore the obstacles that young people face in accessing VCT and the shortcomings that make the site unattractive to them. Young people who visited the VCT site during the period of data collection were also involved in the study.

3.2 Study Site

The study was conducted at Got Agulu Sub-district Hospital in Usigu division, Bondo district. The Hospital serves Usigu division even though there are other seven public and three private health facilities within the division. The division has two other VCT sites at Usigu Health Centre and Ogam dispensary. The division covers an area of 187Km² and an estimated population of about 52,000 people (ActionAid, 2009).

The Sub-district Hospital is located about 20Km from the Bondo District Hospital and 70Km from the Nyanza Provincial Hospital. The division borders Yala Swamp and Lake Kanyaboli to the North and North West, Lake Victoria to the West and South West and Bondo division to the South, South East and North East (Ministry for Finance and Planning (MFP), 2005).
The most common illnesses reported at Got Agulu Sub-district Hospital were malaria, skin diseases, intestinal worms and sexually transmitted infections. The prevalence of HIV in Bondo District is 25% and 30% in Usigu division (ActionAid, 2009). Out of the 145 people aged between 15 and 24 years who went for VCT in Bondo District, 144 tested for HIV and 16 (11.1%) of them were found to be HIV positive (Nyanza Province VCT Report, April 2010).

Majority of the residents of Usigu division are members of the Luo community whose economic mainstay is fishing. However, the major town centres and landing beaches are cosmopolitan. Other economic activities in the area include fish trade, small scale farming, retail business and bicycle/motor cycle taxi business with 41.1% of Bondo district residents living below the poverty line (MFP, 2005).

3.3 Study Sampling
The study population comprised all the young people living in Usigu division aged between 15 and 24 years. The sample population for the study included all the young people who either came to the VCT or were seeking other medical services at Got Agulu Sub-district Hospital at the time of the study. The VCT Counselors also formed part of the study population as key informants. The Hospital staffs and VCT Counselors were briefed about the study and requested to ask those seeking VCT or other medical services to volunteer to participate in it.
The key informants were selected through purposive sampling because of their professional background and working experience on VCT so that they could provide technical knowledge, information and share their experiences on VCT among young people. The other 25 participants were conveniently selected as they came to seek medical or VCT services at Got Agulu Sub-district Hospital to share information and experiences on VCT. Upon concluding the purpose of their visit, the respective medical staff briefed them about the study then requested them to volunteer to participate in the study. Each person was given a specific interview date and time.

Among the study participants were four young people who had come to seek other medical services and have never gone for VCT. During the in-depth interviews, participants were probed to elicit more information. FGD participants were conveniently selected from among those involved in the in-depth interviews. After completing the in-depth interviews, the interviewees were informed about planned FGDs and requested to volunteer to participate in the FGDs on specific date and time. A total of 25 in-depth interviews, 2 key informant interviews and 2 FGDs were successfully conducted. The unit of analysis for the study was the individuals whose views, experiences and expressions formed the basis of this study.

3.4 Methods of Data Collection
This study was conducted through key informant interviews, in-depth interviews and focus group discussions (FGDs). The Hospital and VCT records were also used to obtain secondary data besides literature review on VCT from past reports and studies.

3.4.1 In-depth Interviews
In-depth interviews were conducted for both the key informants and the study participants. An interview guide for the two categories of participants was designed and used to collect data relevant to the topic of the study. The key informants were two VCT Counselors at Got Agulu VCT Sub-district Hospital while the in-depth interviews involved young people who walked into the health facility to seek VCT or other medical services. The participants were asked about their experiences and opinion on VCT, while the key informants were asked to give views on the VCT services. Participants who had not gone for VCT were asked to give the reasons for the position they had taken. Interview notes were taken and transcribed for purposes of data analysis. Probing was key during the interviews resulting in a lot of information on the study topic.
3.4.2 Focus Group Discussions (FGDs)

These are structured group interviews with a small group of selected participants who discuss the research topic under the guidance of a moderator. The group interviews are guided to respond to the research questions. The researcher conducted two separate FGDs for six male and six female participants respectively in order to gain insights into the study topic. The FGD participants were selected through convenient sampling method selected among those who came for VCT or to seek other medical services during the period of data collection.

Upon completing the in-depth interviews, the researcher conducted FGDs at the same venue in order to generate more data and to strengthen the study findings. These participants were selected because they had shown interest in the study when briefed about it and requested to volunteer to participate in it. The FGDs generated a lot of information that has been used to beef up findings from the in-depth interviews. New issues such as 'mandatory VCT in secondary schools' and preference for moonlight VCT emerged during the FGDs.

3.4.3 Secondary Data Sources

The researcher collected a lot of data from the Health facility and VCT records. These included; statistics on the number of people accessing VCT services by sex and age as well as the number of Mobile VCT outreaches conducted by the facility. Other notable sources of secondary data were reputable websites, previous research reports and other publications relevant to the topic of study. A copy of the current map of the Hospital catchment area was obtained from the facility.

3.5 Data Processing and Analysis

All the data collected was properly and accurately recorded to ensure effective processing and analysis. The study employed the constant comparative method where data analysis was continuously processed as it is collected. The data collected was reviewed on a daily basis and emerging issues and themes used as a basis for further data collection through probing the following day. Thorough background checks were done for all the participants to ensure that the information provided was accurate, genuine and authentic.
The information provided by participants was compared and analyzed for reliability and validity during the interview process. Qualitative analysis was done by looking at consistencies and inconsistencies in the responses. Table, pie charts and percentages have been used to provide a better and collective understanding of the results. The findings have been reported in a thematic order with relevant quotations of the participants outlining issues in context based on the topic.

3.6 Ethical Consideration
At the start of each interview, the participants were thoroughly briefed about the study objectives and how the findings will be used. They were duly informed of their right to decline to respond to questions which they felt uncomfortable answering and the liberty to withdraw from the study at any stage. The researcher also obtained voluntary and informed consent from all the participants by requesting each one of them to sign a consent form to show that they are willing to be interviewed. The interviews were also held in a neutral place within the health facility.

The participants were assured that the information gathered was going to be kept confidential and that their identity will not be disclosed. The researcher worked closely with the VCT Counselor to provide participants with information on care, support, prevention, disclosure and management of HIV/AIDS particularly for those who had not gone for VCT and encouraged them to go for VCT at their own convenience. The researcher promised to give feedback on the findings of the study to the participants through a report to the Hospital management committee.
4.0 CHAPTER FOUR: STUDY RESULTS AND DISCUSSIONS

4.1 Introduction
This chapter looks at the findings of the study by focusing on the responses of participants to the issues raised by the study based on the research questions, objectives and assumptions of the study. The findings on the objectives and assumptions of this study and all relevant data collected during the study, based on the experiences and views of participants are presented in this section. The data has been presented in the form of tables, pie charts, and quotations from the participants to assist in analysis and interpretation of the findings.

4.2 Demographic Presentation of the Findings
This section provides the demographic characteristics of the participants in the study which involved 25 participants and 2 key informants. The age, sex, first knowledge about VCT, source of information about VCT and the first VCT visit are included in this section.

4.2.1 Participants’ Age

Chart 1: Pie chart showing participants’ age

The results of the study show that the more mature young people become, the more they are likely to go for VCT. The highest majority of those who had gone for VCT (60%) were aged between 18 and 23 years although there were 4 participants aged 15, 16, 19 and 22 years old who had not gone for VCT. Among the young people who participated in the study, only two of them aged 15 and 16 years respectively and another two aged 17 years had gone for VCT.
Most of the participants said that they went for VCT after joining secondary school when they were mature enough to engage in sexual intercourse. One lady said, "I did not go for VCT earlier because I was a virgin". Age is therefore, one of the factors that contribute to young people's decision to go for VCT. Many young people believe that unprotected sexual intercourse is the largest contributor to new cases of HIV infection making those who are not sexually active reluctant to go for VCT. This view is confirmed by an earlier study that attributes VCT uptake to age and emotional maturity (Khan and Mishra, 2008).

Young people below 15 years of age are normally under the care of adults who assume that they are immature and sexually inactive and therefore, do not discuss issues about VCT or encouraged to go for VCT. This results from the fact that the community views going for VCT as evidence that one is sexually active. One boy said that, "I did not go for VCT earlier because I feared being labeled as sexually active". This finding is confirmed by a study done in Nairobi, Kenya and Kampala and Masaka in Uganda where the youth said that they do not have to go for VCT because they are not sexually active (Horizons Program, 2001).

4.2.2 Participants' Sex and Marital Status

Table 1: Table showing participants' sex and marital status

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Single</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12</td>
<td>13</td>
</tr>
</tbody>
</table>

The study sample size was comprised of 52% women and 48% men. Most of the young men (92%) coming to the VCT were single, compared to only 38% single women. This finding confirms the view that marriage especially among young men is not one of the main reasons why they go for VCT (Boswell and Baggaley, 2002).

Most of the young women visiting the VCT were married with their first HIV testing being a referral by a medical staff as a result of pregnancy. Notably, some of the participants said that they did not know the HIV status of their husbands. One lady said that, "I have been to the VCT six times because I was pregnant yet I do not know my husbands' HIV status". This is an indication that certain circumstances such as pregnancy may force one to go for VCT.
4.2.3 VCT Visits by Participants

Graph 1: Bar graph showing VCT visits

The bar graph above shows that majority of the young people (68%) interviewed have gone for VCT at least twice since knowing about VCT, the second time being during the period of data collection. The main reason given for going to the VCT was to know their HIV status. A young man interviewed said, “I came to know my status because I did not trust the earlier test during a Mobile VCT service in my area”, while a young lady interviewed said, “I came for the VCT because I was told to do another test after three months”. This confirms previous researches that indicate that the main reason given by young people for going for VCT remains to know their HIV status in general (Horizons Program, 2001).

Interestingly, 16% of those interviewed had not gone for VCT with one of them having known about VCT for the past 9 years. The 4 participants who had not gone for VCT had come for treatment at the health facility and were referred to the researcher by the Hospital staff for interviews. The 22 year old male participant who knew about VCT in the year 2001 but was yet to go for VCT said that he feared being diagnosed with the HIV virus. This is what he had to say, “I am a fisherman and have always had sex with different ladies along the beaches, sometimes without protection and I fear being found with AIDS, what you don’t know does not hurt. Today I came here because I suspect that I am having an STI and the doctor referred me to you”.

The findings of this study also revealed that young people went for VCT to confirm their HIV status; on the one hand, those who tested negative were excited about the results and acquired great confidence to go for other tests. While on the other hand, those who tested positive were somewhat disappointed with the results and went for further tests to verify these results. The study revealed that majority of the VCT clients were going for repeat tests.
Records from Got Agulu Sub-district Hospital VCT indicated that out of 399 people who visited the VCT between January and August 2010, only 96 of them (24%) were new VCT clients. This result shows that young people who have been to the VCT are more likely to visit again. Even though the reasons given for visiting the VCT varied from one person to another, it was clear from the responses that young people require a lot of confidence in a facility to go for VCT.

Majority of the youths do not want a third party to know that they are going for VCT hence, making them reluctant to visit sites managed by Counselors who are local community members. This explains the preference for mobile VCT done under the cover of darkness. During the FGDs, one participants said that, “young people fear being seen going to the VCT because it is in the open and their looks as they leave the VCT room often betray them if the result is positive or worse still those who see them going to the VCT, label them as either immoral or HIV positive”.

4.2.4 Duration between Knowledge of VCT and First VCT visit

<table>
<thead>
<tr>
<th>Table 2: Table showing duration between VCT Knowledge &amp; First Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1yr</td>
</tr>
<tr>
<td>No. of participants</td>
</tr>
<tr>
<td>Percentage</td>
</tr>
</tbody>
</table>

The data collected indicates that most young people (32%) went for their first VCT 2-3 years after knowing about the services. The results show that most of them knew about VCT while in primary school but had their first visit after leaving primary school. In primary school, most young people are not mature enough to decide to go for VCT as attested by a young man who said “while in primary school I was under the control of my parents who would not allow me to go for VCT since it is associated with adults”.

Most of the study participants’ who admitted taking long to go for VCT despite knowledge about the services attributed it to maturity. Indeed, they indicated they were unable to emulate their friends and relatives who went for VCT because they needed more time to be adequately prepared for the results in case they were positive. One lady said that, “I knew about VCT but was too scared to go for it, I heard that the needle for removing blood was very painful and was also afraid of being shocked by the results, I felt shy and could not approach the VCT site”.

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Young people attributed the long period taken before going for their first HIV test to ignorance and lack of adequate information. However, some of the participants felt that there was no need of going for VCT either because they are not sexually active or believed that VCT is only meant for those who wanted to confirm their HIV status after exposing themselves through unprotected sexual intercourse with partners whose HIV status are unknown to them. One young man said, “I know myself, I am clean and therefore, I do not see the need of going for VCT”.

4.2.5 Participants’ Sources of VCT Information

Table 3: Table showing participants sources of VCT information

<table>
<thead>
<tr>
<th>No. of participants</th>
<th>Hospital</th>
<th>School</th>
<th>Others</th>
<th>Friends</th>
<th>Media</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentages</td>
<td>8%</td>
<td>48%</td>
<td>16%</td>
<td>20%</td>
<td>8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of the participants (48%) indicated that they first had about VCT in schools as part of the primary school curriculum. It is striking to note that parents did not feature in the responses of young people as a source of information about VCT. The schools and teachers featured prominently as the most valuable source of information for young people. Friends were placed second with 20% of the participants indicating that they first heard about VCT from their peers some of them being their siblings, classmates, schoolmates or neighbours. Thus, ignorance or lack of adequate information is a fundamental explanation to poor VCT visit by young people (Baggaley, 2001) because the peers that they rely on to provide this information do not have it, and if they do, they may have the wrong information.

Other sources of VCT information for young people such as youth groups and seminars organized by local CBOs and NGOs was ranked third. It is interesting to note that, the main mode of passing VCT information among the young is face to face communication. That is, the young people either heard from teachers in school, friends or community resource persons in youth groups or seminars. Strikingly, the media (e.g. television, radio, newsletters, magazines, posters etc) scored a paltry 8% among the young people interviewed, an indication that they rely heavily on face to face communication (word of mouth) because of inadequate access to print and electronic media in rural areas.
4.2.6 Participants that have never gone for VCT

By the time the study was being conducted, two of the participants had known about VCT for 2 years but had not gone for VCT, while another two had known about VCT for 6 and 9 years respectively but were yet to go for VCT. This indicates that young people are held back from going for VCT even when they know about it. Most of the participants said that they took long to go for VCT despite knowing about the process because they did not feel threatened by AIDS because they were not sexually active and assumed that they are healthy.

A 22 year old lady participant said that she had never gone for VCT because her husband has been tested and found to be negative. She said, "my husband was very sick, he was diagnosed with TB, but was found to be clean, and because I am faithful to him, I am also clean". While a 16 year old boy in Primary School said that he had no reason for not going for VCT despite knowing about VCT for about two years. He said, "I had come for circumcision and had heard that before one is circumcised, you have to go for VCT, so, when I found the place closed, I decided to come for VCT. Previously, I assumed it because I didn’t know that it is important".

A 19 year old male secondary school student who has never gone for VCT despite the school sharing a fence with the Hospital had this to say, "I once came to the VCT site and found it closed, I have never gone back again, I fear getting a positive result, if parents hear that I am HIV positive how will they treat me, will they send me away because I have wasted all their money, what will my friends say?" This statement reveals that young people do not go for VCT because of the fear of being isolated by friends and relatives if found positive. This confirms the findings of previous studies which show that the method of handling test results including disclosure and follow up support by VCT sites influences the levels of uptake (UNAIDS, 2000).

4.3 Motivators of VCT Among Young People

The study revealed that many young people are not motivated to go for VCT because of a general feeling among them that they do not stand to gain much from the VCT process. Instead, the process leads to stress and depression particularly if the result is positive. Many of those interviewed were of the opinion that it is better not to go for VCT. One participant said, "what you don’t know does not hurt hence the reason we prefer not to know our HIV status".
Furthermore, they said that parents who are in constant touch with them never discuss VCT. Some of the participants stated that there was no need of going to a VCT if one is not sexually active. "I knew about VCT but did not go for a test earlier because I did not have a boyfriend". One male participant said that; "I went to a VCT because I did not trust my partner, she looked unhealthy". While another participant said that, "I went for VCT because my friends told me that my boyfriend had many sexual partners".

a) Encouragement by teachers and peers
Most participants said that they went for VCT after being persuaded or encouraged by close friends, relatives, neighbours or classmates (peers). School teachers were also mentioned by most of the participants as the key motivators for VCT especially for those in secondary schools. One participant said, "a VCT outreach service was brought to our school and our class teacher encouraged us to go for the test, so I accompanied my classmates".

The participants also said that they were inspired by their peers who had experienced the VCT process. They were encouraged by the results of their peers, a male participant said, "I went for VCT after a friend of mine with many sexual partners received a negative result because I was convinced that I was also negative". Peer pressure was also mentioned as an inspiration for young people to go for VCT. One participant said, "a mobile VCT was brought to our village and all my friends were going, I had no option but to go along with them".

b) Sexual behaviour patterns
The study participants said that one's sexual behaviour patterns motivated them to go for VCT. For instance, being sexually active, having multiple partners, mistrust of sexual partners, unprotected sexual intercourse and incorrect condom use were given as some of the reasons that motivate the young to go for VCT, while being faithful to one partner, being sexually inactive (virgin) or immature were some of the reasons young people gave for not going for VCT. An 18 year old female student at a local secondary school said that, "I went for VCT because I did not trust my boyfriend, he did not look healthy".
c) Requirement for VCT
The participants said that certain situations such as planning to get married, Voluntary Medical Male Circumcision (VMMC), pregnancy, college admission or certain illnesses e.g. TB required them to go for VCT. The 2008 Guidelines for HIV Testing and Counseling in Kenya state that HIV testing may be performed without specific consent such as during military recruitment or as ordered by a court of law. However, in these cases, the principles of consent and confidentiality should be adhered to (NASCOP, 2008). A 23 year old participant said that he went for his first VCT test because it was a requirement for his college admission. He said, “I went for VCT because it was one of the admission requirements at Kericho Teachers Training College”.

d) Knowing status and future planning
Most of the participants said that, the main reason for going for VCT was to know their HIV status so as to plan for their future. Upon further probing, the participants gave various reasons that motivated them to go for VCT. Some of the participants said that they wanted to protect themselves against HIV infection if negative or to prolong their lives through medication if positive. This can be clarified by the remarks of a 23 year old married woman who said, I went for VCT to enable me plan my future, I do not want my children to suffer if found positive, because there are life-prolonging drugs”.

4.4 Obstacles that Young People Face in Accessing VCT
The study revealed that some of the major obstacles that young people face in accessing VCT services include the lack of confidence on the VCT process, the fear of posting an HIV positive result and the assumption that they are healthy. Young people feel that despite confidentiality of the VCT process, the result may eventually leak to close friends and relatives who are likely to abandon and ridicule them.

i. Fear of getting an HIV positive result
Many young people associate HIV with sexual intercourse and loss of respect, dignity or life. Thus, an HIV positive result leads to stress and depression that they want to avoid by not going for VCT. This is notable through the kind of questions posed by the participants during the interview; “I fear going for VCT because if found positive, how will other people look at me? What will my girlfriend say? What will my friends, relatives or parents think of me?”
ii. Confidentiality
Many young people do not trust the VCT staff to keep the results confidential. They fear that the results may be leaked to close friends and relatives thus, leading to stigma and discrimination. A 17 year old female participant said, “if you go to the VCT, you will be labeled HIV positive and no one will respect you (‘ningi biro landre ni ingi ayaki to onge ngama biro miyi luor’).” Moreover, the participants felt that using a local person as a VCT Counselor erodes their privacy.

iii. Presumed HIV negative status
Many young people assume that they are ‘healthy’ and do not need to go for VCT. They believe that because they are not sexually active, have one faithful partner and are not ill, then there is no need for VCT. In these cases, VCT is not appreciated because HIV/AIDS is not seen as a threat. A 15 year old male standard 8 pupil had this to say. I did not go for VCT earlier because I did not have a girlfriend, if it was not for circumcision, I would not have gone for VCT.”

iv. Ignorance
Ignorance is another leading obstacle to VCT with many young people assuming that VCT is only for those who are sexually active and therefore, do not consider it important to them at all. For instance, an 18 year old female participant said; “I am a faithful Christian and so there is no need for going for VCT (to mean abstinence)”. Furthermore, issues of VCT are not discussed in many families because of its association with sexual intercourse that makes many young people to shy away from it to avoid being labeled sexually active. Parents too do not consider discussing issues of sex and VCT with their children as confirmed by the remarks of one participant who said, “my parents may think that I am immoral if they found out that I have gone for VCT”.

v. Living with HIV
The study revealed that young people do not readily accept their HIV status if found to be positive particularly because it demands changes in their lifestyles e.g. taking ARVs, special nutrition, and use of condoms for each and every sexual contact. Therefore, those who feel that they may have been exposed to HIV particularly through unprotected sexual intercourse and risk being infected fear going for VCT. A 22 year old female participant who dropped out of primary school at standard six, is married with two children and has never gone for VCT had this to say, “I do not want to be troubled with swallowing large quantities of big tablets everyday”.
4.4.1 Addressing VCT Obstacles Among Young People

Young people equate unprotected sexual intercourse to HIV infection and therefore need a lot of persuasion and encouragement to go for VCT. This is clearly indicated by the fact that those who have gone for VCT said that, “I went for VCT because I was sure of getting a negative result”. On dealing with VCT obstacles, the participants preferred the need to design youth-friendly VCT programmes and involving those who have experienced the VCT process as role models to inspire others through personal testimonies and experience sharing. The participants proposed that ARVs should be dispensed with other drugs and not in an exclusive VCT counter.

4.5 Shortcomings that Make VCT Unattractive to Young People

The study revealed that the geographical location, staffing and day-to-day operations of the VCT site may make it unattractive to young people as illustrated below.

a) Location of the VCT site

The study revealed that the location of a VCT site is fundamental in attracting young clients and contributes immensely to whether they will go for VCT. The VCT site at Got Agulu Sub-district Hospital is located in a separate building referred to as the Comprehensive Care Clinic (CCC). The CCC is a one-stop-shop designated to cater for all HIV/AIDS related issues such as prevention, care, support, management and treatment of opportunistic infections. The building serves as a special facility for people living with HIV/AIDS leading to labeling of clients visiting it as positive, sexually immoral or potential members for an ‘exclusive club’ of HIV positive people. Thus, new clients visiting the CCC are observed keenly for clues of a positive result such as facial expressions and the provision of a file, supplementary food or a sanitation bucket.

According to the participants, Got Agulu VCT site is unattractive because it lacks privacy however, the site was praised and condemned in equal measure. Those who preferred the site said that it was a one-stop-shop for all HIV/AIDS issues, it is easily accessible and the staff are more trusted than those at mobile VCT sites as reflected by the remarks of one of the participants who said that, “I prefer Got Agulu VCT because it is only through it that one can get care, support and treatment and eventually all the positive people will end up there”. While among those who said that they did not like the location of the VCT site, one participant said that, “I don’t like the facility because visiting the VCT site gives the expression that one is sick”.

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Location of the VCT site within the health facility also makes it to be associated with ill health thereby hindering those who feel well from visiting it. A 19 year old male participant who has not gone for VCT had this to say: "the location of the VCT site is normally crowded thus, disclosing clients’ HIV status by default through the facial expression of clients’ leaving the VCT room, the provision of a comprehensive care package to people living with HIV e.g. a water bucket, food supplements and file ".

b) Staffing of VCT sites
The VCT site has one full-time staff that may find it difficult to efficiently support project activities. At other times, one has to wait for a long time to be served if the Counselor is busy with another client. The engagement of a VCT Counselor from the local community was praised by those who felt it enabled them to get quick services and follow up support, while those who opposed it argued that it eroded their confidentiality. They were not comfortable with someone known to them counseling and examining them. On the other hand, the Counselor’s knowledge of local culture was given as strengths in effective delivery of VCT services. One participant said, “the VCT Counselor knows my family and friends and may leak my results to them”.

c) Management of VCT sites
The study revealed that the day-to-day running and management of the site is critical in motivating young people to go for VCT. This includes the operating hours, days, availability of testing kits and provision of follow up support for young people. This facility also operates between 8.30am and 5.00pm on weekdays and remains closed over the weekends. Young people coming to the VCT may find it closed and this discourages them from going to the VCT particularly if the site does not function on weekends when the young people are available (i.e. in school or at work). At other times, young people coming to the VCT have to wait for long hours if they get another client being attended to at the VCT as indicated by one of the participants who said, “I came to the VCT, I waited for a long time because another client was there”. 
5.0 CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter outlines a summary of the study findings, provides a conclusion on the findings of the study and recommendations on how to improve access to VCT services in order to attract more young people to go for VCT.

5.2 Summary of the findings

The study looked at the factors that motivate young people to go for VCT, the obstacles that they face in accessing VCT and the shortcomings that make VCT sites unattractive to young people.

The study revealed that young people generally get tested because they would like to know their status particularly when they are engaged in unprotected sexual intercourse with partners whom they do not know their HIV status. This applies to all young people regardless of age, sex or marital status, however, most of them need prompting by close friends, relatives or teachers.

The fear of being diagnosed with HIV especially when they suspect that they are positive is the biggest obstacle for VCT uptake among young people. The other is the assumption by many young people that they are healthy (negative), faithful or not having sex (virgins) and therefore do not need to go for VCT, because of the perception that people go for VCT to confirm their status. Young people prefer to go for VCT in places where confidentiality of the results are absolutely assured. They would like to go for VCT in places where their identity will remain unknown to both the VCT staff and other third parties. This explains why the ‘moonlight’ and ‘door-to-door’ HIV testing and counseling are extremely popular among young people.

5.3 Conclusion

This study has revealed that even though young people’s knowledge and awareness about HIV/AIDS, VCT and VCT sites is very high, it does not translate to increased utilization of VCT services because they have remained unattractive and unfriendly to the youth. Moreover, when there is no tangible benefits (e.g. college admission) attached to VCT many young people choose not to be tested. Notably, lack of in-depth information about the VCT process and an unfriendly VCT environment prevents them form going for VCT. Thus, VCT providers should consider providing confidential and compulsory testing in a manner that is respectful and dignifying if this will give young people hope and a fruitful life whether they are positive or negative.
5.4 Recommendations of the Study

As a result of the findings of this study, recommendations have been made to improve access to VCT services among young people. The following are some of the suggestions:

- Information about VCT emphasizing on the process and benefits should be shared with youth in schools and colleges to enable them to appreciate the value and need for VCT.
- Young people, especially those who have experienced the VCT process should be involved in the provision of VCT services. They should be encouraged to share their personal experiences or be trained to work as VCT Counselors to serve as role models that can be emulated by their peers.
- Government and NGOs providing VCT services should endeavour to take the services to the youth at home, in learning institutions and to events that they patronize.
- VCT should be promoted through policy as a vital requirement for all people regardless of their age, sex or status. It should be positioned as a “vaccination” for HIV so that every person particularly the youth, go through it in order to support their lives whether positive or negative.
- Success stories and testimonies of young people living with HIV should be disseminated in schools, colleges and other youth forums to enable them understand the possibility of leading fruitful and successful career life even when one is HIV positive in order to reduce stigma and discrimination associated with HIV.

To the Got Agulu Sub-district Hospital, in a bid to improve on their services and to win the confidence of the youth and attract more clients, the following sets of recommendations apply:

- Consider developing a calendar for monthly (periodical) VCT outreach program in Usigu that includes sensitization of the local community about the value of VCT.
- Provision of VCT services over weekends (Saturday) to target school-going people and those who are engaged in other activities as preferred by the study participants.
- Spearheading public campaigns in secondary schools and other public forums such as churches to create awareness about VCT within the Hospital’s catchment area and to educate young people and encourage them to go for VCT.
- Reviewing the current location of the VCT site which is presently housed in an isolated building thus, rendering privacy impossible to potential clients. This will enhance the process of ensuring that the VCT is youth friendly and they can patronize it anonymously.
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APPENDICES

Appendix 1; Sample of Informed Consent Form

My name is Buoro Edward a student at the University of Nairobi pursuing a Masters of Arts Degree in Gender and Development Studies. In order to fulfill the requirements of the program, I am doing a study entitled, “Motivators and obstacles of VCT among young people in Usigau division: The Case of Got Agulu Sub-district Hospital”.

This study explores the factors that motivate young people to go for VCT, the obstacles they face in accessing VCT services and the shortcomings that make VCT site unattractive to young people. The findings of this study will be used to recommend appropriate mechanisms for coming up with youth friendly VCT programmes and reduce infections.

Data will be collected through key informant interviews, in-depth interviews and focus group discussions. The information gathered in this study will remain confidential and will not be used in any way against you. Your answers will only be used for this study and individual identities (names) will not be used in analysis. Your only link with the results will be the data provided.

Your involvement is voluntary and you can leave the interview, even after agreeing to join. You are free to refuse to answer any question that is asked. If you have any questions about this study do not hesitate to contact me on the address below.

Buoro Edward
P. O. Box 1011 00200
Cell; 0721 381 456
Email; buoroted@yahoo.com

I kindly request you to sign this agreement if you are willing to participate in this study.

Name: .......................... Signature: ........................ Date: ..........................
Appendix 2: In-depth Interview Guide

**Personal details of respondent**

Interview date: ........................................
Start time: ........................................

Name of interviewee: ......................... Age: .................... Sex: .....................
Occupation: ........................................ Marital status: ..........................
Residence: .........................................

**Introduction**

- Self introduction and icebreaking
- Introduction of the study (Aim, objectives and how results will be used)
- Consent to the study (seek consent of interviewee and signing of consent form)
- Introduce the topic of study (definition of VCT and other key concepts)

**Motivators of VCT for young people**

1. When did you first hear about VCT? What was your source of information?
2. Have you ever been tested for HIV? If yes, when, where and how many times?
3. What was the main reason for going to VCT the first time? (probe for motivators)

**Obstacles young people face in accessing VCT**

1. Why didn’t you go for a test earlier despite knowledge of VCT?
2. Do you know anyone who has gone for VCT? What reason did they give?
3. What obstacles do young people face in accessing VCT? How can they be reduced?

**Shortcomings of VCT sites in Usigu division**

1. What did you or didn’t you like or find helpful at the VCT site you went to?
2. How long did you take to get served at the VCT site?
3. How far would you be willing to go for an HIV test? (distance, time, cost)
4. What kind of facility would you prefer (mobile, integrated, standalone) and why?
5. In your opinion, what are the limitations/shortcomings of these sites?
6. What are your convenient VCT days? Any other comments and or suggestions?
Appendix 3: Key Informants Interview Guide

**Personal details on respondent**

Interview date: Start time: ........ Residence ............
Name of interviewee: ...................... Age: ............ Sex: ............... Position: ...................... Marital status: ...............

**Introduction**

☐ Self introduction and icebreaking
☐ Introduction of the study (Aim, objectives and how results will be used)
☐ Consent to the study (seek consent of interviewee and signing of consent form)
☐ Introduce the topic of study (definition of VCT and other key concepts)

**Motivators of VCT for young people**

1. In your opinion, what motivates young people to go for VCT?
2. What reasons do young people give for coming to the VCT?
3. What is the experience of young people visiting the VCT?
4. How do young people talk about being ready for VCT?
5. In your opinion, what should be done to encourage young people to go for VCT?
6. Under what circumstances do young people accept or refuse to take an HIV test?

**Obstacles young people face in accessing VCT**

1. In your opinion, what obstacles do young people face in accessing VCT?
2. How often do you young people coming for VCT?
3. How can the VCT obstacles be dealt with?

**Shortcomings of VCT sites in Usigu division**

1. In your opinion, are young people satisfied with the Got Agulu VCT?
2. In your opinion, what are the minimum provisions that a good VCT site should have?
3. How best should VCT services be offered to young people?
4. Any other comments and suggestion?
Appendix 4: Focus Group Discussion (FGD) Guide

FGD details
Date of FGD: ...................... Start time: .............. No. of persons: ..............

**Introduction**
- Self introduction and icebreaking
- Introduction of the study (Aim, objectives and how results will be used)
- Consent to the study (seek consent of discussants and signing of consent forms)
- Introduce the topic of study (definition of VCT and other key concepts)

**Motivators of VCT for young people**
1. What motivates young people to go for VCT? (probe for motivators)
2. What is the preferred VCT site and why? (moonlight, mobile, integrated)

**Obstacles young people face in accessing VCT**
1. What obstacles do young people face in accessing VCT?
2. How best can VCT obstacles be dealt with?
3. What services are offered by the VCT?
4. Perception of VCT among young people?

**Shortcomings of Got Agulu VCT sites**
1. What services are offered by Got Agulu VCT site?
2. What are the limitations of Got Agulu VCT site?
3. Any other comments and or suggestions?