UNIVERSITY OF NAIROBI

FACULTY OF ARTS

DEPARTMENT OF SOCIOLOGY.

EFFECTIVENESS OF VOLUNTARY COUNSELING AND TESTING (V.C.T.) IN THE FIGHT AGAINST HIV/AIDS AMONG THE YOUTH: A CASE STUDY OF THIKA DISTRICT.

A research project in the fulfillment of the requirement for the Masters of Arts degree in Sociology with specialization in Counseling.

BY

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DECLARATION

This research paper is my original work and has not been submitted for examination in any other university.

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This project paper has been submitted for examination with my approval as university supervisor.

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DEDICATION

To my loving husband Joseph Muiru for ins great help both financially and morally in the course of this work

To my children whose smiles have encouraged me along in this journev of life

Special dedication to my mother Esther who toiled for many years to ensure that 1 got educated to die highest level

To all the youth whom my lifelong profession has been dedicated to

ACKNOWLEDGEMENT

My special thanks goes to all those people who have been there for me in the course of th study

Am sincerely indebted to Dr Wainre whose immense help and support brought this work completion

1 also wish to thank my friends and colleagues who have continued to encourage all along

To all those involved untirelessiy in typing this work especialh Ann Wanuru

Tc all of you 1 sa\ thank you and may the good lord bless you abundantK

1,1ST OF ABBREVIATIONS AND ACRONYMS

AIC	-Aids Information Center (Uganda)
AIDS	-Acquired Immune Deficiency Syndrome
FHI	-Family Health International
HIV	-Human Immuno Deficiency Virus
HBM	-Health Belief Model
JKUAT	-Jomo Kenyatta University of Agriculture and Technology
K.EMRI	-Kenya Medical Research Institute
NACC	- National Aids Control Council
NASCOP	- National Aids and STD Control Program
STD	- Sexually Transmitted Disease
UN	- United Nations
UN AIDS	-United Nations Aids
UNFPA	-t nited nations family planning Association
UNICEF	-Inited Nations Children's Education Fund
USA1D	-United Nations Agency for International Development
US	-United States of America
YCT	-Voluntary counseling and testing

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ABSTRACT

HIV/AIDS has been a major problem in Africa today especially in Kenya where over 3 million people mainly in the age brackets of 1 5-49 years are infected.

Voluntary counseling and testing has been identified as an effective response to the pandemic. One can find out whether he is infected with the H1Y/AIDS virus and thereafter seek the best health strategy to adopt in order to make life more meaningful whether positive or negative.

The specific aim of this study was to find out how the youth perceive their nsk of HIV AIDS, determine whether the voluntary counseling process in the VCT centers affects the motivation of the youth for VCT services, find out if the counselor characteristics influence the youth responsiveness to VCT services and lastly establish whether the location of VCT centers influences the attitudes of the youth to the VCT serv ices

This research was conducted in Thika District within the Centrai Province of Kenva The researcher used both quantitative and qualitative research. A questionnaire was administered on 86 young respondents within the age bracket 1S-24 vears. A focused group discussion was held with 3 VCT counselors. 3 Geographical divisions were captured Ruiru. T'nika municipality and Kakuzi.

The study captured both male and females. Majority of them were single and unemployed. The respondents had heard about HIV AIDS from the Radio. Newspapers ana even from Churches Majority of them admitted that HIV'AIDS is real, dangerous and causes many deaths yet quite a number of them were still involved in sexual relationships

Majority considered themseiv

es to oe at no risk of HIV AIDS but onlv 9% of those interv iewed were using a condom Others were remaining faithful to their partners yet faithfulness can be violated bearing in mind that only a smail percentage of them were married. The study observed that the vouth have had about VCT Centers and the ser. ices that are offered there Manv of them have been tested to know their HIV Att)S status but others have failed to do so because or' tear, lack of time ana finances

Majority of the youth agreed that VCT is an effective tool in the fight against HIV/AIDS. More should be set up in every location especially in the rural areas. The study also found out that attending VCT Centers is a matter of interest as when one is interested in other services like discos and cinema halls, people travel many kilometers

Among the major recommendations made by this study, the youth must be involved in die fmht **against HIV/AIDS.** They must be the chief campaigners **and** positive speakers **in** order to attract other youth **in** this fight. The VCTs must be youth friendly by operating flexible hours like over lunchtime **and** late in the evening to attract more youth. The VCTs also need to be located tar from the **main** health facilities to ensure privacy. The counselors also need to be trained to cope with the special needs of the youth in terms of sexual relationships, peer pressure and drun abuse.

CHAPTER ONE

INTRODUCTION

1.1. Back Ground Information

In recent years, the burden of HIV/AIDS has persistently proved to be a major challenge to humanity. The HIY AIDS resource center has documented that more than 40 million adults worldwide are now living with HIV AIDS The number of children infected with HIY AIDS stands at 1.5 million while 5.3 million people were infected cases in 2001 alone. In the same year, the global HIY AIDS related deaths reached a record 3 million (UNAIDS 2001)

In Africa South of Sahara, oxer 2S million adults are infected while 1 5 million ha\e already died of HIY AIDS (UNAIDS 2001). Owing to the increasing le\e!s of pox em in Africa, the management of HIY AIDS has become extremeiy difficult as most of the victims can hardly afford anti-rerroviral drugs.

In Kenya oxer 3 million people mainly in die age brackets 15-49 years are infected On average every district in Kenya carry a fair share of the burden with over 20 °$_0$ of adults being infected. On average 700 people are dying every day (FHI 2001) \n Kenya with the spread cutting through all walks of life and status.

HIY AIDS has led to a drastic reduction in the tax base. Insecurity has increased as more security forces die of the dreaded disease. The education sector in particular has in the recent past been suffering from a reduced enrolment and rising dropout rate of children since as orphans they can hardly solicit sustainable support for their fees. The teachers in the private and public institutions ha\e also been affected. An axerage of 1 5 teachers dies every day (FHI 2002). In a nutshell, every- sector of tins country is affected in different ways. More energetic and productive labour force has died or lixes on a low per capita income.

\ oluntary counseling and testing has as a result been found to be an essential component of an effective response to the HIV/AJDS pandemic. VCT is a process by which out of

ones own volition, finds out whether or not he is infected with HIV the virus that causes AIDS. VCT can help them know that sex is not worth dying for, to take precautions or face the consequences (UNAIDS 2001). Voluntary counseling and testing is the key to behavior change Research conducted WHO in Uganda and Zambia (2001) show that people who know their HIV/AIDS status whether negative or positive drastically change their behavior.

A VCT efficacy study in Kenya, Trinidad and Tanzania compared the prevalence of unprotected sexual intercourse six months after intervention through HIV/Aids counseling and testing and another group that was only given health information. The results showed that those who had been counseled and later tested had drastically changed their behavior (FHI 2000).
A recent study on the effectiveness of VCT demonstrated a 40 % reduction in the number of unprotected sexual acts among those who received VCT.(Sagima et al 1998 :4)

Therefore as the saying goes that knowledge is power (UNAIDS 1999) VCT will help increase ones knowledge of his or her status. This is a powerful weapon in the national effort to fight the pandemic bearing in mind that majority of the youth do not know their HIV status. The Kenya Demographic Health Survey of 1998 showed that only 15 % of the youth knew of their HIV/AIDS status while about 67 % indicated that they would like to have a HIV test

1.2. Problem Statement

There are about 1.2 billion young people worldwide (UNFPA 2002). The 1999 Kenya census showed that youth in and out of school constitute more than 50 % of the population In regard to this study, the youth group will be taken to cover the age brackets of 18-24 years as defined by the United Nations (WHO 1998). The youth hold enormous potential in the growth agenda of this country in terms of Health, Education, Agriculture and Technology and therefore it is important that their lives be saved from the HIV/AIDS pandemic. *

(UNFPA 2002) estimates that 11.8 million youth are currently living with HIV/AIDS. (UNFPA 2002) also estimates that 2.6 million young people contract the virus that carries the HIV/AIDS every year. Dr Michael Merson the current director of WHO global program on AIDS estimates that half of the worldwide infection since the beginning of the pandemic occurred among the youth aged 18-24 years.

A lot of effort has been put in the fight against HIV/AIDS in Kenya. The Kenyan government declared it a national disaster in 1998. Institutions like WHO, FHI, UN, US.AID have all come in with both material and financial support to carry out research and create more awareness confirming that HIV/AIDS is a real monster. There has also been increased advertisement in the print and electronic media. Seminars and conferences have been held to discuss this big issue. The government and other non-governmental organizations have also used community based activities as well as roadside billboards continually to address the problem of HIV/AIDS among the youth. Millions of shillings have been spent in the constructions of VCT centers all over the country. There are about 117 VCT centers currently and the government aims at setting up more VCT centers about 350 or at least 5 VCT centers in every district.(NASCOP 2002)

Despite all these effort many youth continue to die and the number of orphans continue to increase. The old are taking care of the young while in reality they are the ones who should be taken care of. The youth perceive themselves at no risk of HIV/AIDS. They believe that they will not be harmed, they do not imagine that they will come into contact with someone infected with the virus. They view HIV/AIDS as someone else disease like of the gay men and drug users.

Previous research has identified VCT as one of the national agenda in the prevention effort. At the consultative meeting on VCT by Kemri and University of Nairobi it was agreed that voluntary counseling and testing can enable the youth mitigate the impact of HIV in their lives and that of their friends and can increase awareness of the disease at a personal level.

However it is unfortunate that very few youth seek VCT services. This study then is timely as it seeks to find out why the youth do not visit the VCT centers, how effective are the current VCT centers and what needs to be done to make them more effective.

1.3. **Research** Questions

The research questions that guided this study were as follows

1. Do the youth perceive themselves to be at risk of HIV AIDS hence seek voluntary counseling and testing services[0]
2. How does the process at the VCT center affect the responsiveness of the youth towards VCT?
3. Do the counselor characteristics greatly influence the youth in seeking VCT services[1]
4 Does the location of VCT centers affect the motivation of the youth in seeking their services[0]

1.4. Broad Objective

The broad objective of this study was to assess the effectiveness of voluntary counseling and testing in the fight against HIV AIDS based on the youth perspective.

1.5 Specific Objective

The study endeavored to

a) Analyze the youth perception about the HIV AIDS status and VCT services
b) To determine whether the voluntary process in the VCT centers affects the motivation of the youth for VCT services.
c) Find out if the counselor characteristics influence the youth responsiveness to VCT services.
d) To establish whether the location of VCT centers influences the attitudes of the youth to VCT services.

1.6. Justification Of The Study

WHO AIDS (1992) series number ten states that in many developing countries more than half of the population is below the age of 25 years. In many countries over 2/3 of adolescents aged 15-19 male and female have had sexual intercourse. WHO (1992) continues to add that adolescents and young people aged between 20-24 accounts for a disproportionate share of the increase in reported cases of syphilis and gonorrhea worldwide. In addition 1/5 of all people with HIV/AIDS are in their 20's.

FHI June (2002) adds that more than 7000 of the youth are on average infected with HIV/AIDS each day in the world In Africa this figure accounts for 1.7 million annually. Yet most of the youth are in the stage of denial instead of facing up to the horror of a terrible life ending disease. The youth find it much easier to pretend that this disease does not happen to people like them. This is perfectly illustrated by a 1999 parents guide," Talking sexual health" that over 21 % of sexually active young people are using no contraceptives. 28 % of them use withdrawal method in the mistaken belief that it will prevent conception and HIV/AIDS. Yet 23 % of these young people believe that they are not at risk of STDs and AIDS because they trust their partners.

All the above explains why the youth continue to die despite many seminars and workshops, the promotions of A, B, C's (Abstinence. Being faithful and Condom use). The youth must be empowered to take charge of their sexual and reproductive health.

Hence:

a) The policy makers will benefit because they will know whether they need to increase the voluntary counseling centers. It will also facilitate in the capturing of the underlying cost on such related project viz a viz the expected returns. A lot of money has been spent in the construction of VCT centers and in the training of VCT counsellors. Hence this study will help the government to know exactly where the problem of VCT centers is and whether the government needs to continue to build more or not.

b) From the results of the study, it will be seen whether VCTs are effective in the fight against HIV/AIDS and what needs to be done to make them more effective or whether other methods are required in this fight.

c) This study is important because it will seek to find out why the youth continue to die despite the existence of VCT centers. This is necessary since it will attempt to identify the barriers that make the youth not to seek VCT services and how those barriers can be reduced hence making them more effective

d) It will also contribute to research methodology that other scholars and researchers can adopt for future research. This is true because although the study will concentrate on Thika District, other researchers in the other districts in Kenya can use the findings.

1.7. **Scope And Limitations Of The Study**

This study only covered three divisions within Thika district. Hence its limited on its geographical coverage. While the youth in Thika district may be a fair representation of all the other youth in central province, there is a need to have a study comparing the youth perception of VCT in other provinces.

CHAPTER TWO

LITERATURE REVIEW

Literature **review** in this study was done under 6 important themes namely:-

1. **Voluntary** counseling and testing and its relevance
2. Prevalence of HIV/AIDS among the youth
3. Youth perception of HIV AIDS
4. Youth vulnerability to HIV/AIDS
5. Youth reluctance to seek VCT services
6. Strategies to increase the youth's use of VCT serv ices

The theoretical frame work and conceptual framework accruing from the literature **review** has also been presented

2.1 Voluntary Counseling and Testing

Various organizations have fronted their views on the concept of VCT There seems to be a general consensus of it being a process and a critical tool in the management of HIV AIDS. NASCOP (2001) defines VCT as "a process by which a person finds out whether or not he or she is infected with HIV. the virus that causes AIDS " Similarly. UNAIDS (2000) outlines VCT as a process where an individual undergoes counseling to enable him or her to make informed choice about being tested for HIV

VCT has been identified as one of the national agendas designed to combat HIV AIDS pandemic. A study by the Popuiaucn Council and Family Health International (199ᶜi HIV AIDS counseling testing care and support services in Nairobi Kenya postulates that "counseling in HIV AIDS is a very important component to ensure completeness of serv ices in this field bearing in mind that all people who are infected and affected require a lot of psychological, social and even physical support to be abie to cope with their situation."

(')ne major characteristic about VCT is that it is interactive and has a sense of security It Pnly comes into existence by mutual consent only, no compulsion because no person can he compelled to recede help Further. -VCT is based on the assumption that man is p(')cialized; hence he should be willing to counseling and testing ser. ices The Rnsultative technical meeting on VCT b> Kemri and University of Nairobi (2000) Pbserved. "VCT has been identified as a priorir. tool for HIV/A IDS prevention and care."

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(UNAIDS 5 global priorities). The same meeting showed that VCT can have broad and specific impacts on the HIV/AIDS epidemic as it alleviates anxiety, increases clients perception of their vulnerability to HIV. It also promotes behavior change.

After testing, those diagnosed to be HIV positive could access disease prophylaxis, seek early treatment for illness and prevent wasteful spending of money so that money is spent on appropriate treatment. After establishing ones status, HIV positive person is likely to live longer, be more productive and access a higher quality of life through better understanding of his or her condition.

VCT can also help HIV positive people to mitigate the impact of HIV on their lives and the lives of their dependants by avoiding to infect loved ones, make informed family planning decisions, plan for the future, reduce stigma and increase awareness of the disease at a personal level.

Those youth diagnosed to be HIV negative at VCT centers can lead to behavior change and sustain their negative status. They can look back and alter their risky behavior, plan for the future and enjoy unprotected sex with a known HIV negative and faithful partner.

A report by Family Health International June2002, a summary overview of VCT and young people says that " VCT is more than just drawing and testing blood and offering a few counseling sessions. It is a vital point of entry of other HIV /AIDS services. It offers a holistic approach that address HIV in the context of youths' lives. The youth can be assisted to access support organizations both psychosocial and legaf"

Therefore the researcher felt it was necessary to carry out the research to find out what the current problem in the existing VCT centers is and what needs to be done.

2.2 Prevalence Of HIV/AIDS Among The Youth

MacDonald (1973: 1586) defines youth " as a state of being young, early life, the period immediately succeeding childhood". Barnhart (1993) defines youth as "the time between childhood and manhood or womanhood, a period between puberty and maturity.

WHO (1998) estimates that 70 % of premature deaths among adults are largely due to behavior initiated during adolescence since sexual activity starts before ages 20. HIV infection that is often contracted in adolescence leads to AIDS some years later. It may take 3-15 years for the virus to manifest itself.

FHI June (2002) says that" more teenagers are alive today like 1.2 billion and those between 15-24 years account for more than 50 % of all HIV infections worldwide " FHI (2002) adds that more than 7 000 of the youth are on average with HIV each day in the world In Africa this figure accounts for 1.7 million annually. In the US, AIDS is the leading cause of death and 25 % of all new infections are under 21 years

NASCOP (1999) says that the highest infection levels for the youth are between 20-24 age group. Approximately 18 % of the group is infected within two years after becoming sexually active in Kisumu. At the same time the median age for marriage is 19 years for women but 25 for men but both have a significant period of sexual activity before marriage that exposes them to the risk of HIV infections. It is therefore important to focus on the youth because they generally represent the future of the community. In this regard targeting young male and female in HIV/AIDS intervention is recognized as central to the process of combating the spread of the pandemic (WHO 1992).

One in every five people in the world is an adolescent and that adolescents are in the frontline of the HIV pandemic in some African countries. Surveys have found one in even>7 10 pregnant adolescent to be HIV positive. WHO (1998)

2.3. The Youth Perception of HIV/AIDS

The youth perceive themselves to be at no risk of HIV/AIDS as explained by a Kenya demographic survey, Population Council (1998). The study was conducted on adolescents' country wide to establish their perception on the risk of getting HIV/AIDS. The resultant analysis revealed that 84 % of the boys and 80 % of the girls perceived themselves to be at no risk or at a minimal risk of getting HIV/Aids. Yet when interviewed more than half^of them at age 16 were already sexually active. The survey also showed that 80 % of those sexually active had engaged in sexual intercourse that

was not protected from STDs and that over 60 % of those under 20 are presently at clear and in danger of HIV/AIDS infections.

Millstein (1993) says that 80 % of the boys in a national survey in US said that AIDS is so uncommon that it is not a big worry. On the other hand, Tonks (1996:7) contend "teenagers are more deviant in their attitude to HIV/Aids. They are skeptical about AIDS facts and trust no information from any source. They want to discover that which seems threatening.

The youth are arrogant and do not want to change their sexual behavior as argued by Obel(1995) that" one will surely die of something someday may it be through accident, sickness etc". From the above it becomes clear that something needs to be done so that the youth can see the problems of HIV/AIDs hence the need for this study.

2.4. Youth Vulnerability to HIV/AIDS

A host of factors can broadly explain the extent to which the youth are potentially vulnerable to HIV/AIDS. These include

2.4.1. Drugs ami substance abuse

This is a global problem that has attracted premium attention from government security and surveillance agencies. Drugs' trafficking is a major challenge and the consumption of the same seems to be a multimillion-dollar activity. Plant (1993) says that "extensive literature indicate that in many societies sexual behaviors are interwoven with the recreational use of mind altering drugs and that in societies where alcohol is legally available, bar-rooms, hotels and other licensed premises are popular places for seeking sexual partners." Therefore there is a clear connection between the use of alcohol and failure to comply with safer sex guidelines intended to minimize AIDS risks.

The great majority of the youth drink, however many of them admit to do things when drunk that they would not do when sober like driving recklessly, engaging in unprotected sex or having sexual relation* with someone they would otherwise refuse. Spencer et al

(1996:47) argues, " 20-25 % of students surveyed at the University of Virginia admitted to engaging in unwise sexual relations under the influence of alcohol"

Alcohol is the most popular drug among the youth. Spencer (1996:45) says "HIV infection appears to be more prevalent among women who use cocaine as they are likely to engage in risky behavior like prostitution and unprotected intercourse with men who inject drugs than women who do not use cocaine"

Millastein et al (1993; 185) emphasizes "The early onset of sexual behavior is associated with early onset of smoking and drinking, use of illegal substance, dropping out of school and juvenile delinquency

2.4.2. Peer Pressure

An expected social change among the youth is to value increasingly peer friendships and peer relationships. The task of growing up is to find a place in a valued group that gives a sense of belonging, identify and master tasks that are generally recognized in the group as hav ing value and to acquire a sense of worth as a person.

Millstein (1996:78) says "peers begin to serve as credible sources of information, role models of new social behaviors, sources of social reinforcement and bridges to alternative lifestyles."

Tonks (1996: 9 contends, "Social pressure is the most common reason adolescents give for entering into sexual activity rather that delaying i t A s such, a youth will compete desperately for almost anything that will give him prestige in the eyes of his peers. If by any chance he feels not fully accepted, he feels socially insecure and lacking in self-confidence. He will therefore conform mostly because of the fear of being rejected and excluded from the group.

Kemri (2001) says that "in Uganda most men report that peers pressure them to prove that (you are a man) and in S^uth Africa a young man said that it is not enough to get her to fall injove with you, you must be able to show your friend that you slept with her."

2.4.3. Mass Media

This includes the television, film, music, video, radio and even novels, which increasingly provide images, messages and role models for violent behavior, gravitations sex etc.

Sexuality has been displayed as a casual and carefree activity even after decade of AIDS campaign. The media constantly bombard the youth with sexual scenarios in which sex outside marriage is the norm. On average about a third of all prime time commercials in the electronic media are beauty adverts. The selling of products using attractive young women and the number of and explicitness of sexual reference has increased over the decade.

Mass media is a medium of communication reaching large numbers of the youth especially in the urban areas. The youth spend their free time watching TV and there is the tendency to borrow wrong message and information from the mass media. This makes them to practice early sex leading to the consequences of KIV/AIDS.

2.4.4 Lack of In formation

The lives of millions of adolescents worldwide are at risk because society does not provide them with information, the skills, the health service and the support that they need to post phone sex until they are physically and socially mature and able to make well informed and responsible decisions about their sexual behavior.

Tonks (1996:1-2) says that "adolescents AIDS has been the subject of relatively little attention since the AIDS pandemic began; they have been ignored by the media, parents and teachers".

WHO researchers, fear that HIV infections among this group have been drastically under estimated and the actual number of HIV positive teens doubles every year WHO (1998). A like-minded reference by Setra July (2002) asserts " even though adolescence is the stage of life at which many become sexually active, most young people do not know how HIV/AIDS is transmitted or how to protect themselves from the disease".

The above is also added weight by WHO, UNAIDS, and UNICEF that "the rate of HIV/AIDS prevalence among young people is staggering as more than half of those newly infected with HIV today are below 24 years and that about 11.8 million of them are living with the disease and that each day nearly 7000 of them become infected, frighteningly however only a fraction of them know that they are infected""

WHO reports on Somalia indicates, " only 26 % of girls have heard of HIV/AIDS and only 1% know how to avoid infection. While in Ukraine the report shows that 99 % of the girls have heard of the disease but only 9% could correctly identify the three primary ways of avoiding sexual transmission (Abstinence, Faithfulness to one partner, and consistently using a latex condom properly).^

All these tell us that majority of the youth including the students are poorly informed about sexuality and reproduction. They lack the social skills needed to say no to unwanted sex or to negotiate safer sex yet the policy makers, public opinion leaders, teachers and parents seems to believe that with holding information about sexuality and reproduction from young people will dissuade them from becoming sexually active which is not true as they want to do what they see their parents and elders doing.

2.5: The Relevance of VCT to Young People

Many countries acknowledge the importance of targeting the youth in their HIV prevention care strategies and VCT centers. VCT is part of a package that includes specialized counseling on HIV/AIDS information pre-test or test decision information, post-test counseling and plans for reducing risky behaviors.

A report by FH1 (2002: 4) provides evidence that young people actively seek and receive VCT services. The report talks of AIDS Information Center in Uganda where 15 % of the clients are between 15-19 years old. In Zambia 14 % of those who seek VCT services are the youth between 10-19 years. In Brazil, 40 % of the students attend VCT centers while in the US 900,000 youths havfc undergone HIV testing.

Another report by Kemri (2001) showed " in several developing countries, recent declines in the prevalence of HIV/AIDS among young people accompanied by clear sign of individual behavior change give hope of eventually curbing the epidemics, like in Lusaka Zambia HIV prevalence among 15-19 years old women dropped from 28 % to 15% in 1998" due to people attending VCT.

A recent report from horizon based on a small sample of 14-21 years old in Uganda and Kenya found "20 % of young people who undertook VCT reported that they were not sexually active" Hence VCT can be a starting point for sexual behavior change among the youth. Various studies have demonstrated the effectiveness of VCT in promoting sexual behavior change in people attending VCT centers. A small descriptive study from Nigeria stated "the counseling services for young people increased uptake of condoms and decreased incidence of STDs " Boswell (2002:22)

It is quite evident from the scholarly and organization research effort and outcome that VCT has enormous potential in HIV/AIDS management. Therefore VCT has to be an ongoing process WHO (1999). Hence VCT is quite relevant to the youth in Kenya because its uptake will lead to good returns in terms of reduced deaths making this study very necessary.

2.6 The VCT Process

This involves pre-test counseling, testing for HIV/AIDS, posttest counseling and follow up counseling.

2.6.1. Pre-Test Counseling

Counseling can simply be viewed as a deliberate act or process of providing and disseminating requisite information and advice on a specific subject matter. Various definitions have been fronted by organization and scholars and seem to share a similar them of interaction.

Planned parenthood federations in their book counseling guidance (2001) defines counseling " as a structured conversation between two or more people that assist one of the participant to work through particular problems or conflicts that he or she faces'.

Kiriswa (1988:25) also defines counseling as "an enabling process designed to help an individual come to terms with his or her life as it is and to ultimately reach a greater maturity through learning to take responsibility and to make informed decisions to self'. Uba (1990:13) adds that counseling is a caring profession whose purpose is to help the individual to be a better person able to cope and live a well adjusted life."

Pre-test counseling then is a preparatory step. It endeavors to set the mind of the client to be counseled to the entire process of testing and possible outcome. It is also critical that it almost determine the clients' reaction as well as his preparedness to undergo the process. This stage charts the path for the entire exercise. UNAIDS technical update on VCT May (2000) emphasis that "the services offered in VCT include pretest counseling, post-test counseling and follow up counseling/"

Pre-test counseling is given before the test as stated by the national guidelines for VCT in Kenya in 1999 and the client is given basic facts about HIV infection and AIDS. He is prepared for the test by being explained what a HIV test is. The counselor also corrects the myths and misinformation about HIV/AIDS from the youth. He discusses the clients personal risk profile like his sexuality, relationships, sex and drugs related behavior that increase the risk of infection. Pre-test counseling also involves discussing the implications for knowing ones status and ways to cope with the new information

Biswalo (1996:91) observes that the "the counselors task is to explore the clients problems which are worries about HIV/AIDS symptoms and prognosis. Prognosis in this case refers to the consequence of being seropositive on ones family, sexual partners, economic situation, being ostracized by society and excommunication by ones church, friends and colleagues. They also discuss the legal issues upon death, fear of social rejection (stigma) and inevitable death looming in the mind."

2.6.2. Post-Test Counseling

Post-test counseling aims at helping clients understand their test results and initiate adaptation to their seropositive or negative status. But the clients must be willing and ready to receive the results. It entails the dissemination of the test results and containing the reactions of the clients particularly if the outcome is positive.

Biswalo (1996:91) argues "the counselor has to work hard to prepare the client for the bad news so as to avert catastrophes like breakdown, suicide etc." The counselor should establish a tension free atmosphere; check whether the client is ready for the results. The counselor should address issues of who should be told, about safer sexual practices and avoidance of infection. It is also important to address the available emotional, spiritual and material support.

As seen above, post-test counseling takes place after the test for HIV/AIDS is done. This is a very important stage because it determines how the client will live with his test results

2.6.3. Foil on'up Counseling

This is offered for both seropositive and negative clients as an integral part of ongoing care and support services. Biswalo (1996:92) says "follow-up counseling for the seropositive is necessary in order to identify with the client any resources for dealing with the problem arising out of the test results. It is to provide support for clients behavior change and to help families and communities take preventive measure against HIV/AIDS and care for the Aids patients at home"

He is advised about sexual behavior, eating a good diet, exercising moderately, avoiding alcohol and sleeping well. He is constantly equipped with ability with possible overreactions by fiancee, sex partners, relatives, friends and colleagues. He is also assisted to know some established support groups.

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UNAIDS technical update on VCT May (2000:5) argues "counseling care and support should also be offered to people who may not be infected but whom HIV affects like the family and friends."

2.7. **Why the Youth Are Reluctant To Seek VCT Services**

A survey of 122 Kenyans by Family Health International July (2002) aged 14-21 showed that 75 % of them said that they had not received VCT services, yet over 60 % of them reported that they wanted to be tested. The following factors mitigate for the apparent few visits to VCT centers by the youth -

2.7.1. Stignui and Discrimination

UNSAID (1999) says that HIV remains a stigmatizing condition; stigma is a major barrier to HIV/AIDS even though known to be a serious problem and though people suspect that one has died of HIV it is seldom mentioned as a cause of death."

FH1 June (2002) on youth and VCT says that young people fear being labeled and stigmatized by their families, friends and community. Hence as long as they do not know their status then they are safe. People are rarely open about their HIV status. Hence if VCT were available and more people were counseled and tested, more would know their status and whatever the results more would be confronted with the possibility of being seropositive and this would decrease the stigma and fear attached to the disease hence an open approach to HIV prevention and care

The youth fear to be discriminated by their friend and colleagues especially when the results are positive. This is because they have witnessed their friends looked down upon because of their status.

2. 7.2. Fear of Confidentiality

Nzioka notes from Sedels (1993:180) that respect for human right and dignity of persons with HIV/AIDS is an essential condition for effective Aids intervention. The fears about confidentiality prevent youog people from using VCT services. WHO (1998:8) on improving adolescent health and development notes that the judgmental attitudes of many

health professionals often discourage married and unmarried youth from seeking advice and treatment for sexuality and reproductive health problems. They continue to observe that one of the main reasons for not attending STI treatment and hence VCT is anxiety that parents will find out about their sexual activity. Confidentiality is one of the most important concerns for adolescents

WHO (1998:8) notes of Ama (1999) on a study conducted in Tanzania on the youth and confidentiality, it showed that 58 % of the youth had health concerns that they wished to keep private from their parents and 69 % from classmates. This deterred them from using the VCT clinics.

FHI (2002:12) on VCT and young people observed that the youth want confidentiality, as they fear rejection, discrimination, isolation and how it may affect the parents who have made sacrifices for their education. To the youth parents already stressed with life therefore they fear to stress them further with positive HIV/AIDS results.

Carbollo et al (1989: 119) continues to emphasize, "With counseling becoming more decentralized in response to evolving needs of communities of different sizes, it has become more difficult to ensure the same degree of insistence on confidentiality. Yet if counseling is to be successful in providing the motivation and support for behavior change and great individual response to HIV prevention, then adherence to confidentiality may well need to be one of its cornerstones especially in situation where lack of it could lead to discrimination"

2. 7.3. The Counselors

A US based study by the Kaiser Family Foundation noted that the detriments to youth seeking VCT services include the sense that most counselors do not respect the youth. The counselors judge them for being sexually active yet the youth are in need of help not judgment. At the sometime if one of them is not treated well, the gospel spreads to others discouraging many of them from seeking the services.

FHI (2002: 24) observed tHat research from Kenya and Uganda suggests that young people would prefer to be counseled by young adults and not their peers. Most

importantly young people wish to feel that confidentiality would be ensured and that the counselor is on their level or close to them. Some qualities young people look for in a counselor are knowledge, training, kind and a good communicator and if these are lacking the youth will be discouraged from seeking VCT services.

WHO (1993 :9) reported " one of the major obstacles to effective counseling is that young people or adults in a position to provide counseling themselves lack knowledge about sexuality and find it difficult to discuss such subjects".

This is supported by a qualitative follow-up of 100 counselors trained at Kara counseling and training center, 57 counselors said that they felt uncomfortable counseling about sexuality related issues, 43 of them mentioned age as a barrier to their comfort level.

2. 7.*4. The Location*

Most of the VCT centers are located far from the youth. This means that the youth either have to walk or secure transport to the centers. A number of these centers are located within hospitals settings, which are unattractive to the youth. Generally, the youth detest the idea of being seen in and around VCT premises.

2.8. Strategies to Increase Young People Use of Voluntary Counseling and Testing Services

Kamende et al (1999) noted "facilities that hope to attract the youth for VCT must satisfy a number of youth specific needs which call for adjustment on the part of providers that relate to counselor characteristics and potential".

2.8.1. VCT Counselors

It is pertinent to consider their age, knowledge, training skills and language which must be well enhanced to cope with the youth. NASCOP (2001:40) indicated that VCT counselors must be carefully selected, have undergone special training in providing absolutely confidential counseling where the clients is treated with dignity. This is what most of the youth value, they do not want anyone to take them for granted.

Kamende et al (1999) continues to add "25 counselors were interviewed in Uganda and were asked whether there is something different about counseling young people as opposed to general counseling procedures and they suggested additional training in order to improve their potential with provision of VCT for the youth because they are specific skills unique to serving the youth"

Youth lens July (2002) argues " counseling young people about HIV testing is challenging as one is expected to be non-judgmental, to establish rapport, to instill hope in the young especially those tested HIV positive. Counselors have to be trained to handle young people's need that differs from those of adults. Young people who are HIV positive still have their dreams and many years ahead.

2.8.2. Confidentiality at VCT Centers

This is an important ingredient in the success of HIV/AIDS management. NASCOP (1999) defines confidentiality as "when personal information about clients whether obtained directly or indirectly is not revealed without the clients permission".

UNAIDS (1999) indicates " for VCT services to be acceptable, confidentiality must be guaranteed, there should be no coercion nor well meaning pressure to go for testing Informed consent must form the basis for decision".

The Population Council and FHI (1999:20) on confidentiality and privacy suggest "private rooms must be available, the number of staff with access to the results must be minimized and clients records must be locked away and kept in a restricted area and that result if possible should be identified with the clients' number and not by name."

Therefore if confidentiality would be strictly followed without ones information being divulged to the wrong people, then VCT would be made more effective and relevant to the youth.

2.8.3. Involvement of the Youth

It would be more appropriate if the youth would be involved in the monitoring and evaluation to ensure that the services respond to their needs. In Zambia and Uganda

where youth are active members and leaders of post-test clubs, they mobilize for promotion of VCT within their respective communities as anti-AIDS club leaders and as positive speakers.

Boswell (2002:24) says "the youth must be involved in designing, developing and promoting VCT services so that they are relevant and acceptable". For the VCT to be effective there must be full participation of young people in decision-making and delivery of services. The youth can be extremely effective massagers and should be given the necessary' skills and encouraged to get involved in the prevention effort, (jentha 2002:2)

2.8.4. Designing Youth Friendly Corners

Young people do not attend formal health services for their preventive health needs; they seek sexual and reproductive health services in a variety of settings like government health facilities, private clinics, chemists, friends and even from traditional healers.

Boswell (2002:8) on a study from the US proposed that youth - based clinics provide easier and more acceptable access to VCT services than formal health settings. He adds that recreational activities to facilitate further interaction and relaxation should be enhanced." Zahra (2002:2) says, "Centers geared towards offering young people access to condoms, VCT should be made available. They should ideally provide a full range of services, information, be welcoming, be confidential, convenient and at an affordable environment.

2.5.5. The Special Needs of the Youth

The youth have a broad range of HIV/AIDS related needs and all these issues have to be addressed if the youth will seek more counseling services. Young people have special education needs, others have homosexual tendencies, others are in the military personnel. Other needs that require special attention include peer pressure, assertiveness and negotiation skills, self esteens, risk-taking and experiences as related to developing safer **behavioFS** and setting limits on **alcohol** and **other** drug abuse.

There is need to address STDs, contraceptives, and overcoming barriers to ensure safe and effective use. The youth have sexual and intimate relationships, family relationships. They suffer from sexual, physical and emotional abuse in the form of domestic violence and rape The youth are exposed to contaminated blood and blood products or unsterilised needles.

Hence all these needs have to be addressed if VCT is going to have meaning for the youth Some of these needs can be met by counseling the youth, comprehensive health education and opportunities for quality life skills training. The operating hours must also be made more flexible for easy accessibility. Offering VCT services after the normal working hours like until 8p.m and during weekends are more preferable to the youth. Offering youth or subgroup clinics on a part of the afternoon or evening hence the youth come to know it as their time slot can be very popular. Other special need of the youth includes the waiting time because the youth are generally impatient; they want issues sorted out for them within the shortest time possible. The youth also prefer the same day results as seen in a research in the US that only 63 % of people who underwent HIV testing returned for their results. (Boswell 2002)

2.9. Theoretical Framework

A number of theories were used as a guide to this

2.9.1. The Health Belief Mode!

This theory' was first developed in the 1950s by social psychologist Godfrey Holhbaum. Irwin Rosenstock and Stephen Kegels working in the US public health services. In the 1970s Becker advanced it.

The Health Belief Model is one of the most widely used conceptual frameworks for understanding health behavior. Its process begins with the readiness to act, to do something in order to become physically well because he believes that he is susceptible to a serious illness. The readiness to act is experienced as a real and personal threat. The perceived threat of possible infection is accompanied by cues to action due to relatives and friends who have succumbed to the illness.

The HBM is based on the premise that people consciously and rationally evaluate the risk and then way the benefits and costs of various actions. This model is relevant to the youth in relation to HIV/AIDS because of the understanding that a person will take health related action if that person;

a) Feels that negative health condition can be avoided
b) That the youth has positive expectations like by taking a recommended action, he or she will avoid a negative health conditions.
c) Believes that he can successfully take a recommended health action.

The HBM is very applicable to the youth in the sense that it serves as a framework for motivating people to take health actions with the desire to avoid negative health consequence as the prime motivation. HIV/AIDS is a negative health consequence and the desire to avoid HIV can be used to motivate sexually young people to go for VCT and practice safe sex.

Avoiding a negative health consequence is a key element of Health Belief Model meaning that if the youth would take up HIV Aids as a personal responsibility then they can avoid being infected. The HBM is based on six concepts, which are very relevant to the youth in relation to HIV/AIDS,

a) Perceived susceptibility- where one believes that he has a chance of getting a particular condition like HIV/AIDS due to his risky behavior of having many sexual partners, alcohol etc.
b) Perceived severity- it is the belief of how serious the condition and the consequences of HIV/AIDS are. During the period when one is sick he suffers greatly and the youth have seen such people.
c) Perceived benefits-one beliefs that if he can take the desired action, he can reduce the risk of seriousness of the impact. This can help him define the action to take how, where and -when.

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d) Perceived barriers- these are ones beliefs in the tangible and psychological costs of the advised behavior. The youth can avoid the barriers like peer pressure and reduce those barriers by seeking assistance from a counselor.

e) Cues of action- these are strategies to activate "readiness' like to promote awareness and provide new information. This can be done through the use of reminder messages like posters, announcements, billboards all advising on the need to know ones status.

f) Self efficacy- this is the confidence in ones ability to take action, which can be provided through training, guidance and positive reinforcement like information about where to get tested. Based on the above, the youth can help fight against HIV/AIDS by being encouraged to set short term goals that are easy to achieve than long term goals that may not be realized in months or years

2.9.2. The Theory • of Reasoned Action

Azen Fishbein advocated this theory in 1980. It states that men act to achieve their intentions, purposes, aims, ends, objectives and goals. In doing so, men will exercise will or judgment, they will choose, assesses and evaluates what they will do or are doing or have done. One will involve moral principles in arriving at decisions.

Ritzier (1983:326) says individual preferences are given and fixed that actors must select between alternative choices of action in pursuing these ends and their selection of a course of action will be rational

The theory of reasoned action is very relevant to the youth in relation to HIV/Aids in the sense that attitudes towards sexual behaviors and evaluations of those consequences. This theor>' emphasizes that if there is going to be change in the fight against HIV/AIDS then:

1) The youth have to be informed about how HIV/AIDS is transmitted and how this can be prevented.
2) The youth have to be motivated to reduce AIDS risks, which is influenced by social norms, believes and personal experiences with someone who has contracted HIV/AIDS.

3) There is need to improve the youth behavioral skills if AIDS risk is to be reduced and this include being able to communicate effectively and assertively with their partners as well as being able to utilize protective strategies and avoid higher risk practices.

Therefore if the youth can reason, know the consequences of HIV/AIDS then the risk of HIV/AIDS can be reduced.

2.9.3. Aids Risk Reduction Model (A.R.R.M)

Cantania, Kegeles and Coates developed it in 1990. It provides a framework for explaining and predicting behavior change efforts of individuals in relationships to the sexual transmission of HIV/AIDS. The AIDS Risk Reduction Model has three stages that influence its success

a) Recognition and labeling of ones behavior as high risk where one believes that he is susceptible to contracting HIV and one has a belief that having .AIDS is undesirable.
b) Making a commitment to reduce high-risk sexual contacts and to increase low risk activities.
c) Taking action. This can be done through information seeking, obtaining remedies and enacting solutions from public education campaigns, informal support groups and VCTs.

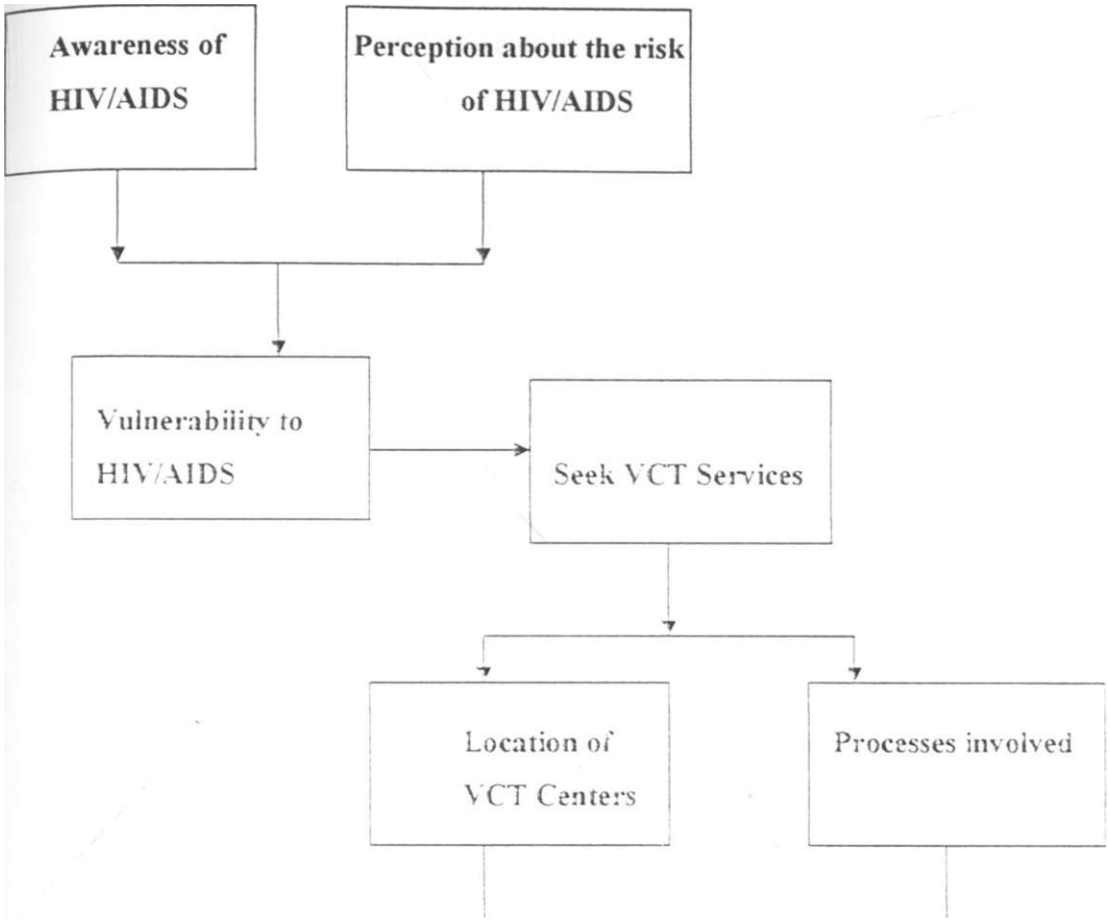
2.10. Hypotheses

In light of this study, the following hypotheses were applied

Hypothesis 1: The youth perceive themselves to be a t risk of HIV/AIDS hence seeks VCT services.

Hypothesis 2: The process at the VCT center affects the responsiveness of the youth towards VCT.

jO Conceptual framework



-•H. Hypotheses

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hypothesis I: The youth perceive themselves to be a t risk of HIV/AIDS hence seek VCT ser\ices.

Pothesis 2: The process at the VCT center affects the responsiveness of the youth towards VCJ

The table below shows independent and dependent variables of the study.

Hypothesis 1	Independent variable	Dependent variable	Indicators
The youth perceive themselves at a risk of HIV/AIDS hence seek VCT services.	VCT services	Youth perception	-Sexual partners -Danger of contracting HIV/AIDS -HIV/AIDS testing —Where HIV/AIDS test was done

Table 1 Indepenc ent, dependent variables and study indicators for hypothesis 1

Hypothesis 11	Independent variable	Dependent variable	Indicators
The process at the VCT center affects the responsiveness of the youth towards VCT services.	Youth responsivessness to VCT.	VCT process	-Rating the counselor -HIV testing -Where HIV/Aids testing was done

Table 2 Independent, dependent variables and study indicators for ivpothesis 11

2.11. Operational Definitions Of Key Concepts And Variables

a) Voluntary Counseling and Testing

It is the process by which out of ones own volition, an individual finds out whether or not he is infected with HIV virus or not. From the test results he is assisted by the counselors to cope with his current-situations.

h) Counseling

. a fa™[1] communication both verbal and non-verbal directed towards supporting [t 13 orneone to take action and to make decisions necessary to help him cope with life. In jjjis case the counselor will check whether the client is ready to undergo the HIV test yet when the results are out, he has to be assisted through follow-up counseling to live in his current state and to enjoy life to the full whether positive or negative.

c) The Counselor Characteristics

Uus refers to crucial counselor aspect such as age. gender, sex. lev el of training and language of the counselor. The study aims at checking how the youth view these characteristics of the counselor in their uptake of VCT serv ices.

(I) The V CTprocess

This involves the whole range of activities that are carried out in a VCT center They range from how one is welcomed at the VCT. the pre-test. the test, the post-test and follow-up counseling to help the client live with his current status

e) The youth

In this study, the youth implied those in the age bracket of 18 - 24 in Thika District.

J) Perceive

This refers to the way one feels, sees or understands a certain issue. In light of this study, 'twas used to understand whether the youth felt or saw themselves at risk of HIV AIDS. which made them seek VCT services.

H) Risk

means putting oneself in danger or taking chances. This study wanted to find out Whether the youth understood themselves to be in danger of HIV/AIDS and what they were doing about it.

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h) Responsiveness

It is a way of showing positive feelings. Answering or showing results. The study attempted to find out the utilization of VCT services by the youth.

i) Motivation

It is that which causes a person to work or act in a certain way. The researcher found out whether the VCT process affects the motiv ation of the youth in seeking these sen ices.

i) Attitude

It is the way one feels or thinks about something hence the location of the centers helped the researcher know if it deterred the youth from \ isiting the centers

j) Location

It means a place In the context of this study, the researcher wanted to find out if the distance from one VCT center to the next affects their resDonsiveness The researcher also wanted to find out whether the sites of the VCT centers hav e a problem or not

k) Effectiveness

This refers to whether an activity is worthwhile or not. In this case the study checked whether the current VCT centers were worthwhile in their fight against HIY AIDS **among** the youth and what could be done to make them better

CHAPTER THREE

METHODOLOGY

Introduction.

This chapter highlights the methodology that was used in the research. It was a social survey conducted in Thika district. The research was conducted on the youth mostly in the age bracket 18-24 years. Problems noted at various stages of the research were highlighted.

3.1. Site Description

The study was conducted in Thika district within the central province of Kenya. Its headquarters are in Thika municipality, which is East of Nairobi city.

According to the 1999 Kenya government population census, the district had a total population of about 645,713 with 323,427 males and 322,234 females. The youth account for about 23 % of the total population in the district. (Kenyan Government 1999 Population Census). The district is made up of six geographical divisions namely Gatanga, Gatundu, Kakuzi, Kamwangi, Thika municipality and Ruiru. This district is also endowed with different economic and social activities. Many farmers engage in plantation agriculture, while others practice subsistence-farming, business etc. Schools and tertiary colleges exist where the youth attend

3.2. Site Selection

The researcher purposively selected Thika district since it is a cosmopolitan town with government offices, business premises, industrial centres and tertian- colleges. The influx of people from different parts of the country either in search of work, study or to carry out business has made the population to increase. It was therefore imperative to see how the youth, the focus of the study view HIV/Aids and what steps they were taking to reduce it.

The district was also convenient to the researcher in terms of accessibility and financial constrains. The study concentrated on only three divisions namely Thika municipality, Kakuzi and Ruiru.

Kakuzi was also purposively selected since there were many youth working in the pineapple, coffee and flower plantations. It was important to see how the youth here view HIV/Aids.

The researcher also got interested in carrying out research here as it had been noted by the HIV/Aids survey in 2001 that this district had an increasing number of HIV/Aids reported cases of about 31 %(Population Council 2001). This drew the curiosity of the researcher to find out how the youth viewed HIV/AIDS and whether they were seeking VCT services.

3.3. Unit of Analysis

The youth in this study were the unit of analysis.

The youth were sexually active and vulnerable to HIV/Aids hence it was necessary to understand how they perceived VCT centres. The study attempted to find out how the existing VCT centres were carrying out their services and how they could be made more effective to cater for the special needs of the youth.

3.4. Sampling Procedure

The study combined simple random and non-probability sampling techniques so as to select a representative sample. The researcher purposively selected three divisions; Thika municipality, Kakuzi and Ruiru. The researcher selected 86 respondents (youth 18-24 years) from all the three divisions. 46 respondents were selected from Thika municipality to cater for the high population. 20 respondents were selected from Kakuzi while 20 respondents were selected from Ruiru

All the respondents were selected from the various VCT centers, tertiary colleges, churches, markets, industries and farmers all over the division to make the sample representative.

3.5. Data Collection Methods and Research Instruments

The study utilized primary, secondary and observation methods of data collection

3.5.1. Primary Data

Primary data was both quantitative and qualitative, and the following research instruments were used.

a) Structured Interviews

Closed and open-ended questionnaires were administered to the youth. The information sought from the youth were based on how they perceived HIV/Aids and VCT centers, the location of VCT and about the counselors characteristics to see whether VCTs were effective in the fight against HIV/Aids.

b) Unstructured Interviews

The researcher administered unstructured interviews with 8 key informants who included 4 VCT counselors and 4 health workers.

These key informants were considered, as they were conversant with the subject under study. The counselors were the ones involved in the counseling process. They met the youth and they experienced a lot of problems in the process of counseling them hence the researcher felt that they could enrich this study greatly.

Unstructured interviews were used as they provided individual opinion on the topic under study because one had room to air his views.

3.5.2 Secondary Data

This was obtained from books, seminar papers and journals. These materials contained information on the role of counselors in the VCTs, the services offered in VCT centers, how the youth continued to be affected by the scourge of HIV/Aids and the importance of VCTs in enhancing ones' positive living.

3.5.3 Observation

The researcher spent one month at the VCT centers. This enabled her to observe the youth as they sought the VCT services. Most youths were seen to be restless, impatient

and in need of an immediate test. However the few willing to communicate expressed determination to change their sexual behavior. The researcher observed that when the respondents tested HIV positive, they seemed helpless and needed follow-up counseling. The researcher observed on average the amount of time it took for the respondents to be counseled, the reaction of counselors in their work. Hence whatever the researcher observed contributed greatly into making this research better.

3.6. Data Analysis

After the fieldwork, quantitative data was coded and analyzed with the use of Statistical Package for Social Science (SPSS) programme. Descriptive statistics were applied to organize and summarized the data through the use of frequency distribution tables.

Qualitative data consisted of the respondents[1] views and opinions. This was analyzed through inferential statistics where the researcher tested the truth or falsified the hypotheses. Through the use of chi-square test, some relationships were confirmed between the different set of variables and supporting explanation given.

3.7. Problems Experienced In the Field.

Several problems were encountered in the course of this study. The target group for the study was spread all over the district. This involved a lot of traveling, which was not only time consuming but also very expensive.

Some of the respondents expected to be paid for their responses. Many youth thought the researcher had been paid by a certain organization, hence they demanded for payment before giving their responses making the data collection exercise tedious.

At the VCT centre, those who tested HIV/Aids positive were so demoralized that they were unwilling to participate in this research. They had to be reassured frequently. Others refused to give their responses at all. Other youth were unwilling to give their responses as they thought the researcher wanted to find out about their sexual behavior. A lot of time was wasted and at times the researcher had to try requesting others. However the researcher did everything possible to ensure that the research was of high quality, reliable and valid.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

Introduction.

This chapter is a highlight of the findings and analysis of the field data for the study. Special attention has been paid to the study objectives and research questions.

4.1 Social and demographic characteristics of the youth

4.1.1. Gender, Age and Marital Status

The study observed that 54 % of the respondents were female while 46 % were male. Majority of the youth were about 24 years of age. The study also found that among the youth 83 % were single while only 16 % were married. This showed that majority of the youth were single. The single status of these youth made them more vulnerable to HIV/AIDS since they were highly sexually active It was therefore necessary to get their views.

The table below summarizes the sex, age and marital status of the respondents.

Table 1. Respondent's sex, age and marital status

	Sex		Marital status			Age		
	Male	Female	Married	Single	Divorced	18-20	21-22	23-24
Frequency	40	46	14	71	1	20	19	45
Percentage	46	54	16	83	1	23	23	54

4.1.2. Religion, Education and Employment Status

The study found that 96 % of the respondents were Christians while 4 % were Muslims. It also showed that 69 % of the respondents had attained college education and above while 24 % had secondary education. It appeared that majority of the youth were well educated. However 49 % of them were unemployed, 28 % had permanent employment, 15 % were casual labourers and 9% were involved in business. This showed that though the youth had attained a good level of education majority were still unemployed. The

table below is a summary about the religion, education level and employment status of the respondents.

Table 2. Religion, education level and employment status.

	Religion			Education level		Employment status			
	Christians	Muslim	Others	Secondary and below	College and above	Unemployed	Permanent employment	Business	Casi
Frequency	78	3	5	27	59	42	23	8	13
Percentage	90	4	6	31	69	49	28	9	15

This meant that most of the youth were idle and frustrated hence very likely to be involved in alcoholism. Alcohol influence leads one to engage in irresponsible sex. This puts them at a great risk of HIV/AIDS. Joblessness among the female youth may lead them to be involved in promiscuity for their upkeep, which also put them at a risk of HIV/AIDS

4.2. Vouth Perception about HIV/Aids

The way an individual looks at a certain issue determines the appropriate measures he takes towards it. It was thus necessary' for this study to evaluate the relative understanding about HIV/Aids among the youth.

From the study all the respondents had heard about HIV/Aids. This meant that they were aware that HIV/Aids existed. It appeared that they had seen sick people with HIV/Aids symptoms or knew people who had died of the dreaded disease.

4.2.1. Sources of Information on HI 17A ills

A lot of campaign has been done to create awareness about HIV/Aids. It was necessary for the researcher to find out whether the youth had any information on HIV/AIDS. This was important for the youth to take the necessary measures to protect themselves. The table below summarizes the information that the youth had on HIV/AIDS.

Table 3. Sources of Information on HIV/Aids.

Sources Of Information	Frequency	Percentage
Radio	36	42
Churches	26	20
Parents	S	9
Newspapers	8	9
Seminars	4	5
Billboards	3	4
Posters	1	1

The study showed that 42 % of the respondents had information on HIV/Aids from the Radio, 22 % from churches, 17 % from the parents, 9% from the newspapers, 5% from seminars, 4% from billboards and 1 % from Posters.

The radio is a major source of information on HIV/Aids as it is affordable. Both the poor and the rich have access to the radio due to its low cost. The radio transmits information in different languages hence it can reach most of the people at whatever level.

The religious groups have also accepted that HIV/AIDS is a reality and are creating awareness, as the study observed that 20 % of the information was from the churches.

4.2.2. Prevalence of HIV/Aids in Kenya today

In Kenya over three million people are infected with HIV/AIDS as previously noted in the literature review. The youth account for a major share in the infection There were divergent views prevailing concerning this disease, the table below shows the respondents response on prevalence of HIV/Aids.

Table 4 Prevalence of HIV/Aids in Kenya

Responses on HIV/Aids	Frequency	Percentage
Causes in any deaths	26	31
Spreading at a high rate	16	18
A national disaster	12	14
Its rampant	9	11
Its reducing	7	8
Its real	7	8
Its dangerous	4	5
Others take it for granted	4	5

In the study 31 % of the respondents stated that HIV/AIDS had caused a high rate of deaths whereas for 18 % it was spreading at high rate and 14 % declared it a national disaster. This showed that although there are many causes of death in life, HIV/AIDS had caused many deaths in the recent past.

However many youth still continue to engage in irresponsible sexual behavior. The study even revealed that 5% of the youth took HIV/AIDS for granted Others felt that they could not be infected because HIV/Aids were reducing. The counselors affirm this that HIV/.AIDS is truly a national disaster

4.2.3. Sexual Relationships

There are many causes for the transmission of HIV/AIDS that include use of contaminated needles, blood transfusion, to mention but a few. Sexual relationships have been identified as the major cause.

The respondent indicated the number of sexual partners as shown below.

Table 5 No of sexual partners

No of **sexual partners**	**Frequency**	**Percent**
0	38	44
1-5	40	46
6-10	3	4
11-15	5	6

The study showed that 46 % of the respondents had sexual relations with partners ranging from 1-14 in the last one year Majority of those involved in sexual relationships agreed that one could contract HIV/Aids from them. The respondents gave different views as to the reasons that could make one contract HIV/Aids as summarized below

Table 6. Reasons For Contracting HIV/Aids.

Reasons for contracting HIV/AIDS	**Frequency**	**Percentage**
Lack of trust	34	40
Sex without protection	22	25
Multiple partners	30	35

It therefore appeared that many youth had not internalised the main mode of transmission as they had multiple partners. This contradicted the AIDS, Risk, and Reduction, Model that despite the youth knowing the risk of HIV/AIDS they were not taking any action to reduce it as they had multiple partners and involved in sex without protection.

In the study 40 % of the respondents stated that lack of trust was a major cause in the spread of HIV/AIDS. It seemed that there was a tendency of the youth to mix sexual partners because no firm relationships had been established by the youth as majority of them was in college or jobless. Despite engaging in sex without protection, the study revealed that 35 % of the respondents stated that multiple partners was another reason for contracting HIV/AIDS The table also showed that 25 % of the respondents engaged in sex without protection, hence even with the promotion of condoms the youth still engaged in sex without protection making them more vulnerable to HIV/AIDS.

4.2.4 PersonaI Views On HIV/Aids

As observed in the literature review, the youth felt at no risk or minimal risk of contracting HIV/AIDS. To them this disease is so uncommon that it is not a big worry. The table below shows personal views on HIV/AIDS.

Table 7 Personal View on Aids

Personal view on HIV/Aids	Frequency	Percentage
Great extern	16	18.6
Less extent	39	45
Not in danger at all	16	18.6
Cannot tell	15	17.4

The study showed that 45 % of the respondents felt that their chances of contracting HIV/AIDS were less, 19% felt they were in great danger, 19% felt not in any danger at all while 17% could not tell whether they were in danger or not.

Therefore it appeared that majority of the youth had not yet clearly internalized the seriousness of HIV/Aids, as the youth did not view HIV/AIDS a great danger. This was quite worrying bearing in mkid that quite a number of the youth were arrogant and

though involved in sexual relationships, they claimed not to be in danger of contracting HIV/Aids.

The Health Belief Model is not yet applicable since the youth have not yet internalized the dangers of HIV/AIDS, as 17 % could not tell their views on HIV/AIDS.

4.2.5. Personal Protection on HIV/Aids

Personal protection on HIV/AIDS is very important in the fight against HIV/AIDS as it determines the reduction of the spread. An individual can protect himself from HIV/Aids through the use of A, B, C which refer to abstinence, being faithful and use of condoms to one uninfected partner. The study established that 95 % of the respondents were taking measures to protect themselves from HIV/Aids. The respondents further indicated the different measures they were undertaking as summarized in the table below.

Table 8. Personal protection on HIV/Aids

Measures taken against HIV/Aids	Frequency	Percentage
Faithfulness to one partner	**31**	**37**
Abstaining from sex	**30**	**36**
Use of condoms	**8**	**10**
Withdrawal	**14**	**17**

From the study, 36 % of the respondents were established as remaining faithful to one partner However faithfulness could be violated by any of the partners leading to further HIV/Aids infection. At the same time withdrawal method could not give guarantee that one would not be infected with HIV/AIDS. The study also observed that the use of condoms had not been fully accepted by the youth as only 10 % were using them. They argued that using a condom is like eating a sweet with its wrapper on which very few were prepared to do despite the risk of unprotected sex.

4.2.6. Information on HIV/Aids

The youth can only attend VCTs if they are well informed on HIV/Aids. The youth require to be informed on tjje seriousness of HIV/AIDS especially on the modes of transmission bearing in mind that sexual relationships have been identified as the major

mode of transmission from the literature review. The data revealed that 57 % of the respondents had all the information they needed on HIV/Aids. They even further clarified the kind of information they had on HIV/Aids as tabulated below

Table 9. Information on HIV/Aids

Information on HIV/Aids	Frequency	Percentage
Transmission modes	24	50
Symptoms	6	13
Prevention	6	13
Lack of cure	4	8
That HIV/Aids is real	4	8
Living positively	2	4
Adjusting ones past behavior	2	4

However 43 % of the respondents indicated that they did not have all the information they would wish to know concerning HIV/Aids as shown below.

Table 10 Information lacking on HIV/Aids

Information lacking on HIV/Aids	Frequency	Percentage
Details on how one contracts HIV/Aids	9	27
Prevention	5	15
Antiretroviral details	3	9
Taking control whether positive or negative	3	9
Whether one contracts it through kissing	2	6
Body fluids	1	
About VCT centers	1	4
Adjusting ones past behaviors	1	4
Where HIV/Aids came from	1	4
About Aids earners	1	4
Categones of HIV/Aids	1	4

From this study it appeared that a great number of the respondents did not have enough information about HIV/Aids. The counselors further confirmed that when the youth sought VCT services they di*d not have detailed information on HIV/Aids. The youth could not clearly state the various modes of transmission of HIV/Aids yet sexual

relationships were the major cause of transmission of HIV/Aids. Therefore there should be increased information on this disease by the media and the public.

4.3. Process at the VCT centre.

The process at the VCT centre involves pre-test counseling, post-test counseling and follow up counseling. Post-test counseling refers to the counseling done at the VCT centre before the HIV/AIDS test is carried out. The client is counseled on what the HIV test involves so that he can be prepared psychologically. Otherwise if the counselor feels that the client is not ready then the test is not carried out.

Post-test counseling is done after the HIV test, if the results are positive or negative; the client is assisted to make informed choices about his life. Follow-up counseling is carried out to establish a relationship with his client. The counselor seeks to find out how well the client is responding in his current status. He is also assisted in his future life. Therefore the way the counseling is done, the time taken and the relationship established between the counselor and the client determines how good or bad information is passed around and whether others will seek VCT services

4.3.1. HIV/Aids Testing

Knowing ones HIV/Aids status is important as it determines the plans one can adopt for his future life. A person can still have a fulfilled life even after testing HIV/Aids positive. If a person tests HIV/Aids negative he can change his behavior to avoid infection. Yet if he is tested HIV/Aids positive he can be put on antiretroviral therapy with the aim of prolonging his life. He can also ensure that he does not further re-infect himself by having un-protected sex. The study evaluated whether the respondents had sought HIV/Aids testing. It established that 65% of the respondents had gone for HIV/Aids test. However majority of them had only been tested once. Out of those tested, 66% had been tested in a VCT centre. The others had been tested in a government health facility, private laboratory or in private clinics as shown below.

Table 11. HIV/Aids Testing

Where HIV/Aids test was done	Frequency	Percentage
VCT centcrs	43	66
Government health facility	5	9
Private laboratory	6	11
Private clinic	8	14

In the study 35 % of the respondents agreed that they had not gone for HIV/Aids test. They admitted not to have done so because of fear, others were confident that they were not infected. Others said that they never thought about the need for HIV/Aids test while some said they trusted themselves and their partners. In regard to why the respondents had not had HIV/Aids test, the following responses were collected.

Table 12. Reasons For Not Having HIV/Aids Test.

Reasons for not having HIV/Aids test	Frequency	Percentage
Trusting oneself	5	17
Never thousht about HIV test	6	20
Not infected	5	17
Don't trust the clinics	1	
l^ick of finances	1	3
Located far	1	3
Lack of time	1	3
lear	10	33

The study showed fear was the major reason why the youth do not seek to know their HIV/Aids status. This means that there should be increased awareness on HIV/Aids and the advantages of knowing ones status so that fear as an obstacle to seek HIV/Aids testing can be overcome. The counselors confirmed this that when the youth sought VCT services they were in great fear to know their HIV/AIDS status. The youth were restless and even sweating.

4.3.2. VCT Centers

VCT centers have been identified as the means to know ones HIV/Aids status. This is the place where the counseling an-d testing of HIV/Aids takes place. Confidentiality must be observed if more youth are to seek VCT services. At the same time the VCT must be

located at a conducive environment for privacy and proper counseling relationship to be established

The study observed that all the respondents had heard of VCT centers and they were aware of the services offered since 69 % of them agreed that they offered counseling and testing. 15% indicated that they offered counseling only while 12 % indicated that they offered testing only. Yet 4 % were not sure of what was done at the VCT centers Majority of those not tested said they would prefer to be tested in a VCT centre. There should be increased awareness of the services offered at the VCT centers. This would enable the youth to be aware of what takes place at the VCT centers and hence reduce the stigma associated with them.

4.3.3. Counselors at the VCT Centers

Counselors' play a vital role in making the VCT centers more effective. They are in charge of counseling and testing. Their relationship with the clients determines whether more clients will seek their services. They have to ensure that confidentiality is observed, that the results will not be revealed to anyone without the consent of the client.

The study observed that most of the counselors were females aged over 30 years. Their minimum academic qualification was secondary education. All the counselors had been trained 72% of them held a certificate while 28 % of them held a national diploma in counseling as shown below.

Table 13. Counselor training

Counselor training	Frequency	Percentage
Certificate	56	72
National diploma		28

The study also indicated that the most common age bracket of the youth who went to seek their services were between 20-24 years and that these counselors held 5-10 sessions per day depending on the special needs of the clients.

4.3.4. Counseling in the VCT Centers

It was considered necessary to find out whether the youth received any counseling at the VCT centers and to determine whether they were ready for the HIV test and the results To this respect the study observed that 86% of the respondents had undergone counseling before and after HIV/Aids test and only 14 % had not received counseling as shown in the table below

Table 14 Counseling Status at the VCT Centre

Counseling Status at the VCT Centre	Frequency	Percentage
Counseled	50	86
Not counseled	8	14

The study observed that those who had gone to the private clinics had not been counseled before the test. The study further established that the youth were counseled on how to prevent themselves from HIV/Aids, how to cope with the test results, how to take care of oneself, to be prepared psychologically, to take courage, about how to live with the current status and to build confidence in the test results as tabulated below.

Table 15 Reasons for Visiting VCT Centers

Reasons for Visiting VCT Centers	Frequency	Pereentage
Preventing oneself		15.9
Coping with the results	8	18.2
Being prepared psychologically	*I*	15.9
Caring for oneself	8	18.2
Living in the current status	6	13.6
Taking courage	->	6.8
Building confidence before results	5	11.4

The respondents were asked to rate the counselors. Those who scored 0-33 were rated as satisfactory', those who scored 34-66 were rated as good while those who scored 67-100 were rated as very good an(i*the results were as follows; 48% indicated that the counselors were very good, 24 % said that they were good while 28 % indicated they were satisfactory as shown in the table below.

Table 16. Rating the Counselor

Rating the counselor	Frequency	Percentage
Very good	28	48
Satisfactory	14	28
Good	17	24

The study observed that the counselors were well trained, some of them had even done practice to be VCT counselors for over 300 hours. Hence when the youth were asked how they could rate them majority stated that they were happy with their services. It therefore came out clearly that the counselors knew their work

4.3.5. Communication of the Test Results

How the HIV results are communicated to client determines how well he will be prepared mentally to live with them especially if one is HIV positive. The study observed that the youth had been able to understand the counseling process to the extent that 52 % of them were able to check them on the test kit and understood whether they were HIV positive or not as tabulated below.

Table 17. Communication of HIV/Aids test results

How results were communicated	Frequency	Percentage
Checking from test kit	29	52
Written	8	14
Orally	19	34

4.3.6. Time spent at the VCT Centers

Time is a commodity that is valuable to every person. The study observed that 33% of the youth felt that they would have spent less time at the VCT centers. They argued that if the number of counselors was more and the hours of operation flexible they would have been served fast. They also felt that the counseling process was unnecessarily too long. This was because 29 % of them spent one hour, 16% spent 45 minutes, and 14% spent two hours as tabulated below.

Table 18. Time spent at the VCT

Time in min	Frequency	Percentage
20	4	8
30	8	16
35	1	2
45	8	16
50	2	4
60	14	29
90	4	8
120	7	14
300	1	2

The reasons the youth gave for the delay at the VCT centers have also been tabulated here below.

Table 19 Reasons for delay at the VCT Centers

Reasons	Frequency	Percentage
Few number of counselors	6	43
Failure to open over lunch hour	**I**	7
Counselors busy elsewhere	**1**	7
Long counseling process	5	36
Lack of courage to be tested	**1**	7

This analysis showed that the numbers of counselors were few. They could not cope effectively with the youth who were generally impatient. This was made true by the researcher who observed that at the VCT centers that once the youth found a queue, they went away and very few of them returned the following day. The counselors also admitted to be overwhelmed by the great number of clients who turned up at the VCT centers. They could not attend to them all and were at times forced by the circumstances to give them an appointment to come on another day.

4.4. Location of VCT Centers

The location of the VCT centers determines whether the youth will seek their services or not. The Researcher wanted to find out whether the distance of the VCT centers to where

the youths spent most of their time affected their accessibility. The study observed that most of the VCT centers were located within the hospital setting and the youth felt uncomfortable being seen there, as people would judge them as already sexually active and that's the reason why many were not seeking VCT services.

However the study observed that the youths did not fail to go for VCT services because of the distance as the majority admitted one went because of interest and rather not the distance as shown below.

Table 20. Accessibility of VCT

Accessibility	Frequency	Percentage
Yes	26	33
No	54	67

The study also found that most VCTs were located within a radius of 1-3 km from where the youth spent most of the time as shown below

Table 21. Distances in Km

Distance in Km	Frequency	Percentage
	1	1
1	11	22
2	15	19
3	12	15
4	3	4
5	4	6
6	2	3
10	4	5
12	.1	1
13	1	1
15	4	5
20	8	10
22[1]	1	1
24	1	1
30	3	4
40	1	1

The study observed that most of the VCT centers were accessible. The government has mobilized its resources to build as many VCT centers as possible. However a lot can still be done not only to make them more accessible but also ensure that their services are more efficient in order to attract more youth.

4.5. Reluctance of the Youth to Seek VCT Sen ices

Despite the increased campaign on the existence of VCT centers and the dangers of HIV/Aids to the youth, many youths are yet to seek their HIV/Aids status known. The study observed a number of reasons why the youth do not seek VCT services.

4.5.1. Fear

Fear refers to the lack of courage to undertake any responsibility. Fear deters development in a country and in an individual. The study observed that 45 % of the youth indicated that they feared to know their status. They would rather stay in the dark than be subjected to the stigma and discrimination that they saw their friends and relatives undergo through.

The counselors affirmed that most youths who sought VCT services had poor ability to cope with bad news. They also said that when the youths visited VCT centers they were restless and impatient which was a sign of fear.

4.5.2. Lack of money

The study had found that most youth though well educated were unemployed hence this hindered them from attending the VCT centers if there was any money to be paid. The researcher found out through observation that most youth could not even raise 20 shs. for the card at the government VCTs. This meant that if the VCTs were located far than where the youth spent most of their time then lack of money would further deter them from attending these services.

4.5.3. Gender, Age and the Training of the Counselors.

The study observed that th$ youth were discouraged from attending VCT services because[v] of the age, sex and training of the counselors. The youth felt that these

counselors were like their parents whom they would not want to know about their sex life The youth felt that their parents were stressed by the daily duties and do not want to stress them further with the bad news of being HIV/Aids positive.

The counselors felt inhibited in discussing sexuality issues with the youth whom they felt were like their children. The counselors also indicated that most youth did not open up hence they blocked further probing making the counseling process to be very long. This could be explained by the negative attitude the youth form about the counselor's age. In the course of the discussion one counselor admitted that the youth walked away on seeing

The reasons the youth gave for not attending VCT have been tabulated here below.

Table 22 Reasons for youth reluctance to attend VCT

Reasons	Frequency	Percentage
Fear to know their status	28	45
Charges at the VCT ccnters	6	10
Transport cosl	6	10
Lack of time	7	11
Lack of interest in knowing one status	5	8
Distance of the VCT centers	3	5
Lack of permission from work	2	~
Lack of interactive personnel	1	2
Low qualification of the staff	1	2

4.6. VCT as A Tool in the Fight against HIV/Aids

VCT has been identified as a tool in the fight against HIV/AIDS. Knowing ones HIV/AIDS status assists the person to make informed choices.

The study revealed that majority of the youth felt that VCT was an effective tool in the fight against HIV/Aids as 95 % admitted that they were effective as tabulated here below.

Tabic 23 Effectiveness of VCT

Effectiveness of VCT	Frequency	Percentage
Yes	78	95
No	8	5

This is because an individual can mitigate over his life whether he is positive or negative. He can be able to make plans for the future like about marriage and employment. If one tested HIV positive, he can easily get access to antiretroviral therapy, which can assist him to prolong his life.

4.7. Hypotheses Testing

This section deals with the testing of the hypotheses envisaged in the study as follows:

1) The youth perceive themselves at a risk of HIV/AIDS hence seek VCT services.
2) The process at the VCT centre affects the responsiveness of the youth towards VCT

4.7.1. Hypothesis 1: The Youth Perceive Themselves at a Risk of HIV / Aids Hence Seek VCT Services

This hypothesis was analyzed by identifying the independent and dependent variables together with the indicators that were later put under the chi-square test.

Table 24. The Independent and Dependent Variables in Hypothesis 1

HYPOTHESIS I	INDEPENDENT VARIABLE	DEPENDENT VARIABLE	INDICATORS
The youth perceive themselves at a risk of HIV/AIDS hence seek VCT sen ices.	VCT services	Youth perception	-Sexual partners -Danger of contracting HIV/AIDS -HIV/AIDS testing Where HIV/AIDS test has been done.

The different indicators were broken down to check whether when one had a high number of sexual partners, he" perceived the risk of HIV/AIDS and whether this made

him to go for VCT services. It was also important to find out where these youth would prefer to be tested for HIV/AIDS

The intensity of sexual involvement on the youth was divided as low, moderate and high Those with 0-5 sexual partners were referred to as low, those with 6-10 were moderate whole those with 10-15 were referred to as high. Awareness of HIV/AIDS status through HIV/AIDS testing was categorized either as yes or no and this were put under the chi-square test as shown below.

Table 25. Awareness of HIV/AIDS status through testing by intensity of sexual involvement

Intensity of sexual involvement	**Awareness of HIV/AIDS status through testing**		**Totals**
	Yes	No	
Low	23(60.5)	15(39.5)	38
Moderate	25(75.8)	8(24.2)	
Hish	8(53.3)	7(46.7)	15
Total	56	30	86

Chi-square value = 2.914

Significant at 0.5 level of probability with 2 degrees of freedom.

This means that there is no relationship between awareness of HIV/AIDS through testing with intensity of sexual involvement. The test showed that although most of the youth had HIV Aids test yet they were still involved in sexual relationship. Awareness of HIV/AIDS through testing is not enough; sustamability of the sexual behaviour is the most important if the fight against HIV/AIDS is going to be won.

Hcnce the Health Belief Model would not be applicable until the youth internalise the risk involved in multiple sexual partners.

The data analysis further revealed that only 65 % of the respondents had been tested either at the VCT centre, government health facility, private clinic or private laboratory

Table 26 Intensity of the sexual involvement by the place where the HIV/AIDS test was clone

Intensity of sexual involvement	**Place where HIV/AIDS test was done**				**Totals**
	VCT centre	**Government health facility**	**Private laboratory**	**Private clinic**	
Low	18(78.3)	1(4.3)	3(13.0)	1(4.3)	23
Moderate	13(54.2)	3(12.5)	3(12.5)	5(20.8)	24
High	37(66.1)	5(8.5)	6(10.7)	8(14.3)	56

Chi-square value = 5.823

Significant at 0.5 level of probability with 6 degrees of freedom.

There is no relationship between sex involvements with the place where **HIV/AIDS** test was done. The theory of reasoned action cannot be applicable here

Table 27. The sen ices offered at the VCT Centers by the intensity of se\ invoh ement

Intensity of sex involvement	Sen ices offered at the VCT Centers			Total
	Counseling	Testing	Both counseling and testing	
I ,o\\	9(25.7)	3(8.6)	3(66.7)	35
Moderate	2(6.3)	4(12.5)	26(81.3)	32
High	2(13.3)	3(20)	10(66.7)	15
Total	13(15.9)	10(12.2)	59(72)	82

Chi-square value = 5.829

Significant at 0.5 level of probability with 4 degrees of freedom

There is no relationship between the services offered at the VCT centres and the intensity of sexual involvement. The test showed that most youth knew that VCTs offered both counselling and testing,

However they were still involved in sexual relations. This meant that even if more VCTs were going to be established in the country, the most important thing was behaviour change in the fight against HIV/AIDS.

Table 28. Intensity of sexual involvement by whether the youth seek VCT services

Intensity of sex involvement	Whether the youth attend VCT services		Total
	Yes	No	
Low	22(57.9)	16(42.0)	38
Moderate	17(53.1)	15(46.9)	32
High	9(60.0)	6(40.0)	15
Total	48(56.5)	37(43.5)	85

Chi-square value = 0.253

Significant at 0.5 level of probability with 2 degrees of freedom.

This means that there is a relationship between the intensity of sex involvement an dthe youth seeking VCT services. ^

Table 29 Intensity in sex involvement by the place where the youth would prefer to be tested for HIV.

Intensity of sex involvement	Where the youth would prefer their HIV/AIDS test done				Total
	VCT centre	Government health facility	Private laboratory	Private clinic	
Low	16(69.6)	3(13.0)	2(8.7)	2(8 7)	23
Moderate	12(66.7)	3(16.7)	.	3(16.7)	18
Medium	8(88.9)	.	.	1(111)	9
Total	36(72)	6(12)	2(4)	6(12)	50

Chi square value = 4.764

Significant at 0.5 level of probability with 6 degrees of freedom

There is no relationship between the intensity of sex involvement and the place where the youth would refer to be tested for HIV/AIDS.

4. 7.2 Hypothesis 11: The Process at the VCT Centre Affects the Responsiveness of the Youth towards VCT Services

Hypothesis 11 states that the process at the VCT centre affects the responsiveness of the youth towards VCT services. The following variables were tested as tabulated below.

Table 30. The independent and dependent variables for hypothesis 11

Hypothesis J1	Independent variable	Dependent variable	Indicators
The process at the VCT centre affects the responsiveness of the youth towards VCT services	Youth responsiveness to VCT.	VCT process	-Rating the counselor. -Services offered at VCT centers -HIV testing. -Where 1 IIV/Aids testing was done.

The different indicators were broken down to determine whether the process at the VCT centre affects the responsiveness of the youth towards VCT services as shown below.

The counselor was rated using scores Those who scored from 0-33 were considered satisfactory, those who scored from 34-66 were considered good while those who scored from 67-100 were regarded as very good These scores were given by the youth who attended the VCT centers as shown

Table 31. Rating the counselor by being tested for HIV/AIDS

Rating The Counselor	HIV /AIDS testing		Total
	Yes	No	
Very good	27(96.4)	1(3.6)	28
Good	12(85.7)	2(14.3)	14
Satisfactory	16(94.1)	1(5.9)	17
Total	55(93.2)	4(68)	59

Chi-square value = 1.726

Significant at 0.5 level of probability with 2 degrees of freedom

The chi-square test showed that when the counsellor was rated as very good, more youth would be willing to have their HIV/AIDS status known. Hence there was a strong relationship between the capability of a counsellor and the number of youth seeking their HIV/AIDS status known.

Table 32 rating the counselor by where ones HIV/AIDS status was known

Rating the counselor	Where ones HIV/AIDS status was known				Total
	VCT centre	Government health facility	Private lab	Pro ate clinic	
Very good	23(85.2)	1(3.7)	1(3.7)	2(7.4)	27
Good	6(50)	2(16.7)	3(25)	1(8.3)	12
Satisfactory	8(50)	2(12.5)	2(12.5)	4(25)	16
Total	37(67.3)	5(9.1)	9(10.9)	7(12.7)	55

The chi-square value = 10.536

Significant at 0.5 level of probability with 6 degrees of freedom

The chi-square test showed that most youth would prefer to be tested in a VCT Centre This was because good counselors take the youth through pre-test counseling, post-counseling and follow-up counseling.

Table 33. Rating the counselor by the services offered at VCT Centers

Rating the counselor	Services offered at the VCTs			Total
	Counseling	Testing	Both counseling and testing	
Ven gcx)d	3(11.1)	1(3.7)	23(85.2)	27
Good	4(28.6)	1(7-1)	9(64.3)	14
Satisfactory	2(11.8)	3(17.6)	12(70.6)	17
Total	9(15.5)	5(8.6)	44(75.9)	58

Chi-square value = 4.210

Significant at 0.5 level of probability with 2 degrees of freedom

The test showed that the counsellors carried out their services well since most of the youth knew the services offered as being counselling and testing. Those counsellors rated as very good seemed to have explained to their clients all details.

Table 34. Rating the counselor by the youth seeking VCT services

Rating the counselor	**Whether the youth sought VCT services**		**Total**
	Yes	No	
Very good	24(85.7)	4(14.3)	28
Good	8(57.1)	6(42.9)	14
Satisfactory'	13(76.5)	4(23.5)	17
Total	45(76.3)	14(23.7)	59

Chi-square value = 4.445

Significant at 0.5 level of probability with 6 degrees of freedom

There was a relationship between the capability of the counselor and the youth seeking VCT services as those tested would spread the good news about the kind of counselor they found. Hence others would be motivated to seek the services as has been explained by the table that 86% of the youth who found the counselor good were tested for HIV

From the calculated chi-square test it showed there was a strong relationship between the indicators tested meaning that this hypothesis was not rejected. It showed that the process at the VCT centers affected the responsiveness of the youth towards VCT services However to be tested for HIV/AIDS is not enough, it is better to have sustained moral behavior as the study had observed that even after undergoing the test the youth were still involved in sexual relationship.

CHAPTER FIVE

CONCLUSION AND RECOMMEDATION

This section provides a summary of key findings and recommendations arrived at based on the expected situation as understood from the literature review and the actual research finding. The key objective of this study was to examine the effectiveness of VCTs in the fight against HIV/AIDS.

5.1. The Youth Perception about Their HIV/Aids Status and VCT Services.

All the respondents had heard about HIV/Aids and they came to know about this disease from the radio, newspaper, posters, billboards, churches and from parents. The youth were also aware about the seriousness of the disease that it's a national disaster, that it kills and its real.

However, the study found that more than 46 % of those interviewed had been in sexual relationships ranging from 1-14 partners. Yet they still believed that they could not contract HIV/Aids because they were faithful and trusted their partners. It was therefore clear that many youths did not view HIV/Aids as a great danger. This is also made clear by the fact that the study found only 9 % of those interviewed who was sexually active used condom as a measure to protect themselves from HIV/Aids hence they continued to expose themselves to the risk of HIV/Aids by having unprotected sex.

Though all the youth had heard of HIV/Aids and about VCTs, the study found that only 52 % of them had gone for the HIV test. Most youth were afraid to cope with bad news of being HIV positive. Peer pressure played a vital role in the youth not seeking VCT services. In the course of the study, the researcher met a youth who had gone to the VCT site three times but had never tested for HIV, yet this same youth admitted to be sexually active.

This study also found that though the youth attend the VCTs they were still involved in sexual relationships. The study observed that 75.8% of the youth who had a HIV/AIDS test had sexual partners ranging from 6-10.

5.2. VCT Process

Counseling in the VCT centers may not be easy for the counselors play more than one role as they are also nurses at the Health centers. The study observed that the youth indicated that they didn't expect the counseling process to be long as majority spent between 45 minutes to 2 hours from the time they arrived at the VCT centre to the time they left. Others got discouraged by the long queues and had to go away Others has ing been prepared to be tested on a particular day were given an appointment to come on another day, which could be discouraging because they had set their mind to be tested

The counselors interviewed after attending the youth indicated that the youth were impatient, nervous and only w anted an immediate test. The process of counseling to them was a waste of time. The counselors also faced the problem of communication; some clients neither knew Kiswahili nor English. The researcher witnessed a case of three Sudanese., who communicating with them was a major problem; no meaningful contact would be established with them.

Post-test clubs hardly exist; hence it becomes difficult where the youth can be referred to once they have tested HIV Aids positive, bearing in mind that the study found the youth to have poor copying abilities with bad news. Such test clubs vvouid be \ ita! for support.

5.3. Counselor Characteristics and Their Influence on HIV/Aids Testing

The youth interviewed showed that the counselors in the VCT rooms were as old as their parents When this information is passed 'on to the other youth who have not had HIV Aids test, they get discouraged. The youth do not want their parents to know about their sexuai life. It is no wonder that most youths at the VCT centers did not open up. they blocked further probing, and shied off when the issue of their sexuality came up as claimed by the counselors. The counselors felt inadequate when handling the youth issues. They claimed to find it difficult to question the youth on sexual matters.

Most youths used the sheng language, which the counselors found difficult to understand, and at times they could be given the wrong information. The youth preferred other youths like them as the counselors. Many indicated that they liked the same sex counselor s. Although the youth indicated that the counselors are competent in their work, it seemed clear from the study that they would like them to undergo further training. The counselors who unanimously agreed that further training would enable them deal with the youth issues also confirm this.

5.4. Location of VCT Centers

The study found out that most VCT centers were located within the health centers. This prevented the youth from attending them. They viewed those watching them as being judgmental on their sexual behavior. The VCT at Ruiru is located next to the pediatrician's room hence with the wailing of the babies, the environment is not conducive at all for good counseling to take place. On the other hand the VCT at Thika is located behind the main hospital and with no exit door the clients going to the VCT have to pass through the main hospital.

At the same time the current VCTs are not youth friendly, they do not have facilities for the youth like games etc. Yet these facilities would be attractive because as the youth come for them they can undergo the HIV/Aids test. However the study found out that youths did not fail to go for VCT because of the distance as having a test is a matter of interest, but the fact that most youths were unemployed as found out in the study they may not have money for transport and payment at the VCT centers.

5.5. Recommendations

This study finding suggests a number of strategies that can make the VCTs even more effective as they relate primarily to the youth.

The youth themselves must be involved in the VCTs. They should be trained as VCT counselors so that they can encourage other youths to seek VCT services.

The youth should also be trained as peer counselors so that they relate with the other youth on a day to day basis, they can be encouraged to not only seek to have their status known in VCT but to also change their behavior.

The existing VCT should also be youth friendly with youth related facilities like games and meeting rooms so that as the youth meet to play games and other activities, they can also have their HIV/Aids status known.

HIV/Aids positive youths should be used in the campaign against HIV/Aids. This will help to reduce the stigma and discrimination associated with HIV/Aids. At the same time when HIV/Aids positive youth are used, the other youth engaging in sexual immorality can learn from them and in the process change their behaviors.

It is also important to set up and encourage the existing post tests clubs where the youth both affected and infected can give each other support.

The youth should also be used in community mobilization on HIV/Aids they have the energy to even carry out door-to-door HIV/Aids awareness to the other youth and to the community in general

VCTs should be set apart from the main health centers or hospitals. This is because the youth are very' vulnerable at this age, they fear to be seen and judged by the old whom they view as their parents and as ready condemning them of being HIV/Aids positive.

There should be increased campaign and awareness of the advantages of VCTs as far as the life of an individual is concerned through the use of mass media, billboards, churches etc. From the early ages, the youth and the young should be given comprehensive sex education so that they have facts about sexual matters other than being left alone to learn from peers and media. Sexual abstinence should be encouraged to reduce the risk of HIV/Aids

It is also important to note that seeking ones HIV/AIDS status known is not enough. Good sexual behavior must be sustained by the youth if the fight against HIV/AIDS is going to be won.

5.6. Potential Areas for further Research

This study only looked at three divisions within Thika district while it may be representative of this area there is need to have a study covering other districts and provinces in the country.

It may be worthwhile to under take studies on VCT centers to check whether if located within the youth institutions, they can be more effective.

This research was conducted only four years after VCT had been identified as a tool in the fight against HIV AIDS, hence later studies may give insight into the trends on how VCT have changed over time.

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AI I IMMLMA I

OUESTIONAIKK

Good day, My name is Ann Muiru. I am a student at the University of Nairobi conducting a study on the effectiveness of VCT in the fight against HIV Aids. I would be grateful for your assistance in the course **of** this study. The information you give will be treated with utmost confidentiality and co-operation highly appreciated.

SECTION I. PERSONAL DETAILS.

Please Answer The Following Items. Please tick in the appropriate space.

Name (optional)

1. Sex_____Male_____Female

2. Age _ _

3. Marital Status: Married Single Divorced Widowed

4. Religion

5. Education
   a) No Formal Education
   b) Primary Education
   c) Secondary Education
   d) College
   e) University
   f) Any other (specify)

6. Employment status
   a) Unemployed
   b) Casual labourer
   c) F3usiness
   d) Permanent Employment_____.

SECTION II. YOUTH PERCEPTION ABOUT IIIV/AIDS

7. Have you ever heard about Hiv/Aids?

8. How did you come to know about I liv/Aids?

   a) Newspapers
   b) Radio
   c) Posters
   d) Billboards J
   e) Seminars
   f) Churches
   g) Any other (specify)

9. What Do You Think About Hiv/Aids In Kenya Today?

10 In The Last 1 Year How Many Sexual Partners Did You Have[9]

11 Considerng The Many Times You I lave I lad Sexual Relations Did You At Any Time Think That You Could Contract Hiv/Aids.

12 If Yes, Explain:

13 If No Explain

14 To What Extent Do You View Yourself To Be In Danger Of Contracting Hiv/Aids

15 Are You Taking Any Measures To Protect Yourself From I liv/Aids

16 If Yes What Measures Are You Taking To Protect Yourself From Hiv/Aids.

17 Do You Think You Have All The Information You Need On Hiv/Aids

18 If Yes Indicate The Information About Hiv/Aids That You Have

19 If No What Information Would You Like To Have

SECTION III. TIIE PROCESS AT THE VCT CENTRE

20 Have Ever Been Tested To Know Your Hiv/Aids Status? Yes No

21 If Yes, How Many Times I lave You Taken The l est

22 If No Why?

23 Where Were You Tested To Know Your Hiv/Aids Status

a) VCT Center
b) Government Health Facility
c) Private Laboratory
d) Private Clinic

e) Any other (specify)

24
Have You Ever Heard Of VC T Centers? Yes_____No

25.
If Yes What Services Do They Offer

26.
Have You Ever Gone To Any Of Those Services? Yes No

27.
If Yes, which one?

28.
If No. Why?

29. If You Don't Know Your HIV/Aids Status Where Would You Prefer To Be Tested.

30. Before Being Tested To Know Your HIV/Aids Status Were You Counseled On HIV/Aids

31. How Do You Rate The Counselor Who Counseled You?

a) Very good
b) Good
c) Satisfactory
d) Not good

32. Were You Counseled At The Time Of Receiving The Results? Yes_____No

33. If Yes Why

34. If No Why

35. How Were The Results Communicated To You*[7]

a) Orally
b) Written on a piece of paper

c) Told to check from the test kit

36. How Much Time Did You Take At The VCT Centre

37. Do You Think You Would Have Spent Less Time At The VCT Centre? Yes_____NO

38. If Yes. Why?

39. If No. Why?

40. How Far Away Are The VCT Centers From Where You Spent Most Of Your Time?

41. Does This Make It Difficult For You To Access VCT Services:-

42. What Other Factors Make It Difficult For You To Seek VCT Service

43. In Your Opinion Do You Think That VCT Is An Effective Tool In The Fight Against HIV/Aids.

44. What Should Be Done To Improve VCT

APPENDIX II

KEY INFORMANT INTERVIEW GUIDE:-

Date of the interview

Name

Sex

Age

Whats your level of education?

2. Do you have any training m counseling[9] (a) Yes_____(b) No.

3. If yes up to what level?

4. How many hours of practical counseling have you had in your training?

5. How many counseling sessions do you carry out in a day?

6. Who are your most common clients?
(a) Married people
(b) Those planning to marry
(c) The youth
(d) Any other (specify)

7 What are the common age brackets for the youth who come to you to have their III V/Aids,Status Known?

8. Are these clients referred to you by some other people or without any referral?

(a)Yes____(b) No.

9. In your opinion what are the attitudes of the youth towards VCT services?

10. Have any efforts been made to make the youth more aware of the existing VC T services?

11. In your opinion what factors hinder the youth from seeking VCT services? _

12. what major observations have you noted about the youth whom you counsel at the VCT centers?

13. In the process of counseling what problems do you generally encounter[9]

14. What factors do you think are most considered by the youth as they seek VCT services?

15. Do you think that the government is giving you all the support that you need in carrying out your services?
(a) Yes_____(b) No_____.

16. lfyes, why?_____-_____

17 If no, what do you think is lacking?-*

18. In your opinion what should the counselors do in order to attract more youth to seek VCT services?

19. Which other best strategies do you consider to be effective in improving VCT services?