

**ANALYSING THE EFFECTIVENESS OF VOLUNATARY COUNCELING AND  
TESTING (VCT) IN THE FIGHT AGAINST HIV/AIDS AMONG THE YOUTH.  
A CASE STUDY OF MOMBASA DISTRICT, KENYA.**

**BY**

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**APRIL, 2007.**

## DECLARATION

I Abdulrehman Faiz- BSWSA do hereby declare to my best knowledge that this graduation project is my original work and that it has never been submitted to any University or any other institution of higher learning for the award of Bachelor of Social Work and Social Administration.

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### SUPERVISOR'S APPROVAL

This project resulting from the researcher's effort was carried out under my supervision, with my final approval is ready for submission for the award of the degree of Bachelor of Social Work and Social Administration of Kampala International University.

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## ***DEDICATION***

Special dedication to my mother Elizabeth Sonia Michael who toiled for many years to ensure that I got educated to this level.

To my guardian (Sheikh Iddi Bakari Nyundo) who has assisted me financially, emotionally and morally.

To my aunt, Mrs. Jacinta Ismail who has always been trying her level best for things to work on me.

Mr. Thomas Mwanje who could sacrifice his time to give me an ear. Not forgetting my loving sister (Ramla) who I envious most.

To all the youth whom my life long profession has been dedicated to.

## ABSTRACT

HIV/Aids have been a major problem in Africa today especially in Kenya where over 3 million people mainly in the age brackets of 15-49 years are infected. Voluntary Counseling and Testing has been identified as an effective response to the pandemic. An individual can find out whether he is infected with HIV/Aids virus and therefore seek the best health strategies to adopt in order to make life more meaningful whether negative or positive.

The main objective of this study was to find out how the youth perceive their risk 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 influences the youth responsiveness to VCT services and last but not least is to establish whether the location of VCT centers influences the attitudes of the youth to the VCT services.

This research was conducted in Mombasa district within the Coastal province of Kenya. The researcher used both qualitative and quantitative research methods. A questionnaire as administered on 56 young respondents within the age bracket of 17-24 years. A focused group discussion was held with 6 VCT counselors, 1 geographical division which was island division.

The study captured both males and females, majority of them were single and unemployed. The respondents had heard about HIV/Aids from various sources such as radios, newspapers, parents and even mosques and churches. A large number of the youth admitted and had realized that HIV/Aids is real, dangerous and has caused and will continue to cause mass deaths yet quite a number of them were still involved in sexual relationships.

Majority of them considered themselves to be at no risk of HIV/Aids but only 9% of those interviewed admitted to be using condoms. Others were remaining faithful to their parents yet faithfulness can be violated bearing in mind that a small percentage of them were married. The study observed that the youth have heard about VCT centers and the services offered there. Many of them have been tested to know their HIV/Aids status but others have failed to do so because of fear, lack of time and lack of money.

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## **CHAPTER ONE:**

### **INTRODUCTION**

#### **1.0 Background Information**

In the recent years, the burden of HIV/AIDS has persistently proved to be a major challenge to humanity. Today's statistics elaborate that over 40 million adults worldwide are living with the pandemic. The number of children infected with HIV/AIDS stand at 1.3 million while 5.3 million people were infected in the year 2001.

According to UNAIDS (2001) they stated that the global HIV/AIDS related deaths reached a record of 3million.

In Kenya over 3million people mainly in the age brackets 15-49 years are infected. An indicator illustrates that every district in Kenya carry a fare share of the burden with over 20% of the adult being infected.

According to FHI (2001) an average of 700 people are dying every day in Kenya with the spread cutting through walks of life and status.

Owing to the increasing level of poverty in Africa, HIV/aids is amongst the major contributors of it. Like in Kenya, a lot of parents are said to have died due to this disease leaving their children as orphans with no one to cater for their needs.

HIV/AIDS has lead to drastic reduction of tax base. Insecurity has increased as more of the security forces die of the dreaded disease. The education system has failed our country due to mass drop outs of children since as orphans they can hardly solicit sustainable support for their fees. What surprises most is that even teachers and tutors of private and public schools are also affected?

According to FHI (2002) they state that an average of 15 teachers die a day. In a nutshell, every sector of this country is affected in different ways.

Voluntary Counseling and testing has as a result been found to be an essential component of an effective response to the HIV/AIDS pandemic. VCT is a process which out of ones own volition, finds out whether or not he is infected with HIV

the virus that causes AIDS.

According to UNAIDS (2001) they states that, "VCT can help them know that sex is not worth dying for, to take precautions or face the consequences." The WHO (2001) in Uganda and Zambia conducted a research on people who know their HIV/AIDS status whether negative or positive drastically change their behavior. Therefore, it is evidently stated that VCT is the key to behavioral change.

A recent study in the effectiveness of VCT demonstrated a 40% reduction in the number of unprotected sexual acts among those who have received VCT (Sagima et al 1998:4)

Therefore as the saying goes, "knowledge is power." UNAIDS (1999) puts it, VCT will help increase ones knowledge of his or her status. This is a powerful weapon in the national effort to the pandemic bearing in mind that majority of the youth do not know their HIV status. The Kenya demographic health survey of 1998 illustrates that only 15% of the youth knew their status while 67% indicate that they would like to have a HIV test.

### **1.1 Problem Statement**

According to UNFPA (2002) there are about 1.2 billion young people worldwide. The 1999 Kenya population census indicate that the youth in and out of schools constitutes more than 50% of the countries population.

United Nations (UN, WHO 1998) define the youth as someone who is between the age brackets of 18 to 24 year. The youth holds enormous potential in the growth agenda of this country in terms of health, education, agriculture and technology. It is therefore the duty of the government to try its level best so as to save these young stars from with HIV/AIDS pandemic.

An estimation given by UNFPA (2002) indicates that 11.8 million youth are currently living with HIV/AIDS. In addition, 2.6 million youngsters are said to contract the virus that carries with HIV/AIDS every year.

A lot of efforts have been put in the fight against with HIV/AIDS in Kenya. The

Kenyan government declares it a national disaster in the 1998. Institutions like WHO, FHI, UN, USAID have really catalyzed in the alleviation of with HIV/AIDS. Such organizations have contributed with both material and financial assistance so that the available research centers and methodologies can carry out researches and create more awareness on the deadly disease with HIV/AIDS. Off late, people have been conducting seminars and conferences so as to reduce the impact the pandemic has caused. The governments in conjunction with the NGO's have used various methods of creating awareness of the deadly disease. Such methods include roadside billboard awareness, community talks and discussions, advertisement through the media and audio visuals and many others.

In Kenya, there are about 117 VCT centers currently. The government visual is on setting up more than 350 or rather at least 5 VCT centers in every district. It is therefore obvious that VCT can mitigate the impact of the HIV/AIDS people in our lives but we find that the growing population tend to ignore it. Among the youth, it is definitely clear that a limit number of these youngsters attain to such a service.

This study 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 should be done to make them more effective.

## **1.2 Research Questions**

The research questions that guided this study were as follows.

- I. What is the perception of the youth about the deadly disease HIV/AIDS and hence seeks VCT services.
- II. How does the process at the VCT center affect the responsiveness of the youth towards VCT?
- III. How does the councilor coordinates with the youth and does his characteristics greatly influence the youth in seeking VCT services.
- IV. Does the location of the VCT centers affect the motivation of the youth in seeking their services?

### **1.3 Broad Objectives.**

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

### **1.4 Specific Objective**

The study endeavor to:

- I. Analyzing the youth perception about the HIV/AIDS status and VCT services.
- II. Determining whether the VCT process in the center affect the motivation of the youth for the VCT services.
- III. Finding out whether the character of the counselor influences the youth's response to the VCT services.
- IV. Establishing whether the location of the VCT center influences the attitude of the youth to VCT services.

### **1.5 Justification of the study**

WHO AIDS (1992) series number ten states that in many developing countries more than half the population is below the age of 25 years? In many countries, over 2/3 of the adolescents ages 15-19 male and female have had sexual intercourses.

In addition, the adolescent and those above the teenage age to 24 years account for a disproportionate share of the increase in reported cases of syphilis and gonorrhea worldwide. It is sympathetic that 1/5 of the people living with HIV/AIDS are in their 20's.

Lots have been held to eliminate this HIV/AIDS pandemic but unfortunately 'we' continue to die day in day out. I therefore sum up this study by stating that youth must be empowered to take charge of their sexual and reproductive health.

### **1.6 Scope and limitation of the study**

This study covered only one division in Mombasa district hence it was limited to some specified geographical zone. The division the study was conducted on is Island division which definitely represented the other youth in Mombasa district.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

Literature review under this study was done on IV important themes namely:

- I. Voluntary Counseling and Testing and its relevance.
- II. Youth perception on HIV/AIDS.
- III. Youth vulnerability to HIV/AIDS.
- IV. Strategies to increase the youth's use of VCT services.

#### **2.1 Voluntary Counseling and Testing**

A quite number of organizations have joined hands to view the concept of VCT. NGO's have found it an effective tool in the elimination or rather reduction of the 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 called AIDS."

UNAIPS (2000) adds that, "VCT is the process of which an individual undergoes counseling to enable him or her to make informed choice about being tested for HIV."

VCT is thus very important component to ensure completeness of services in the field bearing in mind that all the people who are infected and affected require a lot of psychological, social and even physical support to be able to cope with the situation. VCT is characterized by interactive and has a sense of security. It only comes into existence by mutual consent only, no compulsion because no person can be compelled to receive help.

VCT is based on the assumption that man is socialized; hence he should be willing to seek counseling and testing services. The consultative technical meeting on VCT by Kemri and university of Nairobi (2000) observed, "VCT has been identifying as a tool for HIV/AIDS prevention and care."

VCT can also help HIV positive people to mitigate the impact of HIV lives and the

lives of their dependants by avoiding loved the ones, make informed family planning decisions, plan for the future, reduce stigma and increase awareness of the disease at a personal level.

The youngsters who will be diagnosed to be positive can reform on their behavior and sustain their status. Such youth can also counsel their fellow friends and people who are close to them such as family members, relatives and even the whole society if to say so. When this youth is perfectly sure of his/her status, he can plan for the future and enjoy unprotected sex with a known HIV negative and faithful partner.

## **2.2 The Youth perception of HIV/AIDS**

According to the Kenya demographic survey population council (1998) they stated that," the youth perceive themselves to be at no risk of HIV/AIDS. The organization conducted a research on the adolescents all over the country and established their perception on the risk of contaminating with HIV/AIDS. The analysis which was obtained was that 84% of the boys and 80% of the girls perceived themselves to be at no risk or rather at minimal risk of getting HIV/AIDS.

When these adolescent were interviewed more than half of them at the age of 16 were already active. The survey also illustrated that more than half of these adolescents were engaged on unprotected sex and were definitely at high risk of contaminating HIV/AIDS.

Arthur Obel (1995) A Kenyan professor who came up with the research of Anti-retrial virus (ARV) and was forwarded to the USA for further research stated that," the youth are arrogant and do not want to change their sexual behavior. They believe that dying with HIV/AIDS is like dying through an accident or rather sickness." Majority of the youth believe that HIV/AIDS is a disease meant for human beings like any other diseases so there is no way one can avoid it.

## **2.3 Youth Vulnerability to HIV/AIDS**

Vulnerability is something weak, badly protected and are open to attack,

criticisms or misfortune.

It can also mean anything which can easily be influenced or led astray because they are lacking wisdom or experience. Some of the factors which enable the youth to be vulnerable to HIV/AIDS are as follows:

### **2.3.1 Drug Abuse**

Drug's and substance abuse is a global problem which has attracted premium attention from government securities and surveillance agencies.

Plant(1993) says that, " extensive literature indicates that in many societies sexual behaviors are interwoven with the use of the mind altering drugs and that in the societies where alcohol is legally available, bar rooms, hotels and other licensed premises are popular places for seeking sexual partners." This clearly tells us that there is a clear connection between consumers of alcohol or rather alcoholics and unprotected sex.

A large number of youths tend to engage in unprotected sex when under the influence of alcohol. You find that such an individual might not have indulged himself /herself in such an activity but because of the influence of the alcohol he/she does it unconsciously.

According to Spencer (1996:45) he stated that," HIV/AIDS infection appears to be more prevalent among women who use cocaine as they are likely to engage in risky behaviors like prostitution and unprotected sex intercourse with men who inject drugs than women who do not use cocaine."

### **2.3.2 Lack of Information**

A large number of adolescents are outdated. This means that they lack or rather are not informed on the risk of HIV/AIDS. These youths they even don't know how to use condoms; they just assume that it's rolling the rubber on the rode if that is.

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

Sectra (2002) asserts that," 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 on how to protect themselves from diseases."

In addition, WHO, UNAIDS and UNICEF states 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.

In families that they have been infected with HIV/AIDS, it can be especially useful with very young children as adults often have a hard time conveying the appropriate message to them. The CCATH engages such an approach by helping families in Kenya and Uganda cope with the pandemic by training older children and parents or guardians to be able to care appropriately for the younger children through emotional support and constructive, creative, educational and fun activities.

The NACWOLA in Nigeria even has a 'drop in playground' that provides a friendly atmosphere for HIV infected children, as well as support for local children's home with a high rate of HIV.

By 1996 in Uganda, over 10 percent of children fewer than 15 had lost one or both parents. Without the parental support, children have to rely more on each other and thus the importance of correct information to spread from one to the other is tantamount. This is compounded by the fact that school attendance drops as children need to care for their family, which again cuts off another important source of support and information.

### **2.3.3 Mass Media**

Mass media is a medium of communication reaching large number of youth especially in urban regions. With telecommunication and data communication revolutions has been the evolution of the world as a "global village."

It is believed by some that the individual media tend to reinforce personnel view rather than the convert people to other views.

Audio visual devices are a vital element which can be widely be used to educate



the youth. These include pictures, posters, charts, models, mock-ups, slides, filmstrips, and videos. Tape recorders can also be used extensively in some moderate teachings.

None the less, the changing communications media have proven to have long-term effects, which bring subtle but very important changes to view and perception of the youths.

#### **2.3.4 Peer Pressure**

According to Kemri (2001) he contends that," In Uganda most report that peer pressure them to prove that it is not enough to get her to fall in love with you, you must be able to show your friends that you slept with her."

In addition, Tonks (1996) states that, "Social pressure is the most common reason adolescents give for entering into sexual activity rather than delaying it."

As such, a youth will compete desperately for almost anything that will give him prestige in the eyes of the peers. If by any change he feels not fully accepted, he feels socially insecure and lacking in self confidence. The youth will be forced by his inner feelings to maintain her status in the group and the group member to accept him whatever may.

Furthermore, Millstein (1996:78) says that," peer being to serves as credible sources of information, role models of new social behaviors, social reinforcement and bridges to alternative lifestyles."

#### **2.4.0 Strategies to increase the youth's use of VCT services.**

In order for the government and NGO's or rather private organization's to attract the youths to VCT centers they should have some strategies which they have to implement for the youth to be visiting these centers. To begin with:

##### **2.4.1 Councilors**

VCT counselors should be absolutely confidential, should at least have been trained on the sessions which and how they should conduct them, they should be at least of a considerable age of which the youth can listen to and they should have the language of counseling.

NASCOP (2001:40) indicates 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 invited in Uganda and were asked whether there is something different about 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 to youth.

Youth lens July(2002) argues," counseling youth people about HIV testing is challenging as one is expected to be non-judgment, to establish rapport, to instill hope in the youth 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.

#### **2.4.2 Confidentiality at the VCT centers.**

Confidentiality is a situation which indicates private intimacy; inclined to impart confidences, confiding. This is something very important for HIV/AIDS management.

NASCOP (1999) defines confidentiality as," when personnel information about clients whether obtained directly or indirectly is not revealed without the clients permission."

UNAIDS(1999) states that,' 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."

Counselors should therefore adhere to strictly confidentiality without revealing any of their clients' information.

#### **2.4.3 Youth's involvement in VCT centers.**

Monitoring and evaluation of VCT centers should be conducted by the youths. This can be done through youth mobilization of fellow youth's to attain or rather visit VCT centers.

Boswell (2002:24) states that," the youth should be involved in designing,

developing and promoting VCT services so that they are relevant and acceptable."

For the VCT centers to be effective there should be fully participation of youth and the NGO's workmates.

#### **2.4.4 The special needs of the youth**

A lot should be addressed to the youth so that the youth will be versed with HIV/AIDS information. Young individuals have special education needs, others have homosexual tendencies, and others are in the military personnel.

There is need to address STDs, contraceptives and overcoming barriers to ensure safe and effective use. The youth have sexual and intimate relationships, family relationship. 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.

It will be therefore appropriate if the counselor addresses such needs to the youth. The youth will have a clear understanding to the reason as to why people get infected.

#### **2.5.0 Theoretical framework**

The researcher used a number of theories as a guide to the study.

##### **2.5.1 The theory of Reasoned Action**

This theory was advocated by Azen Fishbein in 1980. It stated that men act to achieve their intentions, purpose, aims, ends, objectives and goals. In doing so, men will exercise or will judge, 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 individuals 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 the reasoned action is very relevant to the youth in relation to HIV/Aids in the sense that attitudes towards sexual behavior and evaluations of

those consequences. This theory emphasizes that if there is going to be change in fight against HIV/Aids then:

- a) The youth have to be informed about, how HIV/Aids are transmitted and how this can be prevented. The youth have to be motivated to reduce HIV/Aids risk, which is influenced by social norms, beliefs and personal experiences with someone who has contracted HIV/Aids.
- b) There is need to improve the youth behavioral skills if the HIV/Aids risk is to be reduced and this includes being able to communicate effectively and assertively with their partners as well as being able to utilize protective strategies and avoid high risks.

It is obvious that if the youth can reason, know the consequences of HIV/Aids then the risk of HIV/Aids will be reduced.

### **2.5.2 The theory of classical conditioning/ Pavlovian conditioning**

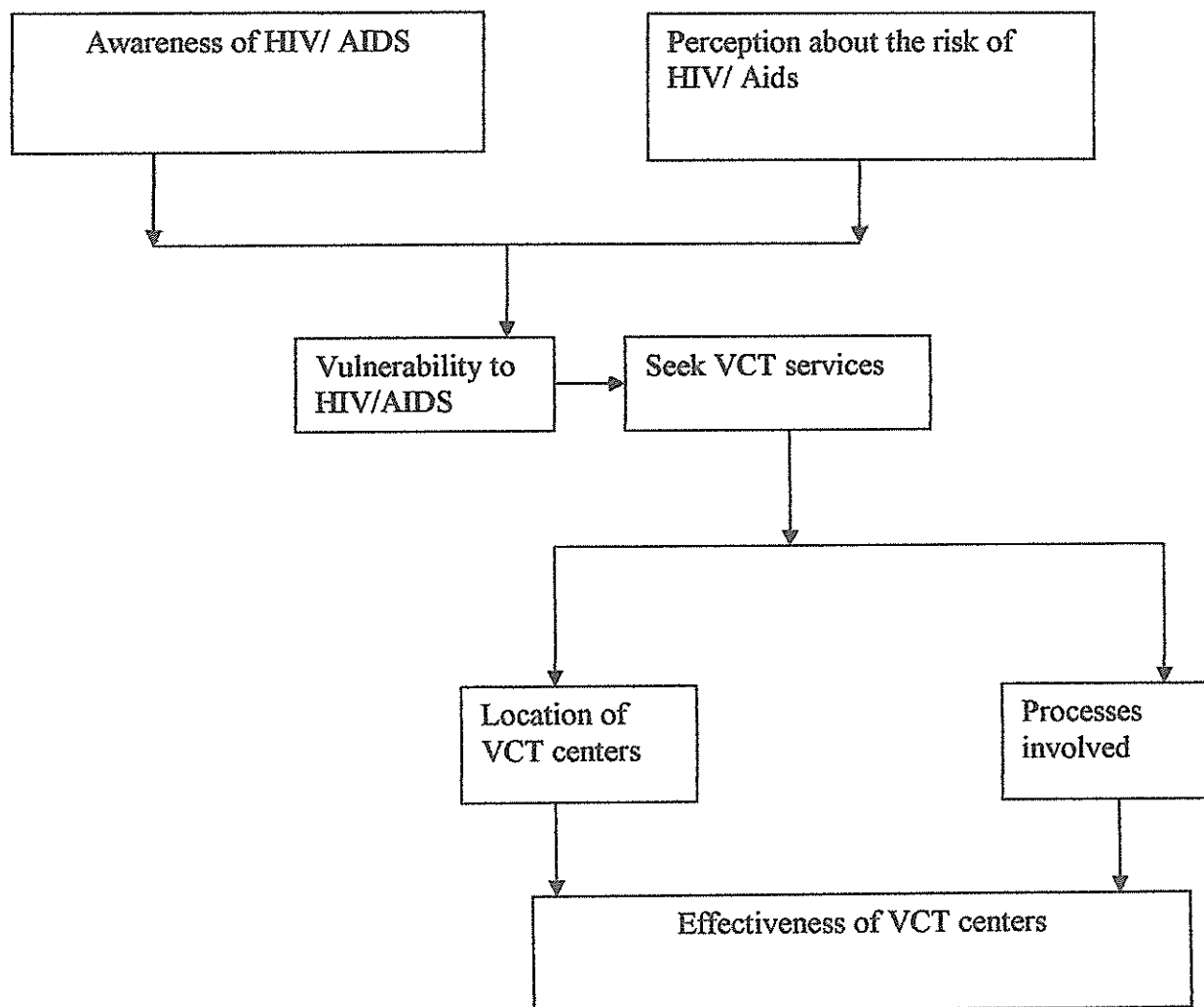
The theory was introduced by a Russian physiologist who won a Nobel price on physiology in 1904 for his research on digestion. It states that an organism learns new association between two stimuli that have been paired to each other- a neutral stimulus(conditioned stimulus) and one that initially evokes a reflexive response(the unconditioned stimulus). The organism displays this association by responding in a new way (the conditioned response) to the conditioned stimulus. The theory of Pavlovian is of more importance in modeling the youths so that they can protect themselves against the pandemic of HIV/Aids. In addition, classical conditioning prepares an individual for likely events. For instance, when the youth feels like fornicating or the married youth feels like committing adultery, the conditioned stimulus will automatic trigger their mind and they will feel unease, uncomfortable and even scared. They will therefore find it difficult to indulge themselves in the act.

- a) The youth have to be informed about HIV/Aids and how the pandemic is transmitted.
- b) There is a great need to introduce a neurological stimulus excites a specific area of the brain. It is therefore relevant to introduce a stimulus which is going to trigger the minds of the youth before indulging in sexual

intercourse. This will make the youth to be frightened and avoid indulging themselves in the act.

c) There is need for educating the youths the causes of behavior so that they can look at the environment modeling their behavior and their own history and adjust to the required norms and values of their society.

## 2.6.0 Conceptual framework



### 2.6.1 Hypothesis

Under this study, the hypothesis applied includes;

Hypothesis 1: The youth perceives themselves to be at risk of HIV/AIDS hence VCT services.

Hypothesis II. The process at the VCT centers affects the responsiveness of the youth towards VCT.

**Table I Showing Independent, dependent variables and study Indicators for hypothesis I**

Hypothesis I	Independent variable	Dependent variable	Indicator
The youth perceive themselves at risk of HIV/Aids hence seeking VCT services	VCT services	Youth perception	Sexual partners. Danger of contracting HIV. HIV testing. Where HIV testing will be done.

Source: Primary Data

**Table II Showing Independent, dependent variables and study Indicators for Hypothesis II**

Hypothesis II	Independent variable	Dependent variable	Indicator
The process at the VCT centers affect the responsiveness of the youth towards VCT services	Youth responsiveness to VCT	VCT process	Rating the counselor. HIV testing. HIV testing. Where it will be conducted.

Source: Primary Data.

## **Definitions of Key concepts and variables.**

### **i) Voluntary counseling and testing**

It is said to be the process by which out of ones own volition, and individuals finds out whether or not he is infected with HIV virus or not.

After one comes to know of his or her results, an individual will therefore be able to cope with his or her current situations.

### **ii) The process of VCT**

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

### **iii) Counseling**

It is a form of communication both verbal and non verbal directed towards supporting someone to take action and to make decisions necessary to help him cope with life. Therefore the counselor will be forced to make up his mind whether the individual is ready to undergo counseling.

### **iv) Characteristics of the counselor**

This includes: age of the counselor, gender, sex, his or her level of training and language of the counselor.

### **v) The youth**

Under this context the youth includes people who are at the age bracket of 17 to 24 years.

### **vi) Perceive**

It's the feeling, understanding and concern of an individual. In this study, it will be used to understand whether the youth felt or saw themselves at the risk of HIV/AIDS which made them seek VCT services.

### **vii) Risk**

It means putting oneself in danger or taking chances. This study will find out whether the youth are aware of the dangers of contracting with the pandemic HIV/Aids.

### **Viii) Effectiveness**

This refers to whether an activity is worthwhile or not. In this study, it will check whether the current VCT centers were worthwhile in this fight against HIV/Aids



among the youth and what could be done to make them better.

**ix) Location**

It is simple a place. The researcher in this context will focus onto whether the distance from the VCT centers to the next affects their responsiveness.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This research highlights the methodology that was used in the study. It was a social survey that was conducted in Mombasa district among the youth. The research was conducted among the age bracket of 17-24 years since they are now categorized as adults.

#### **3.1 Site Description**

The study was conducted in Mombasa district. Mombasa is said to be the smallest of the 7 districts in the province, covering an area of 229.6km (excluding 65km<sup>2</sup> of water mass.)

Mombasa district is situated in the southern eastern part of coast province. It is divided into four divisions, which are sub-divided into 18 locations and 30 sub locations. The district has four constituencies and twenty five municipal wards.

According to the 1999 Kenya government population census, Mombasa district has a resident population of 856,209 persons which accounts to one million during the day. The sex ratio is 121:100 male to female respectively. 38% of the population is under 18 years which amounts to 323,467.

The district is divided into four divisions, which are sub divided into 18 locations and 30 sub locations as shown in the table below. The district has four constituencies and twenty five municipal wards.

The district is endowed with different economic and social activities such as: Tourism trade and industry, agriculture and land development sector, physical infrastructures such as airport services, ferry services, Kenya railway and postal services. School and tertiary college exists where the youth attend.

#### **3.2 Site selection**

Mombasa district is a cosmopolitan city with large number of government offices, business premises, industrial centers and colleges as well. There are an influx

number of people who visit the district due to various reasons such as: search for work, tourism, business premises and also study. Such incidence has really made the district population to increase. It will be therefore imperative for the researcher who purposely selected the district to see how the youth focus on the study of HIV/AIDS and what precautions are they likely to take for its reduction.

The district is very convenient for the researcher in terms of accessibility and financial constraints. The study is meant to concentrate on only one division that is Island division. Island division was purposely selected because there is a large mass of people who flock during the morning hours and as well as at night. There are many activities which take place in the region such as foreign and local tourists, transportation of agricultural produce in and out of the island and as well as the out goers who will fit in the clubs.

It is therefore important to see how the youth perceive HIV/AIDS. The researcher was also endower to carry this survey because the number of patients on ARV increased by 20% from 5142 last year but one to 6743. (2005/2006) this indicates that there is a large number of people who have not yet visited the VCT centers and majority of them are the youths.

### **3.3 Unit of Analysis**

In this study, the youths are said to be the unit of analysis. It is definitely that a larger number of the youth are sexually active and vulnerable to HIV/AIDS hence it is necessary to be informed how they perceive HIV/AIDS. The study tried to find out how the existing VCT centers 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 simply random and non random probability sampling techniques so as to select a representative sample. The researcher decided to select one division named Island division. The respondents selected different centers of which data would be collected. The respondents selected the analysis from VCT centers, colleges, polytechnic and the so called 'bases.'

### **3.5.0 Data collection methods and research instruments.**

According to the research which was conducted, it utilized primary, secondary and observation methods of data collection.

#### **3.5.1 Primary Data collection**

Under primary data collection, the researcher would use both qualitative and quantitative research methods which include:

##### **a) Structured interview**

Here, the researcher used closed and open ended questionnaires so as to obtain versed information from the youth. The information was obtained observe how the youth perceive HIV/AIDS and VCT centers, the areas whereby /of which VCT centers are located and how they affect the youth.

##### **b) Unstructured interviews**

The unstructured interview was administered by 5 informants who included 3 VCT counselors and two health workers. These informants were very useful to the research because they were the ones who guided me on how to conduct these interviews. For example: as for the counselor they are the ones who met the youth and conducted counseling sessions with them.

Such interviews enabled all the congregates to air their views because all are free to talk what they think its right for them.

#### **3.5.2 Secondary Data**

Commonly obtained from books, pamphlets, journals and magazines. These materials commonly contain materials on HIV/AIDS and the role of councilors in VCTs, the precautions counselors should talk before and after counseling sessions, services rendered in VCT centers and how the youths continue to be affected by the scourge of HIV/AIDS and the importance of VCTs in enhancing one's positive feeling.

#### **3.5.3 Observation**

The researcher spent two weeks at the VCT centers. This definitely enabled the researcher to clearly observe the youths as they sought the VCT services.

Majority of the youngsters are seen restless, impatient and in need of an immediate test and results. The researcher observed that those who tested HIV positive, they seemed helpless and needed follow-up counseling.

### **3.6.0 Data Analysis**

Qualitative Data was coded and analyzed with the use of statistical package for social science programmed. The data was analyzed through the use of frequency distribution tables.

Qualitative data consisted of respondents' views and opinions. This was analyzed through inferential statistics where the researcher tested the truth or falsified the hypothesis. The frequency distribution table was also used to confirm some relationships between the different set of variables and thus supporting what was given.

### **3.7.0 Problems experienced in the field**

In the course of the study, I experienced a lot of problems. While conducting the research, some of the respondents were demanding money in order for them cooperate. A lot of the youth expected me to offer them with at least lunch because they were of the idea that I was working for a particular organization.

Traveling was also a problem since the research involved a lot of traveling around the Island; it is definitely that not only was it time consuming but also very expensive. A number of the convinced fellows were demoralized. I had to therefore take the initiative of counseling them. Others were hesitating to cooperate since they were of the idea that I wanted to know their sexual behavior. However, the researcher really strived for the project succession to ensure that it is of high quality, reliable and valid.

## CHAPTER FOUR

### DATA PRESENTATION AND ANALYSIS

#### 4.0 Introduction

This chapter highlights the findings and analysis of the field data for the study.

#### 4.1.0 Social and demographic characteristic of the youth

##### 4.1.1 Gender, age and marital status

The researcher found out that majority of the respondents were male than female. Out of whom 58% of the respondents were male while 42% were female. The study also found out that 64% of the youth were single while 36% of them were married. It is obviously that majority of them were; it is definitely that majority of them are prone to HIV/Aids since they are highly sexually active. The researcher found it necessary to acquire the perception on HIV/Aids.

**Table 1. Showing Gender, Age and Marital status**

	Sex		Marital Status		Age		
	Male	Female	Married	Single	16-18	19-21	22-24
No. of Frequencies	52	28	24	56	15	25	40
% Percentages	58	42	36	64	18.75	31.25	50

Source: Primary Data

##### 4.1.2 Religion and education

The researcher found out that 86% of the respondents were Muslims while 10% were Christians and 4% were Hindus and other religions. It also showed that 39% of the respondents had attained college education while 43% had done their secondary education. It appeared that majority of the youth lacked proper education thus failure to understand as to why they should visit VCT centers.

Due to lack of qualification among the youth and the local residents you find that Mombasa district has a poverty incidence of 44% with an estimated 381,370 person living below the poverty line. The poverty incidence in Island division is said to be 34% while the poverty gap is 11%.

**Table II. Showing Religion and Education level**

Religion				Education		
	Muslims	Christians	Hindus/Others	Primary	Secondary	Tertiary.
No. of Frequencies	80	8	3	13	40	38
% Percentages	87.91	8.79	3.29	14.28	43.95	41.75

Source: Primary Data

It is obviously that most of the youths are likely to be idle and to involve themselves in activities which are not acknowledged by the society such as drug abuse. Drug abuse includes: alcoholism, smoking of marijuana (cannabis sativa) and chewing of khat influences a lot of people to be involved in irresponsible sexual intercourse. This will definitely put them at great risk of acquiring HIV/Aids.

When the female are left jobless, they will be involved in promiscuity for their upkeep which will also put them at risk of acquiring HIV/Aids.

#### **4.2.0 Youth perception about HIV/Aids.**

The researcher found it to be necessary to evaluate the youth's perception towards the pandemic HIV/Aids. From the study all the respondents were aware of the existence of the pandemic HIV/Aids. It is assumed that they had seen sick people, heard of them who were thought to be suffering from the disease or rather knew people who died of the dreaded disease.

#### 4.2.1 Transmission of HIV/Aids

Many causes are said to transmit HIV/Aids. Among them include contaminated needles, blood transfusion, and sexual intercourse to name but a few. Sexual relationship is said to be the major cause because you will find that a large number of the youth are involved in multiple relationships. Majority of the youth who are involved in sexual relationships came into a consensus that this is the major reason as to how people contract HIV/Aids. The respondents gave different reasons as to why they contract HIV/Aids. The reasons include lack of trust from each other, sexual intercourse without the use of any protection, multiple partners and many others.

#### 4.2.2 Personal views on HIV/Aids.

As observed in the literature review, the youth felt at no risk of contracting HIV/Aids. The youth believed that the disease is just as any other disease and is meant for the human race.

The table summarizes the youth's personal views on HIV/Aids.

**Table III. Showing Personal view on HIV/Aids**

Personal view on HIV/Aids	Great existence	Minimal extent	Less or not in danger at all
Frequency	21	43	18
Percentage	19.2	44	16.8

Source: Primary Data

The study showed that 44% of the respondents believed that their chances of contaminating HIV/Aids were minimal while 21% felt that they were at risk to contaminate the pandemic HIV/Aids. 18% of the youth felt that they weren't in danger at all of contaminating the disease.

Therefore it appeared that majority of the youth had not yet clearly internalized the serious of HIV/Aids, as the youth didn't view HIV/Aids as a great danger.



### 4.2.3 Individual 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 deadly disease. An individual can protect himself from HIV/Aids through the use of A, B, C which refers to abstinence, being faithful and use of condoms.

The study observed that 86% of the youth were taking measures to protect themselves from HIV/Aids. The measures undertaken by individuals who were willing to protect themselves are summarized on the table as follows:

**Table IV. Showing Individual protection on HIV/Aids**

Measures taken against HIV/Aids	Faithfulness	abstinence	Use of condoms
Frequency	33	40	10
Percentage	34	45	12

Source: Primary Data

From the research 34% of the respondents were established to be faithful to one partner which can be violated by the other partner if he/she so wishes. 45 of the respondents are said to be abstaining from sex since they are pious muslims and abide by the Islamic Sharia law. Only 12% of the respondents are fond to use condoms which don't guarantee 99% safe sex. You will find that it is a small number of the youth who prefer using condoms because the others argue that you can not eat a banana with its peel.

### 4.3.0 VCT centers

A VCT center is a place of which guiding, counseling and testing of HIV/Aids takes place. It is the only place so far that an individual can know his or her HIV/Aids status. It is an obligation of the counselor to observe total confidentiality for him to acquire more counseling sessions. VCT centers must be conducted at

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

The study observed that majority of the youth was aware of the existence of VCT centers. 48% of the youth had been updated with the incidence of testing while 32% were aware that they conducted counseling sessions before and after testing. 14% of the youth were completely out dated on the existence of the VCT centers.

#### **4.3.1 The process at the VCT centers**

The process at the VCT centers involved pre-test counseling, post test counseling and follow ups counseling. Pre test counseling is the counseling sessions conducted before the HIV/Aids screening or rather test is done. Immediately after the results are out, whether positive or negative, the counselor has to conduct a post-test counseling. This is done so as to prepare the youth/client psychologically so that the individual can not be psychological traumatized. Follow up counseling is commonly done to establish link between the client and the counselor so as to assist him in his future life.

#### **4.3.2 HIV/Aids testing**

It is very important for individuals to know there HIV/Aids status because it enables one to plan for the future life. Even if an individual tested positive, it doesn't mean that it is the end of everything.

A HIV/Aids negative tested individual has a greater chance to change his life and behavior to avoid infection. A positive tested individual can be put on anti-retroviral therapy with the aim of prolonging his life. He can make a choice of getting himself a positive living partner and avoid the spread of the virus through uprooted sexual intercourse.

#### **4.3.3 Counseling in the VCT centers**

The study found it necessary to consider whether the youth received any counseling at the VCT centers and to determine whether they were ready for HIV/Aids test.

The study observed that 14% of the youth had been in for HIV/Aids tests which it had been undergone on private clinics. This elaborated that the individuals who were tested in clinics were not counseled before the test. The researcher also observed that 26% of the youth had undergone the process of VCT which they were counseled on how to prevent themselves from HIV/Aids, how to cope with the test result, how to take care of oneself, to be prepared psychologically and so on and so forth.

The study observed that counselors at the VCT centers were well trained and qualified to conduct the counseling sessions. Majority of the youth when asked hoe they rated the counselors, they stated that they were happy with their services.

#### **4.4.0 Distance of the VCT centers**

The researcher wanted to find out whether the distance of the VCT centers and where the youths mostly spent their time affects their accessibility. The study observed that most of the VCT centers were allocated near or within hospitals, NGO's and private organizations which were mainly dominated at the town centers. This definitely despised the youth from visiting the VCT centers due to the fear that people might assume that they are already infected with HIV/Aids.

The researcher observed that most of the VCT centers were allocated at the appropriate places. It is therefore clear that failure of the youth to visit VCT centers isn't because of the distance but due to their ignorance.

The government is on the wheel to built as many as possible VCT centers and to increase the numbers of the HIV test kits compared to the ones supplied on the previous years.

#### **4.5.0 Reluctance of the youth to seek VCT services.**

The study observed that a number of reasons made the youths to b reluctant not to visit or rather to seek VCT services. Among them include;

#### **4.5.1 Fear**

Fear is the lack of courage to undertake any responsibility. The study observed that 55% of the youth were reluctant to seek VCT services due to fear. Majority of the youth preferred to be green about their status than be subjected to the stigma and discrimination that they saw their friends and relatives undergo through.

The counselor 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 Financial crises**

The study observed earlier that a large number of the youths were unemployed hence this hinders them from attending VCT center. They can not afford even to pay for the governmental minimum charges for acquiring a VCT card. The researcher observed that if the VCT centers were located from the regions the youths spent, they will hardly visit them/ attain to the services.

#### **4.6.0 Hypothesis testing**

This context deals with the testing of the hypothesis envisaged in the study as follows:

The youth perceive themselves at the risk of HIV/Aids hence seek VCT services. The process at the VCT centers affects the responsiveness of the youth towards VCT.

The research attempts to find out whether the hypothesis of the study is rejected or not basing on the finding of the study. Measures of association were used to establish whether relationship existed among the variables of the study.

#### **4.6.1 Hypothesis 1: The youth perceive themselves at a risk of HIV/Aids hence seek VCT services.**

This hypothesis was analysed by identifying the independent and dependent variables together with the indicators that were later put on the table.

**Table V. Showing the Independent and Dependent variables in Hypothesis I**

Hypothesis	Independent variables	Dependent variables	Indicator
The youth perceive themselves at the risk of HIV/Aids hence seek VCT services.	VCT services	Youth perception	-sexual partners -dangers of contracting HIV/Aids - HIV/Aids testing -where HIV/Aids test has been done.

Source: Primary Data

Different indicators were broken down to check whether, when one had a high number of sexual partners, he/she perceived the risk of HIV/Aids and whether this made him/her to go for VCT services. It was also useful to find out whether these youth would prefer to be tested for HIV/Aids as shown below.

#### **4.6.1.1 Awareness of HIV/Aids status through testing by intensity of sexual involvement.**

The intensity of the sexual involvement of the youth was categorized as low, moderate and high. Those with 0-3 sexual partners were categorized as low; those with 4-7 sexual partners were referred to as moderate while those with 8-11 partners were referred to as high.

HIV/Aids awareness through HIV/Aids testing was categorized either as Yes or No and this were put under the table as shown.

**Table VI. Showing Awareness of HIV/Aids status through testing of sexual involvement**

Intensity of sexual involvement	Awareness of HIV/Aids status through testing		Totals
	Yes	No	
Low	22	13	35
Moderate	20	8	28
High	11	6	17
Total	53	27	80

Source: Primary Data

#### 4.6.1.2 Intensity in Sex Involvement by the place where the Youth would prefer to be tested for HIV.

**Table VII. Showing 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 tests done			Total
	VCT Centers	Government health Centers	Private Labs& Clinics	
Low	12	8	3	23
Moderate	10	2	15	27
High	4	4	24	30
Total	24	14	42	80

Source: Primary Data

The table indicates that most of the youths would prefer to be tested at private laboratory and clinics because the services are going to be confidential and no one would be aware their reason for the visit.

#### 4.6.2 Hypothesis II. The process at the VCT centers affects the youth Responsiveness towards VCT services.

Hypothesis II states that, "the process at the VCT centers affects the responsiveness of the youth towards VCT services. The following variables were tested as tabulated below.

**Table VIII. Showing the Independent and dependent variables for hypothesis II**

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

Source: Primary Data

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

#### 4.6.2.1 Rating the Counselor by the services offered at the VCT centers

**Table IX. Rating the Counselor by where ones HIV/Aids status was known.**

Rating the counselor	Where ones HIV status was known			Total
	VCT Centers	Government Health Centers	Private Labs and Clinics	
Good	24	4	6	34
Satisfactory	16	3	5	24
Fairly well	12	5	5	22
Total	52	12	16	80

Source: Primary Data

The table indicates that majority of the youths would prefer to be tested in a VCT center. Reason behind this is that, good counselors take the youth through pre-test counseling, post counseling and follow-up counseling.

#### 4.6.2.2 Rating the counselor by the services offered at the VCT centers.

**Table X. Rating the counselor by the services offered at the VCT centers.**

Rating the counselor	Services offered at the VCT centers			Total
	Counseling	Testing	Both counseling and testing	
Good	14	13	20	47
Satisfactory	3	5	12	20
Fairly well	2	6	5	13
Total	19	24	37	80

Source: Primary Data



The test indicated that the counselors carried out their services well since most of the youth were able to differentiate between counseling and testing. The counselor who were rated as "good" elaborated all what was requires to their client's satisfactory.

#### 4.6.2.3 Rating the counselor by the youth seeking VCT services.

**Table XI. Rating the counselor by the youth seeking VCT services**

Rating the counselor	Whether the youth sought services		Total
	Yes	No	
Good	29	11	40
Satisfactory	14	9	23
Fairly well	10	7	17
Total	53	27	80

Source: Primary Data

There was a relationship between the capacity of the counselor and the youth seeking VCT services as those tested would definitely spread the good news about the profession of the counselor. Obviously, this will motivate others to seek the services as explained by the table.

From the table it indicates that there was a strong relationship between the indicators tested meaning this hypothesis was not rejected. It clearly showed that the process at the VCT center affected the responsiveness of the youth towards VCT services. However, being tested for HIV/Aids is not enough, it is better to have sustained moral behavior as the researcher has observed that even after undergoing the test; the youth were still involved in multiple sexual relationships.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATION**

#### **5.0 Introduction.**

This chapter summarizes the key findings and recommendation arrived at based on the expected situation as understood from the literature review and the actual research findings.

The main purpose of this research was to analyze the effectiveness of VCT among the youth in the fight against HIV/AIDS.

#### **5.1 Conclusion.**

##### **5.1.1 Perception of the youth about their HIV/AIDS status and VCT services.**

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

However, the study found many of those interviewed had been in sexual relationship ranging from 1-4 partners. Yet they still believed that they could not contract HIV/AIDS because they were faithful and trusted their partners. It is therefore, clear that most youths dint view HIV/AIDS as a great danger. It is also clear by the fact that the study found a small percentage of these interviewed who were sexually active used condoms or a measure to protect themselves from HIV/AIDS hence they continued to expose themselves to the risk HIV/AIDS by having unprotected sex.

Although the study found out that many of the youth knew about HIV/AIDS and VCT and they had gone for VCT services, majority of the youths were afraid to cope with bad news of being HIV positive.

The study also found that though the youth attend the VCT centers they were still involved in sexual relationships.

## **5.2 VCT Process.**

Majority of the counselor play more than one role. This is to mean that there are various duties which they perform apart from counseling at the VCT centers. They might be working in NGO's, health centers and even nurses. The study observed that the youth expected the counseling session to belong but unfortunately the counselor had limited time to attend to them.

Some youths were discouraged by the long queues and were forced to go away because they also had other things to do. Others having been prepared to be tested in a particular day were given an appointment to come on another day, which could be discouraging because they had already set their minds to be tested.

The counselor interviewed after attending the youth indicated that the youth were impatient, nervous and only wanted an immediate test. The process of counseling to them was a waste of time; they just preferred being tested and given their results.

The counselor also witnessed some problems among them includes; communication behavior. So clients were completely green when it came to Kiswahili and English. They were doing the test just for a traveling permit to go to broad. Some even collapsed and others caused chaos when they were informed that their status was HIV positive

Post test clubs hardly exist; hence it becomes difficult where the youth can be referred to once they have tested HIV/AIDS, bearing in mind that the study found the youth to have poor copying ability lies with bad news. Such test clubs would be vital for support.

### **5.3 Counselor characteristics and their influence on HIV/AIDS Testing.**

According to the youths interviewed, they stated that the counselors who were conducting VCT were of old age similar to their older brothers and even their parents. The when the youths conveyed this message to his companion or rather fellow youth, they got discouraged and even scared to visit the VCT centers. Reason behind this is that they were afraid that the counselor could share their sex life with their parents.

It is therefore obvious that most youths at the VCT centers did not open up to the counselors. Most of the counselor felt inadequate when handling the youth's issues due to the fact that the youths were mostly preserved on issues concerning their sexual lives.

Most of the youths used sheng' (slang) languages, which made it very difficult for the counselors to understand. The youths preferred other youths like them as counselors. Many indicated that they like the same sex counselors. Although the youth indicated that the counselors are competent in their work, it seemed clearly from the study that they preferred them to undergo further training. The counselor also confirmed that further training would enable them to deal with the youth's issues effectively and efficiently.

### **5.4 Location of the VCT centers.**

VCT centers need to be checked in order to attract the youth. The study found out majority of the VCT centers were located at health centers which prevented the youths from visiting the VCTs. They viewed those watching them as judgmental on their sexual behavior. The VCT center at Tononoka is located opposite a hall, which is commonly used as a church and near an estate and a police, barracks. The youth will definitely find it difficult to access these VCT services due to fear of being watched by their parents, church elders or even policemen.

The VCT at Coast General is located inside the hospital whereby Coast General provincial hospital is the biggest public hospital in coast province. The youth will definitely find it difficult to access these services due to other people (societal) perception on their life.

At the same time the current VCT centers are not youth's friends they do not have facilities for the youths like games etc.

These facilities might be very important in VCT centers because as the youths visit VCT centers for different activities which are conducted there, they can also undergo HIV/AIDS tests.

However, the study observed/found out that, it is not the distance that hindered the youths to visit VCT center; it is because that most of the youths were ignorant and afraid of their status to be known by others. In addition, unemployment also catered for their lack of morality to visit the VCT centers due to lack of money to pay for the subscription fees and transport to the VCT centers.

#### **5.4 Recommendations.**

This study finding suggests a number of strategies that can be put into consideration so that VCT can be more effective relate primarily to the youth.

Counseling should be upheld as a professional career where the counselors are recognized by the government and be well remunerated to cope with diverse needs of the youth. The counselors should be well trained to be able to cope with the impatient and scared (in fear) youths. The youth's should be fully involved in VCT. They should be the key element on VCT's. They should therefore undergo full counseling training as VCT counselors so that they can encourage other youths to seek VCT services.

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

The existing VCT centers 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.

It is very relevant to set up and encourage the existing post test clubs where the youth both affected and infected can give each other support.

HIV/AIDS positive youths should be used in the campaign against HIV/AIDS. This will help to reduce the stigma and discrimination associated/linked with HIV/AIDS.

At the same time, when HIV/AIDS positive youths are used, the other youth engaging in sexual immorality can learn from them and in the process change their behaviors.

The youth's 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 general.

VCT centers should be set apart from the main health centers as 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 VCT as far as the life of an individual is concerned through the use of mass media, billboards, and mosques and so on and so forth. 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 peer and media sexual abstinence should be encouraged to reduce the risk of HIV/AIDS.

It is important to note that seeking one HIV/AIDS status is not enough. Good sexual behavior must be sustained by the youth if the fight against HIV/AIDS is going to be none.

#### **5.5 Potential Areas for further Research.**

The study was mainly conducted under one division whereby Mombasa district is made up of four divisions. There is a great urge to have a study covering other divisions in the district, other districts in the province and as well as other provinces in the country.

It may be worthwhile to undertake studies on VCT centers to check whether if located within the youth institutes, they can be more efficient and effective.

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## **APPENDIX I**

### **QUESTIONNAIRE. (INTERVIEW GUIDE FOR THE ANALYSIS ON THE EFFECTIVENESS OF THE FIGHT AGAINST HIV/AIDS)**

**TOPIC: ANALYSING THE EFFECTIVENESS OF VCT IN THE FIGHT AGAINST  
HIV/AIDS.**

#### **Introduction**

Dear Sir/Madam,

You are kindly requested to participate in this study in analyzing the effectiveness of VCT in the fight against HIV/AIDS. This study is purely for academic reasons and the information provided will be treated with utmost confidentiality and co-operation will be highly appreciated.

#### **SECTION A.**

Background characterization

1. Age
2. Sex
3. Religion
4. Marital status
5. Education qualification
6. Employment status

#### **SECTION B.**

Youth perception on HIV/AIDS

1. Have you heard about HIV/AIDS?

.....

2. How did you come to know about HIV/AIDS?

.....

3. What do you think about HIV/AIDS today?

.....

4. How many sexual partners do you have?

.....

5. Have you felt the fear of contracting HIV/AIDS? Explain why?

.....

6. To what extent do you view yourself to be in danger of contracting HIV/AIDS?  
If yes, explain why?

.....

7. Do you think you are updated about HIV/AIDS?

.....

### SECTION C.

The process at the VCT center

1. Have you ever been tested to know your HIV/AIDS status?

.....

If yes, how many times have you been tested?

.....

2. Where exactly could you prefer taking the HIV/AIDS test?

.....

a) VCT Centers

b) Government health facility

c) Private laboratory

d) Private clinic

e) Any other (specify)

3. Before being tested to know your HIV/AIDS status were you counseled on HIV/AIDS?

.....

4. How do you rate the counselor who counseled you?

.....  
5. Were you counseled at the time of receiving the results?  
.....

6. How did the counselor communicate the results?

- a) Orally
- b) Written on a piece of paper
- c) Told to check on the test kit

7. How far are the VCT centers from where you spend most of your time?  
.....

8. Does this make it difficult for you to access VCT services?  
.....

9. What other factors make it difficult for you to seek VCT services?  
.....

10. In your own opinion, do you think that VCT is an effective tool in the fight against HIV/AIDS?  
.....

## APPENDIX II

### KEY INFORMANT INTERVIEW GUIDE

1. Age
2. Sex
3. Religion
4. Marital Status
5. Post Held.

i) Date of interview?

.....

ii) What is your level of education?

.....

iii) Do you have any qualification in counseling?

.....

iv) How many counseling sessions do you carry out in a day?

.....

v) Which clients' do you prefer conducting counseling sessions with?

- a) Married people.
- b) Those planning to marry.
- c) The youth.
- d) Any others (specific)

vi) What age bracket of the youth do you conduct HIV/Aids sessions with? And what age bracket among the youth do you mainly know their HIV/Aids status?

.....

vii) Are these clients referred to you by some other people or without any referral?

.....

viii) In your own opinion, what are the attitudes of the youth towards VCT services?

.....

viii) Have there been any efforts to increase the awareness of VCT services among the youth?

.....

ix) What are the major factors which hinders the youth from seeking VCT services?

.....

x) What problems do you generally encounter through the process of

counseling?

.....  
xi) Do you think the government is giving you all the support that you need in carrying out your services? If so, why?

.....  
xii) In your own opinion which statement should the counselor take in order for him to gain more attention of the youth to seek VCT services?

.....  
xiii) Which strategies should be put into consideration so as to improve VCT services?

## FACULTY OF SOCIAL SCIENCES

To.....

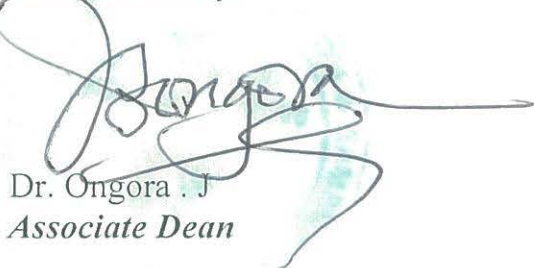
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.....

This is to introduce to you Mr/Miss ABDULREHMAN FAIZ.....  
who is a bonafide student of Kampala International University. He/~~She~~ is  
working on a research project for a dissertation, which is a partial requirement  
for the award of a degree. I here by request you, in the name of the University,  
to accord him/~~her~~ all the necessary assistance he/~~she~~ may require for this  
work.

I have the pleasure of thanking you in advance for your cooperation!

Yours sincerely,



Dr. Ongora . J  
*Associate Dean*