

**KNOWLEDGE, ATTITUDE AND PRACTICES OF MALE TEACHERS TOWARDS
HUMAN IMMUNE VIRUS/VOLUNTARY COUNSELING AND
TESTING IN SCHOOLS IN NAKALAMA
SUBCOUNTY, IGANGA**

By

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**A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF EDUCATION, OPEN
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DECLARATION

I, **AARAKIT BETTY**, declare to the best of my knowledge that this report is my original work and has never been submitted to Kampala International University or any other institution for any academic award or grant and is being submitted with the approval of my supervisor.

Yours

AARAKIT BETTY

Signature 

Date 28/03/2018

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Signature: 

Supervisor 28/03/2018

DEDICATION

This work is dedicated to all members of my family

ACKNOWLEDGEMENT

I do extend my sincere gratitude to my tutors in Kampala International University for their efforts to make me through the course.

Great thanks goes to the secretary Miss Betty A for typesetting this work, I also thank my sister Babirye Rachael for her support within and outside KIU compass.

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To you all and many friends I will always be grateful.

DEFINITIONS OF TERMS

1. Attitude

An attitude is a psychological construct, it is an emotional entity that inheres in, or characterizes a person. They are complex and an acquired state through experiences. It is an individual's predisposed state of mind regarding a value and it is precipitated through a responsive expression toward a person, place, thing, or event.

2. Knowledge

Knowledge is a familiarity, awareness or understanding of someone or something, such as facts, information, descriptions, or skills, which is acquired through experience or education by perceiving, discovering, or learning.

Knowledge can refer to a theoretical or practical understanding of a subject. It can be implicit (as with practical skill or expertise) or explicit (as with the theoretical understanding of a subject); it can be more or less formal or systematic.

3. Practice

Practice is the act of rehearsing a behavior over and over, or engaging in an activity again and again, for the purpose of improving or mastering it, as in the phrase "practice makes perfect".

Sports teams practice to prepare for actual games

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ACRONYMS

DEO	District Education Officer
KIU	Kampala International University
HIV:	Human Immunodeficiency Virus
VCT:	Voluntary Counselling and Testing
VHT:	Village Health Team
AIDS:	Acquired Immunodeficiency Syndrome
MOES:	Ministry of education and sports
MOH:	Ministry of Health
NGO:	Non Government Organization
WHO:	World Health Organization
UDHS:	Uganda Demographic Health Survey
USAID:	United Nations program on HIV/AIDS

ABSTRACT

HIV/VCT services are one of the national strategies that Uganda has been embraced to combat the high spread of HIV/AIDS. In response, the MOES has embraced in schools and further adopted by the local council authorities, Iganga district inclusive.

The purpose of the study was to establish the knowledge, attitudes and practices of male teacher's towards the promotion of VCT services in schools in Nakalama subcounty.

The study employed both qualitative and quantitative design in data collection. A pre-tested questionnaire was designed to collect data from 30 respondents. The data collected was tallied, corded, analyzed and tabulated into tables, graphs, text, figures and entered into a computer.

Regarding Knowledge of respondents, the findings established that majority (83%), understood HIV/VCT services and (65%) defined it as willingness to receive information on HIV/AIDS and getting tested. Regarding attitudes, majority (60%) had ever attended HIV/VCT services and on practices, majority (60%) had ever had HIV/VCT counselling. The study also revealed that; fear of stigma 50%, fear of positive test result 30% and fear of counsellors disclosing the test results 20% are the key factors for the low uptake of VCT services among teachers in schools.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter presents the introduction of study, purpose of study, objectives of study, research questions and justifications of the study.

Voluntary counselling and testing (VCT) is the process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for human immunodeficiency virus (HIV). The decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential (Suthar, et al, 2013).

The acquired immunodeficiency syndrome (AIDS) is a world pandemic that has claimed many lives without cure. Since its inception in the 1980s', countries like Ethiopia, South Africa, Malawi and Zimbabwe have initiated various methods of fighting it and amongst them, VCT has proved to be the key strategy due to its advantages (Jurgensen M, 2013). In spite of its advantages, a bigger section of male teachers have laxity to utilize its services because of the negative perceptions associated with it such as poor access to its services, stigma, and low confidentiality in services provided. (Wanyenze R.K, 2008).

In Africa, especially Sub-Saharan Africa where it is estimated that over 70% of new infections occur every other year due to the diverse effects of HIV/AIDS, 95% of the population became aware of the existence of VCT services and their effects. (UNAIDS, 2013). Various teachers

responded differently towards HIV/AIDS prevention, care, treatment and support programs. Studies from countries like Ethiopia, South Africa and Malawi indicated that the knowledge, attitude and practice of male teachers towards VCT is moderate and its uptake by in schools is minimal. The low uptake was found to be associated with ignorance, fear of being positive, cost of VCT, inadequate number of VCT centers and stigmatization, (Doherty T 2013).

In Uganda, where it is estimated about 1.2 million youth to be living with HIV/AIDS, most male teachers (89%) have knowledge about the existence of VCT services but have negative attitudes of using them (Kalichman, 2015). It is mostly the women under elimination of mother-to-child transmission of HIV program (EMTCT) who are mostly accessing VCT services. This kind of attitude for male teachers has led to limited skills, value and knowledge about the spread and management of HIV/AIDS in schools.

For effective prevention and management of HIV/AIDS in schools, the government of Uganda also operationalised the use of VCT as one of the key methods for promoting HIV/AIDS awareness campaign among students and teachers in schools. Under this method, hospitals and health centers were given responsibility to conduct the VCT campaign down to schools. It has been carried out to the extent of home to home visits, VCT campaign enhances the ability to reduce one's risk of acquiring or transmitting HIV, to access HIV-specific treatment, care and support, to manage learner's health, and to plan for the future. VCT is also vital for providing access to emotional support, improving skills to cope with HIV-related anxiety, and increasing motivation to avoid risky behaviours among students.

In Iganaga, a few male teachers have embraced VCT services. According to Nakalama subcounty records (2016), in November and December 2016 only 5% of male teachers attended the VCT services. This is an indication that very few male teachers have a positive attitude towards the use of VCT services lowering the rate of reducing HIV/AIDS in schools.

However, given the advantages, there are no studies conducted on the knowledge, attitude and practices of the male teachers towards VCT service in Iganga district. The present study therefore will be conducted to assess on the knowledge, attitudes and practices of male teachers towards voluntary counseling and testing of HIV in Nakalama subcounty Iganga district.

1.2 Problem Statement

In Uganda, HIV/AIDS is on high spread and is a major public health problem affecting people in the productive and reproductive age group of between 15 to 49 years (Bunnell R, et al 2016) According to (MOH, 2016) it was estimated that about 1.46 million people are living with HIV while 1.8 million people have died of HIV/AIDS of whom, 40% are of school going age. To combat this pandemic, the government of Uganda through the MOES initiated HIV voluntary counselling and testing (VCT) services in learning institutions because of its multiple benefits. However the male teachers have not fully embraced its uptake.

Similarly, in Iganaga District HIV/AIDS is on the increase, for instance at Nakalama subcounty 2016 records show that out 100% of those who tested for HIV in 2015 - 2016, 45% tested positive. To control its increased spread, the local government adopted among others, the national ant-AIDS strategy of providing VCT services to learners in their schools, but it has

registered a low uptake especially among male teachers with a ratio of 35% to 65% of male to female teachers uptake (Nakalama subcounty records (2016), despite its sensitization on the importance of VCT services in schools. It is not clear as to why the male teacher's uptake of VCT is low in schools. This study will therefore be carried out to assess the knowledge, attitudes and practices of male teachers towards HIV/VCT services in schools in Nakalama subcounty.

1.3 Purpose of the study

The purpose of the study is to assess the knowledge, attitude and practices of male teachers towards HIV/VCT services in schools in Nakalama subcounty so as to suggest strategies to reduce on the increasing transmission of HIV/AIDS among teachers and learners in schools.

1.4 Objectives of the study

- (i) To assess the knowledge of Male teachers towards HIV/VCT services in schools in Nakalama subcounty.
- (ii) To establish the attitudes of male teachers towards HIV/VCT services in schools in Nakalama subcounty.
- (iii) To identify the practices of male teachers towards HIV/VCT services in schools in Nakalama subcounty.

1.5 Research questions

The study will be guided by the following questions;

- i) What is the knowledge of male teachers towards HIV/VCT services in schools in Nakalama subcounty?

ii) What is the attitude of male teachers towards HIV/VCT services in schools in Nakalama subcounty?

iii) What are the practices of male teachers towards HIV/VCT services in schools in Nakalama subcounty?

1.6 Justifications of the study

The findings of this study will be useful in a number of ways;

The findings of the study will be used by the ministry of education and sports to develop new strategies of improving on male teachers attitudes towards utilization of HIV/VCT services in schools

The study will also provide new knowledge in the field of HIV/AIDS testing and counseling services that will be useful to Iganaga district local government and NGOs

The study will also be useful to Nakalama subcounty as it will provide new strategies for encouraging the teacher's uptake of HIV/VCT services in schools.

The findings of the study will help the researcher to improve on her awareness of the factors limiting the uptake of HIV/VCT services in schools and also help her end of course performance since it is a partial requirement for the award of a degree bachelor of education KIU.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents literature and researched work by other scholars related to the study and was discussed according to the study objectives which includes; knowledge of male teachers towards acquired immunodeficiency syndrome (HIV) /voluntary counseling and testing (VCT) services, attitudes of male teachers towards HIV/VCT services and practices of male teachers towards HIV/VCT services in schools in Nakalama subcounty.

2.1 Knowledge of male teachers towards HIV/VCT services in schools

According to Musheke at al, (2013) defined VCT as the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential.

In a study by Krause J, et al (2013) indicates that Knowledge of HIV status helps HIV-negative teachers make decisions in schools that reduce risk of HIV and increase safer health practices among learners so that they can remain disease free. Among teachers who are HIV positive, knowledge of their status allows them to take action to protect their sexual partners and learners access treatment teachers and plan for the future.

Learning institutions embrace HIV/VCT as an effective strategy for facilitating behavioral change and preventing HIV as well as getting early access to AIDS care and support in case

found positive. It is also instrumental to teachers in bringing about behavioral change, reducing unprotected sex and helping reduce the incidence of HIV and other STIs spread in schools (Johnston, L. et al, 2010). However, the availability of VCT services in most countries has been uneven, and even when available, uptake by male teachers has been relatively low (Suthar, A.B, et al, 2013).

Gatta A, et al, (2012), in their study on the impact of couple testing on the spread of HIV/AIDS among youths in Addis Ababa Ethiopia pointed out those most male teachers appreciated the importance of couple testing, with the majority 85% saying that VCT knowledge helps them in positive living in the event of a positive HIV test result.

Studies on community response to VCT in Zambia by Jorgensen, M, (2012), indicated that knowledge and practice of various male teachers towards VCT is low. The low teachers uptake was found to be associated with ignorance, fear of being positive, cost of VCT, inadequate number of VCT centers and stigmatization.

However, contrary to the above, Matovu J.K, Makumbi (2014), pointed out that there is high awareness and uptake of VCT services among the teachers in western Uganda, of whom 56% being male teachers.

In a study conducted on HIV testing and counselling by UNAIDS (2013), found out that awareness of VCT services improved the likelihood of testing as a high proportion 84% of the male teacher participants in the survey who tested for HIV knew about VCT and its importance before testing.

According to a health survey by the Uganda Demographic and Healthy Survey (UDHS), (2016) established that of the teachers who visited VCT centers, 87% male teachers and 88% aged 23-

49 years of whom 94% suggested consistent use of condoms as a means of preventing the spread of HIV while 84% suggested limiting sexual intercourse to one faithful and uninfected partner can reduce the chances of contracting

Painter, T. (2013) stated that, the opening up of Voluntary Counselling and Testing (VCT) clinics like the AIDS Information Centre in Uganda, enhanced awareness of the importance of VCT among the teachers and it increased their uptake of VCT services in Uganda.

AIDS-related stigma and discrimination are factors that influence decisions surrounding male teacher's uptake of VCT services (Gatta A.A, et al 2011). In a relation, Wanyenze R.K, (2016) pointed out that most male teachers are unwilling to take up VCT services for fear of being discriminated in the community. While a survey conducted in Nigeria, which assessed the HIV/AIDS related stigma among teachers in schools, revealed that male teachers participants were less likely to utilize VCT services for fear of stigmatization from colleagues (Stangl A.L, et al 2012).

A cross sectional study conducted by Centre for Disease Management on teachers in (2014) in Iran, showed that sexually active male teachers under the age of 30 had knowledge on HIV/AIDS and were attending VCT services. In order to obtain more information about their attitude and experience to HIV testing, a sample of 503 male teachers were interviewed of which, 52% were concerned about HIV infection and more than 40% had been tested before. The positive attitude had been attributed to good information dissemination from NGOs and health workers.

2.2 Attitudes of male teachers towards HIV/VCT services in schools

According to Kabiru C.W, et al, (2011) in their study on attitudes towards HIV testing among people in high income countries reported that male teachers attitudes to VCT services is influenced by uncertainty about their HIV status and fear of the consequences of a positive test results. Those who anticipate being positive, shy away from the services.

McGinnis (2013) in his study on knowledge and attitude of male teachers towards HIV aids counseling in rural communities of western Kenya pointed out that individual responsibility towards oneself or one's partner may be a motive for testing; he established that 91% of married people get couple testing because they want to prove trustworthiness to each another

Doherty T, (2014) in his study on factors for individual uptake of VCT in rural South African communities pointed out that 63% of male teachers who perceived their HIV risk as being low were less likely to take up VCT services because they had one sexual partner, use condoms and were not suspicious of being HIV positive.

A study in Ethiopian urban township on factors affecting voluntary counselling and testing by Leta, (2012) showed that 86% of male teachers who were aware of being HIV positive and who were on antiretroviral therapy (ART) were more likely to utilize VCT services because they were always interested in knowing their viral load.

WHO, (2013), in a study conducted in both developing and developed countries identified social and economic barriers as well as health system factors as impediment to accessing VCT services. Several possible contributing factors known to influence male teacher's uptake of VCT are socio-demographic characteristics, nearness to a health facility, HIV-related awareness and knowledge, perception of being at risk of HIV infection, perceived benefits of VCT, and

psychosocial factors such as HIV/AIDS-related stigma and discrimination and anxieties about confidentiality.

Mall. S, (2014) in a study on improving VCT services among male teachers in western cape south Africa pointed out that a significant proportion of 89% of male teachers who engaged in risky sexual behaviors like having multiple sexual partners and unprotected sexual intercourse have negative attitudes towards VCT services because of fear of being HIV positive. He was supported by (Kalichman S.C, 2014), in a study on gay and lesbian reaction towards VCT services among latino Americans, discovered that both groups believed that fear of a positive result was the main barrier to testing.

An exploratory study done by Horison project programme (2014) on HIV/VCT among male teachers youth in Uganda and Kenya thought to understand attitude of male teachers youth to HIV testing, results revealed that more than 75% of the youth indicated an interest of being tested for HIV but the available VCT centers were not accessible to all.

2.3 Practices of male teachers towards HIV/VCT services in schools

According to Obermeyer, (2014), in a study on couple testing in Nigeria, it was discovered that the male teachers prefer and normally send their spouses to be tested and demand for test results from them and Since males are the key policy makers at home, this result even to a low female teachers participation 13% for fear of the would be consequences for the positive results.

UNAIDS, (2013), in a study on the use of VCT in selected African countries of Uganda, Kenya Ethiopia and Nigeria discovered that improvement on the level of voluntary counselling and testing services in schools increased the uptake of HIV testing among learners in schools. They

were supported by Baryarama, (2014) who pointed out that the increase in VCT service centers near schools increased the number of teachers/learner clients for HIV/VCT from 43% to 69.3% in Latin America.

Rosa Solorio, (2015) in a study on comparison between HIV testers and non-testers in America indicated that 32% of male teachers of higher qualifications were less likely to go for VCT services for fear of stigma from colleagues if found HIV positive.

Gebresenbet S. (2013) in his study on knowledge and attitude of youth on VCT in Kisumu Kenya reported that 50.5% of male teachers were unlikely to test in home to home visit VCT services because of fear that it would be conducted by unprofessional health officials, limited reliability of the test result and lack of confidentiality.

Chishimba S.S. (2015) in a study on beliefs and practices of male teachers towards VCT services in Zambia reveals that 76.3% of the Christian male teachers attend to VCT services in secrecy for fear that they will be implicated for engaging in fornication because Christianity doesn't allow male teachers to indulge in sex outside marriage. Doing it, would be a violation of the religious faith.

According to a study by Erulkas A.S. (2014) on factors determining male teachers attitudes towards VCT services in Kenya, Zambia and Ghana, was determined that staff attitudes, location and atmosphere and clinic service hours determine male teachers attitudes towards VCT services were because 95% preferred to be attended to by qualified health workers and 81% preferred to be attended to at specific hours especially at night. The failure to meet the above conditions made over 50% of male teachers shying away from VCT services.

Most male teachers fear to test for HIV with their wives for fear that the society would look at it as a strange behavior. For instance, a study in Zimbabwe by Machekano (2014) established that only 17% of the male teachers who tested for HIV brought in their wives for HIV testing. The low uptake for couple testing was due to the fear of negative consequences including sexual denial from the positive test results.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter dealt with study design and rationale, study setting and rationale, study population, sample size determination, sampling procedure, inclusion criteria, definition of variables, data collection procedures, data management, methods of data analysis, ethical consideration, limitations of the study and disseminations of results.

3.2 Study Design and Rationale

The researcher used a quantitative and qualitative approach where a purposive sampling technique was used on male teachers teaching in schools in Nakalama subcounty. Qualitative approach was believed to be the most appropriate method because it enabled the researcher to have thorough deeper understanding of all categories of the respondents in relation to the study. Further, using a qualitative approach was relevant because teachers were literates and able to give their views and opinion about their knowledge, attitudes and practices towards VCT services in schools.

3.3 Study setting and rational

The study was carried out in selected schools in Nakalama subcounty Iganaga district. Nakalama subcounty was considered because it has a high level spread of HIV/AIDS in schools and teachers sexual abuse of girl child. The researcher will also save time and money during data collection.

3.4 Study population

The study was conducted among male teachers in both secondary and primary schools in Nakalama subcounty. The study population included all male teachers with knowledge, attitudes and practices towards VCT services at their schools of work. In total 12 schools were selected for the study of which only two were at secondary level.

3.4.1 Sample Size determination

The study comprised of 30 male teachers teaching in selected schools in Nakalama subcounty. Six schools were selected each with five respondents. 30 teachers were representative enough given the total number of male teachers in the selected schools.

3.3 Sampling procedure

In the process of selecting the sample size, the researcher used purposive sampling procedure. A total of 60 papers with even and odd numbers were given out to the population of study, the 30 male teachers who choose the even numbers were considered for the sample study.

3.4.3 Inclusion criteria

Only male teachers teaching in the six selected schools in Nakalama subcounty were considered for the study and they were selected through a random purposive sampling procedure.

3.5 Definition of Variables

The independent variables were socio-demographic characteristics of respondents which include age, marital status, occupation, education level, tribe and their characteristics.

The dependant variables for the study were knowledge, attitudes and practices of male teachers towards VCT services schools.

3.6 Research Instruments

The study instruments were both closed and open-ended Questionnaires.

These were used to collect information from respondents who were selected for the study in the selected schools. The questionnaires were used because they were a simple and less expensive method of obtaining data

3.7 Data collection procedure

In the process of collecting data for this study, a letter of introduction was obtained from the director KIU Tororo study centre.

Thereafter, the researcher went to the field of study that is Nakalama subcounty, Iganga district. The researcher introduced herself to the district education officer with the introductory letter, seeking for permission to allow her carryout out the study.

After securing permission, the researcher was introduced to the staff members to whom she explained the purpose of her visit. She then asked for permission to allow her meet the respondents and administer her instruments.

She issued out the questionnaires to the respondents. Those who couldn't complete the questionnaires, she made later appointment to meet them later for the same. All selected schools of study were visited.

The process of data collection was carried out in a period of one month.

3.7.1 Data management

After the process of data collection, the collected data was checked for completeness and any incomplete or misfired questions were not considered for the study. It was then arranged, corded and entered into a computer

Data collected from the field was handled with maximum confidentiality.

3.7.2 Methods of data analysis

Data analysis and presentation was presented in tables, graphs and pie charts.

3.8 Ethical consideration

After the proposal, the study was ethically cleared by the research approving committee of KIU. Written permission drafted for the DEO for permission to carry out the the study. For confidentiality, the name of the participants was not required on the questionnaire.

3.9 Limitation of the study

The study was limited by the negative attitudes of teachers towards the study

Similarly, due to limitations of finances and time, it was also not possible to cover a very big number of respondents

Finally, respondents declined to reveal some required data because they were skeptic of the would be consequences for releasing some information to the researcher.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This describes the results of the study with respect to the study objectives and the research questions as obtained by interviewing 30 respondents using a pre-tested questionnaire.

4.1 Social demographic characteristics of respondents

Table 1: showing response on social demographic information

Social demographic characteristics	Variables	frequency (N=30)	Percentage (%)
Age	19 – 24years	8	27
	25 – 30years	15	50
	31 and above	2	23
Marital status	Single	6	20
	Married	22	73
	Divorced	2	7
Level of school	Primary	20	67
	Secondary	10	33
	Certificate	14	47
	Diploma	10	33

Level of education	Degree	6	20
	Other levels	00	00
Place of residence	Rural	17	57
	Urban	13	43
Tribe	Musoga	24	80
	Others	6	20
Religion	Islam	11	37
	Christian	16	53
	Others	3	10

According to table 1 above on social demographic characteristics of the respondents about age majority 15/30 (50%) were between 20 -30years while the minority 2/30(23%) were above 31years.

In addition, on marital status, the majority 22/30(73%) were married, while the minority 2/30(7%) were divorced.

On level of education taught, 20/30(67%) teach in primary schools while 10/30(33%) were secondary school teachers.

Furthermore, on education level, most of the respondents 14/30(47%) had a primary level certificate while, the least 6/30(20%) had bachelor's degrees

Further, on area of residence, the majority of the respondents 17/30(57%) live in rural areas and the minority 13(43%) are urban based.

Further on tribe, the majority of the respondents 24/30(80%) were Basoga and the minority 6/30(20%) were of other tribes.

Further still on religion the majority of the respondents 16/30(53%) were Christians, while the minority 3/30(10%) belonged to the other religious denominations

4.2 Knowledge of male teachers towards HIV/VCT services in schools

Table 2: Showing knowledge of respondents towards HIV/VCT services

Responses	Frequency(n=30)	Percentage (%)
Do you Understand the meaning of VCT?		
Yes	25	83
No	5	17
If yes what does it mean?	(n =25)	
Willingness to receive information on HIV/AIDS and getting tested	15	65
Going to the clinic for HIV testing	8	32
Knowing about HIV	2	8
Have you ever heard of VCT services at the health centre	(n=30)	
Yes	25	83
No	5	17

According to table 2 above on whether respondents understood the meaning of HIV/VCT services, majority 25/30(87%) said yes while the minority 5/30(17%) said no

In addition to the above, 15/25(65%) knew HIV/VCT as willingness to receive information about HIV/AIDS and getting tested, 8/25(32%) knew it as going to the clinic for HIV/VCT testing, while 2/25(8%) new VCT as knowing about HIV.

Furthermore, regarding whether respondents had ever heard of HIV/VCT services at health centre, most 25/30(83%) said yes VCT while the least 5/30(17%) said No

Figure 1: Showing respondents Knowledge about the source of VCT information (n=30)

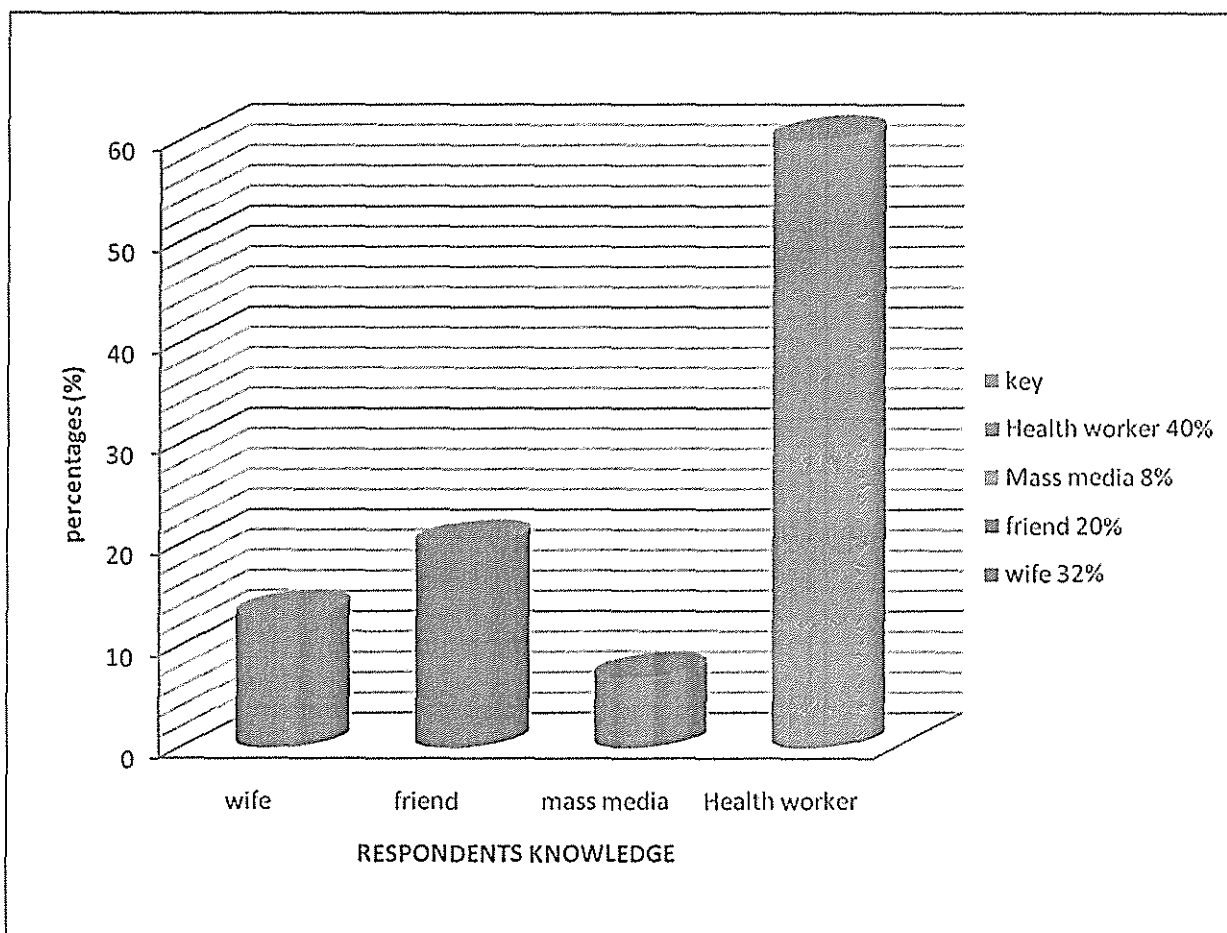


Figure 1 above regarding the source of information about HIV/VCT services, most of the respondents 10/25(40%) got it from health workers while the least 2/25(8%) got it from mass media.

Figure 2: Showing respondents' Knowledge about importance of HIV/VCT in schools
(n=30)

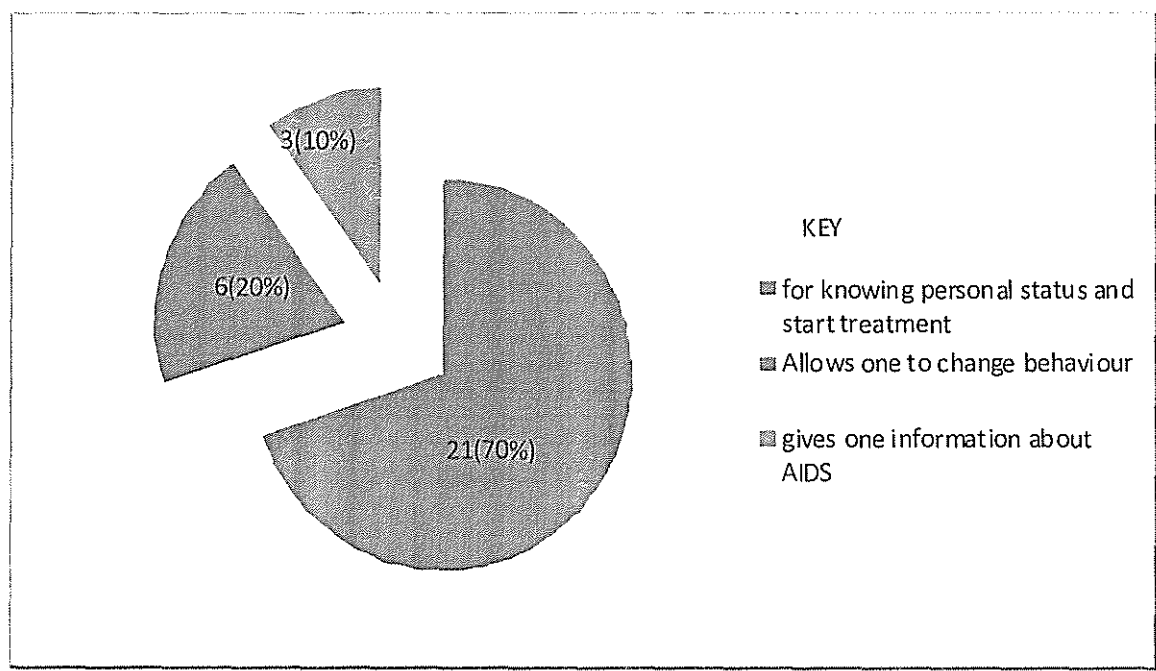


Figure 2 above shows that 21/30(70%) of the respondents knew that HIV/VCT services help them know their personal health status and if positive to be started on treatment, while the least 3/30(10%) said that it enables one to know information about HIV/AIDS.

4.3 Attitudes of male teachers towards HIV/VCT services

Table 3: Showing respondents' attitudes regarding attendance to HIV/VCT services and reasons for attendance

responses	Frequency	Percentage (%)
Have you ever attended VCT services before	(n=30)	
Yes	18	60
No	12	40
If yes give reasons	(n=18)	
Wanted to be tested	12	66.6
Escorted a friend	6	33.4

Table 3 above regarding respondents who have ever attended HIV/VCT services before, reveals that the highest number 18/30(60%) said yes while lowest number 12/30(40%) no.

In addition, on reasons why respondents attended HIV/VCT services, majority 12/18(66.6%) visited VCT services to get tested for HIV/AIDS while minority 6/18(33.4%) escorted a friend to be tested for HIV/AIDS.

Figure 3: Showing whether respondents have ever recommended teachers for HIV/VCT services (n=30)

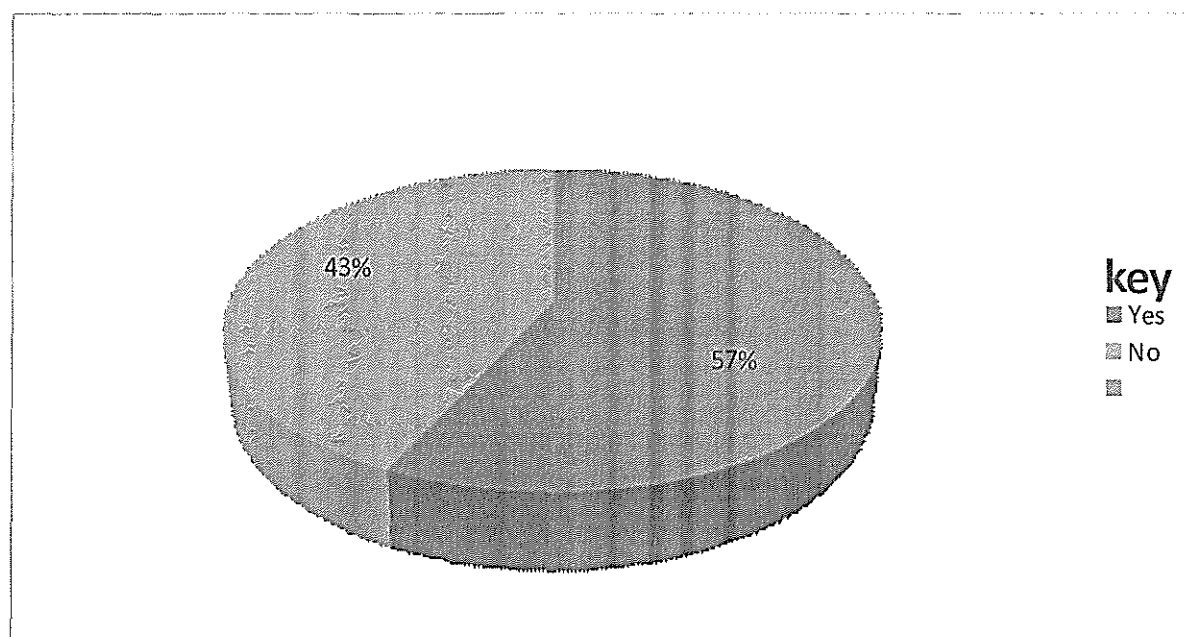


Figure 3 above showing whether respondents have ever recommend others for HIV/VCT services reveals that most of the respondents 17/30(57%) said yes while the least 13/30(43%) no.

Text 1: Showing why respondents recommended others for HIV/VCT services (n=17)

The study results revealed that the majority 7/17(41%) wanted them to know their HIV status, 6/17(35%) recommend teachers so that they get to know the methods of preventing HIV/AIDS while the minority 4/17(24%) wanted them to know HIV/VCT services that are carried out to prevent the increased spread of HIV/aids in schools.

Table 4: Showing responses of those that were recommended by teachers for HIV/VCT services and reasons for the responses.

Responses	Frequency (n=30)	Percentage (%)
what are the responses of those you recommended for HIV/VCT services		
Positive response	10	33
Negative response	20	67
If negative why?	(n=20)	
Fear stigma	10	50
Fear of positive results	7	35
Fear of disclosing results by the health worker to unwanted person	3	15

According to table 4 above regarding the responses of those that were recommended by respondents for HIV/VCT services in schools, more than half 20/30(67%) had a positive response while the 10/30(33%) had a negative response.

In addition to the above, on reasons for the negative response, half of the respondents 10/20(50%) fear stigma while 3/20(15%) who were the least fear disclosing their results by health worker to unwanted persons.

Figure 4: Showing whether respondents know their HIV/AIDS status (n=30).



Study findings in figure 4 above on whether the respondents know their HIV/AIDS status, majority 25/30(83%) said yes while the minority 5/30(17%) said no.

Text 2: Showing whether respondents are taking antiretroviral drugs (n=30)

Majority of the respondents 26/30(87%) said no while the minority 4/30(13%) said yes.

Figure 5 Showing the response on the advantages of taking antiretroviral drugs (n=30)

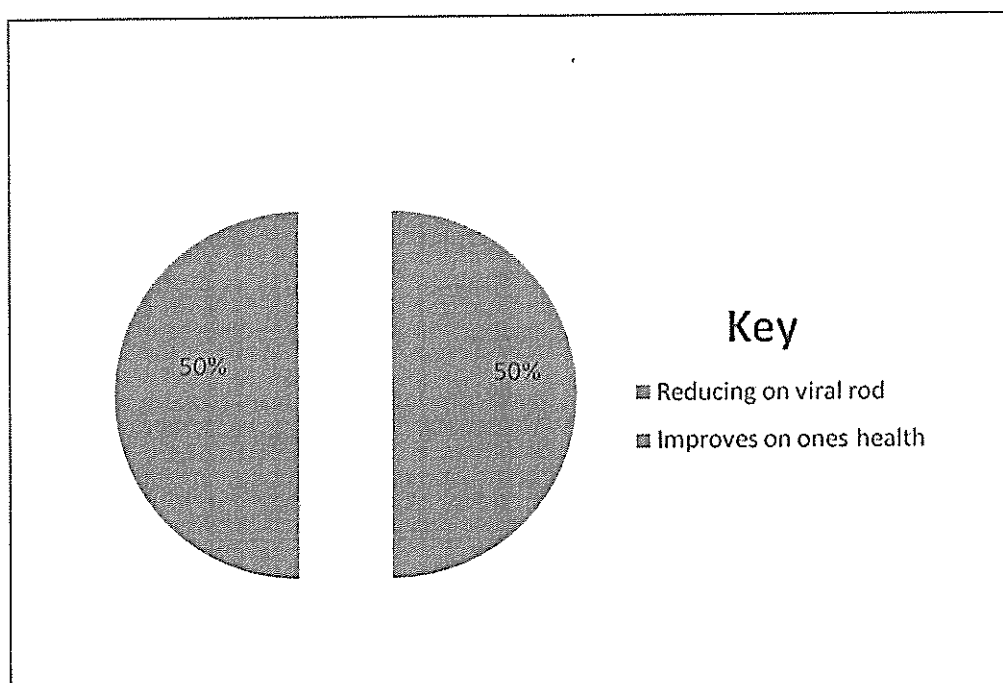


Figure 5 above on response to the advantages of HIV/VCT services, 2/30(50%) proposed that it reduces on the viral rod and improves on one's health respectively.

4.4 Practices of male teachers towards HIV/VCT services

Table 5: Showing practices of respondents towards attending to HIV/VCT services

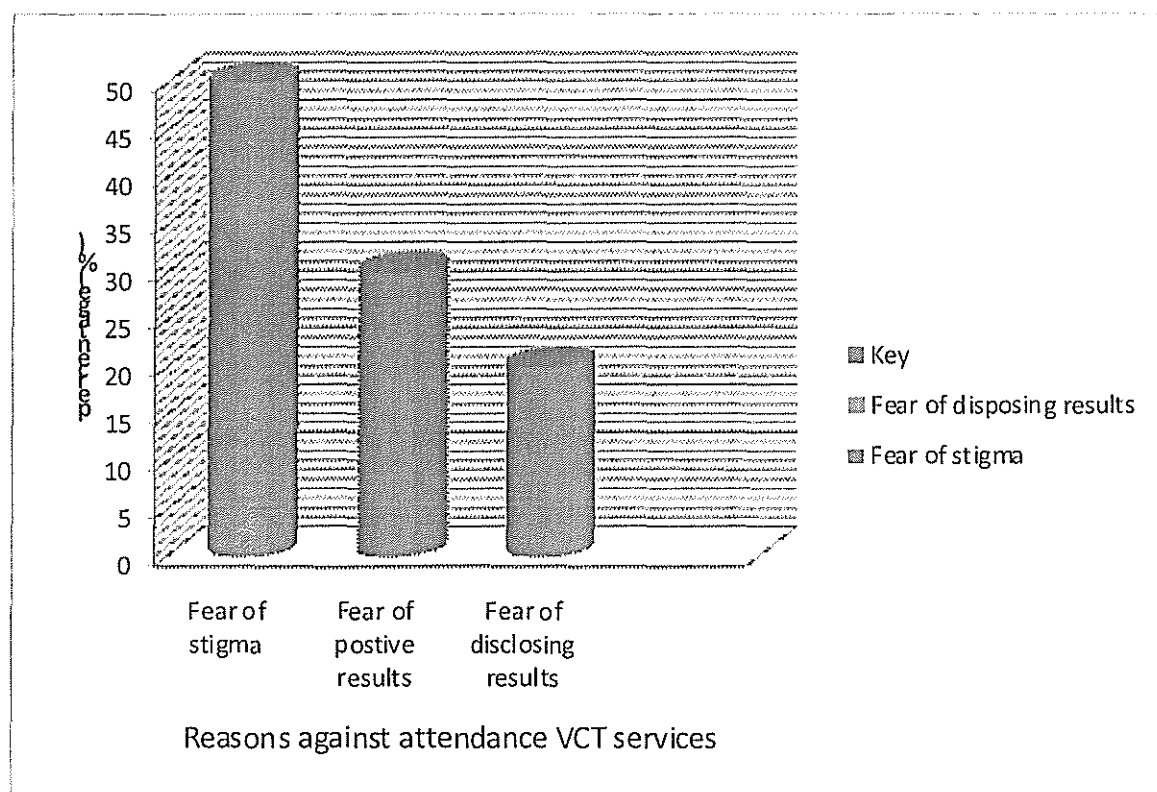
Responses	Frequency (n=30)	Percentage %
Have you ever had any HIV/VCT counseling before?		
Yes	18	60
No	12	40
If yes how many times?	(n=18)	
Once	12	67
More than once	6	33
Have you ever Attended HIV/ VCT services with a sexual partner?	(n=30)	
Yes	13	43.3
No	17	56.7

Regarding table 5 above on whether respondents had ever had any HIV/VCT counseling before, majority 18/30(60%) said yes while minority 12/30(40%) said no.

In addition, on the number of times respondents attended VCT services, the highest number 12/18(67%) had attended once while the lowest number 6/18(33%) attended more than once.

Furthermore, in responses to attendance of HIV/VCT services with a sexual partner, majority 17/30(56.7%), said yes while the minority 13/30(43.3%) said no

Figure 5: showing why respondents didn't attend HIV/VCT services with their sexual partner (n=30)



Study findings in figure 5 above on why respondents didn't attend to HIV/VCT services with the sexual partner, 5/10(50%) feared stigma, 8/30(30%) feared positive results while 2/10(20%) feared disclosing their results to unwanted people.

Table 6: showing response on measures used in preventing HIV and the income status of respondents

Responses	frequency (n=30)	Percentage (%)
Measures used to prevent HIV/AIDS		
Condom	08	27
Abstinence	06	20
Being Faithfull	15	50
Male teachers circumcision	02	3
Level of monthly income		
Below 500,000shs	19	63
Between 500,000-700,000=	08	27
Above 700,000shs	03	10

Table 6 above showing response on measures used by respondents to prevent the spread of HIV/AIDS revealed that slightly more than half 15/30(50%) are faithful with their sexual partner while a least 2/30(3%) practice male teachers circumcision as a measure of preventing HIV.

Further still, on the income status, the majority 19/30(63%) earn below 500,000shs while the minority 3/30(10%) earn above 700,000shs per month.

Text 2: Showing if there are private rooms for HIV/VCT at the school

All the respondent 30/30(100%) said yes that there was a private room for HIV/VCT services at the health centre.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMEND TEACHERS TEACHERSDATION

5.0 Introduction

This chapter presents the discussions of study findings, conclusion and recommendation of the study

5.1 Discussions of study findings

5.1.1 Social demographic findings

The study results on the social demographic data about age reveals that the majority of the respondents (50%), were between 25 – 30years, while the minority (23%) were 31 years and above. The majority of the respondents were between 25 – 30 years an indication that they were in their active reproductive stage and prone to acquiring HIV/AIDS.

In addition, on the respondents' marital status most (73%) were married, while the least number (7%) were divorced. Overall results show that more married people participated in the study seeking to establish their HIV/AIDS status.

Furthermore, on education level less than half (47%) of the respondents ended in primary level, while the minority (20%) went to tertiary institutions. Results indicate that more educated male teachers are not embracing the HIV/VCT services because they fear knowing their HIV status.

About the, places of residence, majority of the respondents (57%) were residing in rural areas compared to (23%) who were urban based. Majority of the respondents lived in rural areas because the study was carried mostly rural in the subcounty

Concerning tribe of respondents, most of the participants, (80%) were Basoga while the least (20%) were of other tribes. This indicates that the study was conducted in Busoga region where the majority of the people are Basoga.

Furthermore, the findings also established that 53% of the respondents were Christians while 10% of the respondents belonged to other religious denominations. This implies that there is need for religious leaders to get involved in disseminating information about HIV/VCT services.

5.1.2 Knowledge of male teachers towards HIV/VCT services Nakalama subcounty.

Study findings on whether the respondent understood the meaning of HIV/VCT services, majority (83%) said yes while the minority (17%) said no. Furthermore, of those who understood VCT/HIV services (65%) defined it as the willingness to receive information on HIV/AIDS and getting tested while (8%) as knowing about HIV/AIDS. This implies that most of respondents had got information about HIV/VCT through the media, health workers and other means. This is further supported by UNAIDS (2013) where it was stated that awareness of HIV/VCT services improves the likelihood of testing as a high population (84%) of their study participants knew its importance before testing.

Study results on whether respondents had ever heard of HIV/VCT services at the health centre, 83% said yes while 17% said no. In addition, on where respondents got information about HIV/VCT services, majority (40%) got information from health workers while minority (8%) got information from mass media. This implies that the health workers were doing much to disseminate information about HIV/VCT services especially to the rural communities. This is in line with a study by Painter, T. (2013), which revealed that awareness of HIV/VCT services

among the locals is mostly as a result of health workers and mass media campaign against the spread of HIV/AIDS.

About the importance of HIV/VCT services, 70% of the respondents suggested that it enables them to know their HIV status and start treatment if found positive, 20% said it allows them change behavior while the minority (10%) to get more information about HIV/AIDS and reduce on its spread from schools. This implies that the need to Know their HIV status and if positive, start on early treatment was the main reason as to why many teachers accessed HIV/VCT services. Similarly, a study by Krause, J (2013) says that respondents' knowledge of their status allows them to take action of protecting their sexual partners, access treatment and plan for the future.

5.1.3 The attitudes of male teachers towards HIV-VCT services

According to study findings on whether respondents had ever attended HIV/VCT services before, 60% said yes while 40% no. Further still, the highest number of respondents (66.6%) attended HIV/VCT services because they wanted to be tested while the lowest number of respondents (33.4%) escorted a friend. This implies that there is still a gap in information dispensation about HIV/VCT services since some individuals were not vigilant to inquire about their HIV status. This corresponds to the Horison AIDS project programme study (2014) which revealed that 75% were interested in being tested for HIV/AIDS but they had limited information about HIV/VCT service.

Regarding whether respondents had ever recommend others for HIV/VCT services, 57% said yes while 43% no. This indicates that the prior and post HIV/AIDS conselling equipped the

respondents with good knowledge about HIV/VCT services which they wanted colleagues also to share.

In relation to the above, those who recommend others for HIV/VCT services, most respondents (41%) wanted them to know their HIV status, 35% to know the methods of preventing HIV/AIDS while the least (24%) to know HIV/VCT services that were carried out at the Health centre. This indicates that they lacked enough information about HIV/VCT services at the health centre of which they wanted them to be aware of. This was in line with a study by Centre for disease management (2014) which suggested that enough information about HIV/VCT services should be disseminated to people so as to increase their awareness on the services offered.

According to the response of those who recommend teachers for HIV/VCT services, the highest number (67%) had a negative response while lowest (33%) had a positive response. In addition, the reasons for the negative response, 50% indicated that they fear stigma, 35% feared positive test results while, 15% feared disclosing their test results to the unwanted persons by the health worker. This implies that the public still has a negative response towards HIV/VCT services which has led to prevalence of HIV/AIDS. In relation, a study by Gebresenbet (2013) on knowledge and attitude of youth on HIV/VCT services reported that 50.5% of male teachers were unlikely to test in home visit HIV/VCT services because they feared that it would be conducted by unprofessional health workers who would disclose their test results.

Furthermore, on whether respondents know their HIV status, majority (83%) said yes while minority (17%) no. majority of the respondents had tested for HIV which shows the efforts by MOS in providing testing requirement to learning institutions.

In addition, on whether respondents who were taking antiretroviral drugs, highest number (87%) said no while the lowest number (13%) said yes. In relation, on advantages of taking antiretroviral drugs, half (50%) of the respondents said it reduces on the viral rod and another half, (50%) said it improves on one's health. This indicates that health workers were assisting teachers with the knowledge about the importance of taking antiretroviral drugs. In support, Leta, (2012) showed that 86% of male teachers who visited HIV/VCT service centres and tested HIV positive initiated on antiretroviral therapy (ART) on the recommend teachers from other teachers.

5.1.4 Practices of male teachers towards HIV/VCT service

Study findings on whether teachers have ever had any HIV/VCT counselling services before, majority (60%) said yes. This could be due to increased number of HIV/VCT services in learning institutions in uganda. Similarly, a study by Baryarama, (2014) pointed out that the increase in HIV/VCT service centers increased the number of its male teacher clients from 43% to 69.3% in Latin America. However, 40% of the teachers had never had any HIV/VCT counselling services before.

Furthermore, on the number of times teachers attended HIV/VCT services, majority (67%) said once, while minority (33%) said more than once. This implies that majority who attended once and tested HIV negative believed they were safe and saw no need for more testing even when they were encouraged by the health workers to test more than once. This is in line with a study by Erulkas (2014) which determined that (81%) of the rural population test once to establish their HIV status.

Regarding whether respondents attended HIV/VCT services with a sexual partner, the highest number (55.5%) said no while lowest (44.5%) said yes. Majority of the respondents had never tested with their sexual partner because they feared the negative reactions of their partners in case found HIV positive. In support, a study by Machekano, (2014) established that only 17% of the male teachers who tested for HIV brought in their wives for HIV testing while the majority (83%) declined due to the fear of negative consequences including sexual denial for the positive test results.

In addition, on the measures respondents use to prevent HIV/AIDS, majority (53%) suggested being faithful to their sexual partner and the minority (3%) suggested male teachers circumcision. The results indicate that religious leaders have involved in the fight against HIV/AIDS through encouraging the religious norm of faithfulness among sexual partners. In support, UDHS (2016) suggests that 92% of male teachers knew that limiting sexual intercourse to one faithful and uninfected partner reduce the chances of getting HIV/AIDS

Further still, on the availability of private rooms at school for HIV/AIDS counseling, all (100%) said yes. This indicates that there was confidentiality among health workers not releasing the test results to unwanted persons. Still this could be the reason as to why some respondents tested more than once. In support, WHO (2013) revealed that lack of private rooms for HIV/VCT services increases stigma, discrimination and anxieties about confidentiality which scare away client from the services.

5.2 Conclusion

The study revealed that, Male teachers had a higher Knowledge on HIV/VCT services. Majority understand VCT as willingly receiving information on HIV/AIDS and getting tested. The higher knowledge among teachers was due to a wider information flow about HIV/VCT services disseminated by the health workers to the public and its extension to learning institutions.

On attitudes of male teachers towards HIV/VCT services, the study revealed that male teachers had a negative attitude towards HIV/VCT services. The few attended the services because they wanted to be tested for HIV/AIDS and know their HIV status so that they can start on treatment early to improve on their health in case tested positive.

On establishing the practices of male teachers towards HIV/VCT services in learning institutions, the study revealed that teachers had low practice towards HIV/VCT services at schools. It was further established that some teachers had tested for HIV at least once.

The study also established the factors that determine the male teacher's unwillingness to test for HIV/AIDS which included; fear of stigma, fear of positive test result and fear of unethical health workers disclosing the test results

5.2 Recommendations

The government through Ministry of Health and the MOES should open up more VCT centers especially in rural areas and equip them with the necessary equipment in order to improve on people's access to HIV/VCT services in schools

The Iganga District education officers in collaboration with local leaders should work hand in hand with the Ministry of Health to train more teachers in HIV/VCT services so as to be able to handle the increasing HIV cases in learning institutions.

Nakalama subcounty leaders should work in collaboration with the health workers to organize mobile HIV/VCT health camps in schools to disseminate more information.

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Appendix I

KAMPALA INTERNATIONAL UNIVERSITY

Self-administered questionnaire on knowledge, attitudes and practices of male teachers towards HIV/Voluntary counseling and testing (VCT)

Dear respondent, the purpose of the study is to investigate on knowledge, attitudes and practices of male teachers towards HIV voluntary counseling and testing (VCT). You have been chosen to participate in the study. You are requested to teach where appropriate and fill in the gaps. The information will be treated with utmost confidentiality. Thanks in advance.

Section A. Social demographic information

1. Age

- a) 19 – 24 years ☐
- b) 25 - 30 years ☐
- c) 31 and above ☐

2 Marital status

- a) Single ☐
- b) Married ☐
- c) Divorced ☐

3 Education level

- a) Primary ☐
- b) Secondary ☐
- c) Tertiary ☐
- d) No qualification ☐

- 4 **Occupation** ☐
- a) Self employed ☐
- b) Civil servant ☐
-
- 5 **Place of residence**
- A) Rural ☐
- b) Urban ☐
-
- 6 **Your tribe**
- A) Musoga ☐
- b) Non musoga ☐
-
- 7 **Your religion**
- A) Moslem ☐
- B) Christian ☐
- c) Any other ☐

SECTION B KNOWLEDGE OF MALE TEACHERS ON VCT SERVICES

8. Do you understand the meaning of VCT?
- A) Yes ☐
- b) No ☐

9. If yes, what does it mean?

.....

.....

.....

10. Have you ever heard of VCT services at the health centre before?

a) Yes

☐

b) No

☐

11. If yes what was the source of information?

a) Wife

☐

b)a Friend

☐

c) mass media

☐

d) Health worker

☐

12. Suggest the importance of VCT services in schools.

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.....

SECTION C ATTITUDE OF MALE TEACHERS TOWARDS VCT SERVICES

13. Have you ever attended any VCT services before?

A) Yes

☐

b) No

☐

14. If yes, why?

.....

.....

.....

.....

15. Have you ever recommended anybody for VCT services?

a) Yes

☐

b) No

☐

16. If yes why?

.....

.....

.....

.....

.....

17. What are the responses of those you recommend teachers teachersded?

a. Negative

b. Positive

18. If negative, what are the reasons

.....

.....

.....

19. Do you know your HIV status?

a) YES

☐

b) NO

☐

20. Are you taking antiretroviral drugs

a) Yes

☐

b) No

☐

28. What is your monthly income?

a) Below 500,000shs

☐

b) Between 500,000ugs to 700,000shs

☐

c) above 700,000ugs and above

☐

29. Are there private/side rooms for HIV/VCT services at the health facility?

a) Yes

☐

b) No

☐

Thank you in advance