The Attitude towards Voluntary Counselling and Testing Among Residents of Kakamega Municipality, Kenya

By

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ABSTRACT

The purpose of this study was to find out the attitude towards voluntary counseling and testing among residents of Kakamega Municipality. The study was guided by a descriptive survey design and data was collected using questionnaires. Kakamega Municipality was chosen as the area of study. Simple random sampling technique was used to sample 200 clients. The data was analyzed using descriptive statistics such as, frequency counts, means and percentages. The study revealed that majority of the residents in Kakamega Municipality had a positive attitude towards voluntary HIV counseling and testing and that women had a more positive attitude towards HIV testing than men. It therefore recommended that, seminars and workshops on HIV and AIDS be organized to inculcate the right attitudes towards HIV counseling and testing by those concerned.

Keywords:  Attitude, Residents, Testing and Voluntary Counseling

ABBREVIATIONS AND ACRONYMS

AIDS - Acquired Immuno-Deficiency Virus
HIV - Human Immune Virus
NASCOP - National AIDS Control Programme
VCT - Voluntary Counseling and Testing

INTRODUCTION

The HIV pandemic remains the most serious of infectious disease challenge to public health. In 2008 an estimated 2.7 million persons became newly infected, an estimated 33.4 million people worldwide were living with HIV by then, and an estimated 2 million AIDS deaths occurred in the same year (UNAIDS, 2009). Seventy percent (70%) of the people living with HIV/AIDS are in Africa according to the 13th International AIDS Conference held in South Africa (Muraah & Kiarie, 2000). HIV/AIDS is acknowledged as a global health crisis. Indeed in Africa care workers, policy makers and ordinary citizens in Africa and parts of Asia managing and coping with the reality and burden of HIV/AIDS is a never-ending struggle. It has become part of everybody’s conversations in homes, work place and social gatherings, it has crept into pastor’s sermon notes; it has propelled itself to the top of the social, economic and political agenda; it is in all news and it is in the news.

Other indicators are the ever-increasing newspaper spaces gobbled up by obituaries of relatively young Kenyans, the big crowds that have become a daily feature outside mortuaries and funeral homes, the number of hearsees one sees on the roads and the rapid rate with which cemeteries are filling. Although the rate of HIV prevalence is beginning to slow down, current National AIDS Control Programme (NASCOP) projections show that the number of infected people will still be growing by the year 2010. If the projections hold, then by 2010, the daily death rate from AIDS will exceed 800 people unless the population can access effective medicines.

The reason HIV/AIDS has become the leading global health issue is not just because it is a fatal disease with neither a cure nor a vaccine, but also because of the alarmingly high speed with which it has spread. Scaring as some of the projections of the spread of HIV/AIDS by experts have been, the reality has often turned out to be even worse. In 1991, experts predicted that 9 million people would be infected with the virus while 5 million people would
die of the disease in Africa at the turn of the 20th century. By the end of 1999, Africa had 23.3 Million people living with HIV. Countries such as South Africa and Botswana which had extremely low HIV/AIDS levels only 10 years ago, today have some of the highest levels in the world. By the end of 2000, there were 36.0 Million people living with HIV/AIDS; 21.8 million people had already died of AIDS and the disease had created over 13 Million orphans. (UNAIDS, 2000).

One reason HIV/AIDS spreads so rapidly is because infected individuals can live for very many years without exhibiting any symptoms or falling ill. As a result, when HIV starts to infect a population, the epidemic remains silent for years. During this period education campaigns tend to be ineffective as people are largely unaware of the disease and its consequences. After a few years, individuals begin to fall ill and a few deaths are reported. During this phase the awareness in the general population usually remain low although alarm bells begin to ring within the medical and scientific community. Later the number of people who are ill and the number of deaths increases dramatically. At this stage, the level of awareness greatly increases. Uganda was in this last stage, the level of awareness greatly increases. Uganda was in this last stage from the late 1980’s to mid 1990’s. Kenya has now entered this stage. Countries like South Africa and Botswana are still in the first stage.

Over two decades since the first AIDS case was discovered in Kenya, HIV still remains a big problem for the country in its efforts for social and economic development. Enormous amounts of funds continue to be channeled for use in the fight against the scourge. There is therefore need for continuous concerted efforts to minimize the spread of the infection. This research particularly targets VCT programmes which are a means of preventing and controlling the spread of HIV/AIDS. Although, much has been done towards prevention and control of the spread of HIV/AIDS, statistics indicate clearly that, the virus has continued spreading (UNAIDS, 2000). The disease has continued claiming more and more people in Kenya.

Although VCT programmes were introduced in Kenya in the year 1997 as a means of controlling and preventing spread of HIV/AIDS, this problem has continued to spread at an alarming rate. The rapid increase in the number of these centres has been due to the increased need for the services offered. Kakamega Municipality is one of the areas that have experienced an alarming rate of HIV/AIDS infections. For instance, the number of pregnant mothers testing HIV positive in Kakamega Municipality increased from 5% in 1990 to 16% in 1998 (NASCOP, 2008). This has been probably due to the cultural practices and sexual habits of the residents. Currently (2011), Kakamega Municipality has 20 VCT centres. The continued spread of HIV/AIDS has raised questions as to whether VCT programmes are serving the purpose for which they were meant. In the recent past many VCT Centres have been set up in Kakamega Municipality to cater for the growing number of clients in need of VCT services. It was therefore necessary for a research to be carried out to find out the effectiveness of these programmes in the prevention and control of the spread of HIV/AIDS in Kakamega municipality.

METHODOLOGY

This study was based on the behavioral theory of Skinner (1950) in an attempt to explain factors that may contribute to spread of HIV/AIDS among people in Kakamega Municipality. It focused on clients at VCT centres in Kakamega Municipality. This study was based on a descriptive survey research design. Simple random sampling was used to select the respondents for the study. The sample was drawn from a population of 20 VCT centres located in Kakamega municipality. A sample of 200 respondents which represented approximately 30 % of the total population was selected. The population of 200 respondents was stratified into two sub-groups that is; male and female.

Data for the study was collected through questionnaires. The questionnaire was prepared for clients at VCT centres. The questionnaire contained both open and closed-ended questions with items to which an individual was required to choose from the provided alternatives or give his or her opinion for open-ended items.

To ensure content validity of the research instruments, they were presented to three experts from the department of Project management of the Kenya Institute of Management for examination and verification. To test whether research instruments were reliable the test re-test method was employed to establish the reliability of the questionnaire. The questionnaires were administered to 20 clients in the pilot study within an interval of two weeks. Two centres which did not constitute the final sample were selected. From the two sets of scores, computation for correlation coefficient was calculated using the Pearson product moment correlation coefficient. The (r) values obtained were 0.73 and 0.76 respectively, which were considered to be high enough to enable the questionnaire to be considered reliable in gathering the required data since 0.5 is the minimum reliability coefficient value required to judge an instrument as reliable (Koul, 1984). Data was analyzed using descriptive statistics such as frequency counts, means and percentages.
RESULTS AND DISCUSSION

This section addresses the objective that sought to find out the attitude towards voluntary HIV counseling and testing among people in Kakamega Municipality. This was to answer the research question on the attitude towards HIV counseling and testing.

Table 1: General respondents’ attitudes towards voluntary HIV counseling and testing

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Number of respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Undecided</td>
<td>07</td>
<td>35</td>
</tr>
<tr>
<td>Positive</td>
<td>143</td>
<td>71.5</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

From Table 1, it is evident that out of 200 respondents surveyed, 143 (71.5%) had a positive attitude towards HIV counseling and testing. 50 (25%) respondents had a negative attitude whereas 7 (3.5%) respondents were undecided. The table reveals that majority of the respondents in Kakamega Municipality had a favourable attitude towards voluntary HIV counseling and testing.

The mean indicates a favourable attitude towards HIV counseling and testing by the group. The findings are in agreement with those of Ikechebelu (2006). Majority of respondents in Ikechebelu’s study held a favourable attitude towards HIV testing. Similarly, in the KBSS 2002/03, 67% of the in-school youth had a favourable attitude towards HIV counseling and testing. The findings also concur with those reported by Peizer et al. (2004). In Peizer et al.’s (2004) study, the respondents had a moderately supportive attitude towards HIV counseling and testing. The mean attitude scores on the attitude inventory were 61.7%, 62.2% and 84.3% for Indian, South African and American respondents respectively. The findings of the present study do indicate that the campaigns for HIV counseling and testing might be having a positive effect given the favourable evaluation by majority of respondents in Kakamega Municipality.

This part deals with the question about whether there were gender differences in attitude towards HIV counseling and testing.

Table 2: Attitudes towards HIV counseling and testing by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>With a negative attitude</th>
<th>Undecided</th>
<th>With a positive attitude</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>32(16%)</td>
<td>04(02%)</td>
<td>64(32%)</td>
<td>100</td>
</tr>
<tr>
<td>Women</td>
<td>18(09%)</td>
<td>03(1.5%)</td>
<td>79(39.5%)</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2 illustrates that 32 (16%) Men had a negative attitude towards HIV counseling and testing compared to 18 (09%) women. Four (2%) men were undecided compared to three (1.5%) women. Furthermore, 64 (32%) men had a positive attitude compared to 79 (39.5%) women. This reveals that women had a more favourable attitude towards HIV testing than men.

This section deals with the question that sought to determine if there was a relationship between respondents’ attitude and practice of HIV counseling and testing.
Table 3 Respondents attitude versus HIV testing practice

<table>
<thead>
<tr>
<th>HIV counseling and testing practice</th>
<th>Number of respondents whose attitude was</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Negative</td>
<td>Undecided</td>
</tr>
<tr>
<td>Counseled and tested for HIV</td>
<td>02</td>
<td>04</td>
</tr>
<tr>
<td>Not counseled and tested for HIV</td>
<td>04</td>
<td>03</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>07</td>
</tr>
</tbody>
</table>

Table 3 illustrates that out of the 49 respondents who had tested for HIV, 43 (87.75%) had a favourable attitude towards the practice. Two respondents with unfavourable attitude had tested for HIV. Also, 48 respondents with negative attitudes had never tested as was the case of the 100 respondents with a favourable attitude. These findings illustrate that among the respondents who had ever tested for HIV, a favourable attitude was positively associated with having had an HIV test. These findings are consistent with the results obtained by Peltzer et al. (2002). The findings support the argument by Krauss (1995) that recent research has shown a strong relationship between attitude and behaviour.

The findings of this study indicate that a majority of the residents had a supportive attitude towards HIV counseling and testing. Out of a total number of 200 respondents surveyed, 143 (71.5%) had a positive attitude towards HIV counseling and testing. 50 (25%) respondents had a negative attitude whereas 7 (3.5%) were undecided. This study further established that there were significant gender and age differences in the attitude.

The survey established that there was a significant relationship between attitude and practice of HIV counseling and testing. The majority of the respondents who tested for HIV had a positive attitude towards HIV counseling and testing. The study therefore generated information that will give indications to the government and other stakeholders on how to mitigate and improve the practice of HIV counseling and testing among residents in Kakamega Municipality. The findings are also important in the appraisal of the various HIV testing campaigns used in the district. In general, the overall outcome of the study contributes to existing knowledge on HIV and AIDS. The findings serve as a reference point for further studies on the topic.

CONCLUSIONS

Based on the findings of the study, it was concluded that: The practice of HIV counseling and testing is uncommon among residents of Kakamega Municipality. Residents in Kakamega Municipality have supportive attitude towards HIV counseling and testing. The study therefore recommends that: Seminars and workshops on HIV and AIDS be organized to inculcate the right attitudes towards HIV counseling and testing by those concerned.
REFERENCES


