EMOTIONAL INTELLIGENCE AND SELF-CONCEALMENT AS
PREDICTORS OF VOLUNTARY-COUNSELING AND TESTING SEEKING-
BEHAVIOUR AMONG PUBLIC UNIVERSITY STUDENTS IN KILIFI AND
MOMBASA COUNTIES, KENYA

BY:
OROMO ACHIENG ALICE
E83/10714/2006

A THESIS SUBMITTED TO THE SCHOOL OF EDUCATION IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE
DEGREE OF DOCTOR OF PHILOSOPHY IN EDUCATIONAL
PSYCHOLOGY OF KENYATTA UNIVERSITY

SEPTEMBER 2015
DECLARATION

I declare that this thesis is my original work and has not been presented in any other university for consideration of any certification. This research thesis has been complemented by referenced sources duly acknowledged, where text, data and tables have been borrowed from other sources including internet, these are specifically accredited and references cited using current APA system and in accordance with anti-plagiarism regulations.

SIGNATURE: ___________________________ DATE: __________

OROMO ACHIENG ALICE
E83/10714/2006

SUPERVISORS

We confirm that the work reported in this thesis was carried out by the candidate under our supervision as University supervisors.

SIGNATURE: ___________________________ DATE: __________

DR. JACINTA ASWANI KWENA
Department of Educational Psychology
Pwani University - Kilifi

SIGNATURE: ___________________________ DATE: __________

DR. PHILOMENA NDAMBUKI
Department of Educational Psychology
Kenyatta University
DEDICATION

I dedicate this thesis to my beloved mother Jenipher Oromo, for standing by me throughout my education, struggles, and achievements and for having given me my first literacy skills to endeavor and succeed in education.
ACKNOWLEDGEMENT

I am grateful to my university supervisors, Dr. Jacinta Aswani Kwena and Dr. Philomena Ndambuki and Dr. Peter Mwaura for their guidance and support towards the success of this work. I also acknowledge with gratitude the support I received from the lecturers in Educational Psychology Department; Dr. Teresia Kainei, Dr Tumuti and Dr. Gladwel Wambiri from School of Education Kenyatta University. I am also thankful to Dr. Kigen from the Department of Educational Psychology School of Education, whose lectures in mental health and counseling during my Ph.D course work inspired me to venture into this study.

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<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ART:</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARV:</td>
<td>Antiretroviral</td>
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<tr>
<td>ACU:</td>
<td>AIDS Control Unit</td>
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<td>EI:</td>
<td>Emotional Intelligence</td>
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<td>IQ:</td>
<td>Intelligence Quotient</td>
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<td>NACC:</td>
<td>National AIDS Control Council</td>
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<tr>
<td>NASCOP:</td>
<td>National AIDS/STDS Control Programme</td>
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<tr>
<td>NGO:</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>SPSS:</td>
<td>Statistical Package for the Social Sciences</td>
</tr>
<tr>
<td>SC:</td>
<td>Self-Concealment</td>
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<tr>
<td>UNAIDS:</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<tr>
<td>VCT:</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>VCT SB:</td>
<td>Voluntary Counseling and Testing Seeking Behaviors</td>
</tr>
<tr>
<td>PU:</td>
<td>Pwani University</td>
</tr>
<tr>
<td>TUM</td>
<td>Technical University of Mombasa</td>
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ABSTRACT

Despite several efforts put in place to address HIV and AIDS education, prevention and control programmes in public universities in Kenya, students’ utilization of Voluntary Counseling and Testing (VCT) services is still very low compared to the students’ total population in the public universities in Kilifi and Mombasa counties in Kenya yet VCT uptake is necessary to bring about behavior change among the university students. Human Immunodeficiency Virus (HIV) prevalence among the young adults is still a national concern that requires continued investigation even in institutions of higher learning. Factors which have been investigated to affect VCT accessibility include; stigma and discrimination, fear, cultural perception and ignorance among others. One of the areas which have not adequately been investigated is Emotional Intelligence (EI) and Self-Concealment (SC). The purpose of this study therefore was to investigate the extent to which Emotional Intelligence and Self-Concealment could predict VCT seeking behavior. The Theory of Emotional Intelligence by Mayer and Salovey and Self-concealment Theory by Kelly and Achter were used. Correlation research design was used to establish predictive relationships. A sample size of 368 students (Male 196, Female 172) was drawn from target population of 9166 from Public Universities in coast region of Kenya. Purposive and proportionate random sampling techniques were used. Pilot study was carried out among 260 similar sampled populations to establish reliability and validity of the instruments. The instruments of Emotional Intelligence Scale (EIS), Self-Concealment Scale (SCS), and VCT seeking behavior Scale (VCT SBS) were used for data collection. Spearman Rank Order correlation co-efficiency tested the predictive relationships. The test result indicated a statistically significant positive relationship between the variables; self-concealment and VCT seeking behavior ($r = 0.634 > 0.05$), emotional intelligence and VCT seeking behavior ($r =0.375 > 0.05$) and emotional intelligence and self-concealment ($r =0.302 > 0.05$ Significance level). The study revealed that self-concealment was a significant determiner in VCT seeking behavior with a predictive $p$-value $=0.029<0.05$ significant level. The above results implied that, if there would be a decrease in one’s self-concealment and an increase in one’s emotional intelligence, then that response would lead to improvement in VCT seeking behavior. The study recommended that the role of emotional intelligence and self-concealment in voluntary counseling practices could be incorporated in HIV education and counseling to strengthen HIV prevention programmes in schools because emotional intelligence is a basis for both logical preparedness and motivation in seeking VCT services while self-concealment is a psychological construct operating as a predisposition to actively conceal one’s HIV status, hence self-concealment and emotional intelligence are key determiners of VCT seeking behavior.
CHAPTER ONE

INTRODUCTION AND CONTEXTUALIZATION OF THE STUDY

1.0 Introduction

This study was set to investigate emotional intelligence and self-concealment as predictors of Voluntary Counseling and Testing (VCT) seeking behavior among students in the selected Public Universities in Coast Region of Kenya. Chapter one of this study entailed detailed background information to this study, statement of the problem, purpose of the study, study objectives, research hypothesis, research assumptions, limitations and delimitations of the study, theoretical and conceptual frameworks and operational definition of terms.

1.1 Background information to the study

Emotional intelligence has been identified as a major contributor to competency for success in life (Goleman, 1995). Other researchers; Hopkins, O’Neil and Williams, (2007) - Emotional Intelligence in teachers and administration, Cote and Miners, (2006) - Emotional Intelligence and jobs performance, George (2000) - Emotional Intelligence and Leadership, Ortiz, (2012) - Emotional Intelligence in relation to Risky Sexual Behavior. These studies have focused on areas such as education, leadership and general life successes and general health. However, few of these studies have focused on the role of emotional intelligence in relation to Voluntary Counseling and testing seeking behavior.
Similarly, other researchers have carried out various studies in VCT seeking behaviour; Mokua, (2007); Maree, Ebersohn and De Villiers, (2012), Museve, Gongera, Loum, Labongo, (2013), but even though, limited information has been revealed on the role of self-concealment in VCT seeking among the university students in Coast Region of Kenya. This study therefore, speculated on the possible importance of emotional intelligence and self –concealment as factors which could determine VCT seeking behavior as one of the HIV prevention strategies.

Young people today are still at the centre of the HIV crisis worldwide. As at the end of 2011, people living with HIV were estimated to be 34 million globally (UNAIDS, 2013; WHO, 2012; UNICEF, 2012 report). It is estimated that 15.2% of the African population is infected with the virus. 70% of this population is in Sub-Africa. The youth infection rate was reported at 12.5% (Kates, Wexler, Lief, Avila 2012; UNAIDS, 2011/2012) while in Kenya the age category of 15-34 years infected with the HIV virus was at 8.5% (Kenya AIDS indicator survey (KAIS, 2012).

Although the general knowledge of HIV awareness is reported as high (90%) across various studies conducted in some Kenyan universities (Mumah 2003; Oguta, 2003; Nzioka and Ramos, 2008; Mbugua, 2004), there has been only 20% reduction in sexual risks behavior among the populations at risk. This calls for initiatives to reduce the trend of youth infection rates. Despite various attempts to tilt the trend of HIV prevalence by the governments around the world, there is still need to worry about the disease because no cure has yet been found.
HIV is a long-term killer disease. It wipes the family and country’s human economic resources, especially the youth who are the nation’s future development reservoir. The United Nations General Assembly Special Session on HIV and AIDS Declaration of Commitment had agreed to reduce HIV infection rates among 15–24 year-olds globally by 25% by the year 2015 (UNGASS, 2011). The UNGASS declaration called for vastly expanded access to information and education, especially youth-specific HIV and AIDS education which is necessary to develop life skills required to reduce risk and vulnerability to HIV infection. The realization of this ambitious initiative is not forthcoming as cited in the prevalence rates of the disease. This study, therefore, unravels another dimension in terms of emotional intelligence and self-concealment as predictors of VCT seeking behaviors to bring about behavior change among the young adults.

The Kenya Government recognized the negative impact the disease had on university students who are the backbone of the country’s future economic development and put structures in place to establish Sub-Aids Control Units (ACU) in the universities (Higher Education Newsletter, 2004). The role of ACU is to avail preventive and educative measures to both students and staff by providing VCT services. However, to what extent do the students access the VCT? Voluntary Counseling and Testing seeking behavior are HIV preventive strategies. The seeking behavior include seeking for HIV test voluntarily, educative materials, reproductive health information, condom use and demonstrations, counseling which helps in making informed choices and decision to self-disclose one’s status. Voluntary Counseling and Testing offers those wishing to be
tested for HIV a chance for symptomatic test and post-test counselling (Taegtmeyer, Kilonzo, Mung’ala, Morgan, and Theobald, 2006). It also provides room to form psychosocial support group which helps clients to cope with either positive or negative HIV test results yet this cannot be achieved with low VCT seeking.

Education continues to play a critical role in the campaign against HIV/AIDS. Students infected usually face obvious burden on medication expenses, nutritional supplements and fees. Eventually, they drop out of universities. Such perilous situations affect the economic development of any country. The education implication in this study is weighty in itself because awareness will encourage students who have problems of visiting the VCT unit for counseling and educate them on how to understand, manage their emotions, reduce levels of self-concealment and come to terms with their HIV status, while planning for their future lives. Knowledge about the role of emotional intelligence and self-concealment may help bring about behavior change among university students which will directly enhance the war against HIV and AIDS.

Emotional intelligence is described as the ability to perceive, understand and manage one’s own emotions and those of others (Mayer, Dipaolo & Salovey, 1990). Its role in voluntary counseling and testing is that counselors can integrate its domains of self-awareness, self-regulation, motivation, empathy and social skills in counseling process as a basis for using cognitive behavioral counseling skills. This may enhance both intellectual preparedness and motivation in decision-making. Emotional Intelligence can enable individuals to interact with those around them without internal feelings of
inhibitions. One’s perception to focus on the positive development and achievements is enhanced by being able to break through the barriers that can hinder goal achievements and personal wellbeing. The individuals are, therefore, able to operate from a personal non-judgmental, non-restrictive, logical and rational frame of reference from their inner state of thoughts. Emotional intelligence consequently forms a base that determines one’s willingness to seek VCT services and know HIV status as a strategy of HIV infection reduction (Schutte, Malouff, Thorsteinsson, Bhullar, and Rooke, 2007). The more students are engaged in positive decision-making, seek correct information, and reduce risky sexual engagements, the more Emotional Intelligent students may become and access VCT services thereby closing national target to 80% of HIV testing.

Self-concealment, on the other hand, is the tendency to withhold personal sensitive information that is perceived as negative, upsetting or embarrassing as explained by (Larson and Chastain, 1990a). Specifically, self-concealment can obstruct psychological expression of individual’s autonomy, competence, and relationships. The inverse relationship between self-concealment and wellbeing is a state that may demand persistent effort, which can ultimately elicit maladjusted physiological and psychological symptoms, Kelly (2002). This implies that individuals must have been acting inappropriately or shamefully in a compromising perception of themselves (Larson & Chastain, 1990b). In certain context, individuals feel safe in their thinking and perception since they are keeping something known only to them. This is a strategy for social security, decision-making, bargaining power, psychological health and self-
esteem. Being in this situation may at times become precarious to the concealed in relation to VCT seeking behavior. It is important to embrace emotional intelligence to offset individuals’ levels of self-concealment. Thus, there was need to investigate self-concealment and emotional intelligence as predictors of Voluntary Counseling and Testing seeking behaviors as one of the HIV preventive strategies among the Public University students in Kilifi and Mombasa counties in Kenya.

1.2 Statement of the Problem
The rate of accessing the VCT units was reported as low as 11.4% (NACC; Universities ACU, VCT quarterly reports, 2013, NACC; Biannual Conference report, 2012, CHE ACU reports analysis, 2013). This low rate points to low VCT services access, which is equally reflected in KAIS, 2012 report. Only 80.7% are reported to have been tested among the youth aged 19-24 years yet new infection rate is estimated at 29% and youth living with HIV virus are at estimated at 16%. The VCT access low rate may translate to indulgence in unprotected sex or contraction of HIV virus and re-infection due to ignorance about one’s HIV status. The immediate access to such knowledge is at the VCT units. This trend creates a gap for further investigation in the fight against HIV prevention. Perhaps education on the role of emotional intelligence and self-concealment in VCT seeking could hearten VCT seeking behaviors and reverse this trend.

The HIV prevalence rate among the young adults between the age 15-45 years nationally in Kenya was reported at 5.1% (4.4 %male, 6.9% female). Those found in
urban areas were estimated at 6.5% and those in the rural areas at 4.2%, (KAIS, 2012) while the Universities HIV prevalence rate at various levels was also reported to range from 0.2% -15% (CHE report, 2012) yet increased HIV infection rate among women youth aged 22-24 continue to escalate - 7% female and 4% men. Moreover, the Kenya National AIDS Strategic Plan 2009/10 – 2013/14, National target of attaining 80% of the population testing for HIV by the year 2015 is still not yet achieved (KAIS, 2012). The unmet targets have been pushed forward to NACC- Kenya AIDS Strategic Frame Work (KASF); 2014/2015- 2016/2019 to step up the realization of prevention strategies in the nation of Kenya. Hence low VCT access rate leaves a gap which needs further investigation.

University students lifestyles and characteristics is likely to predispose them to HIV and STIs infection (CHE Executive consultative forum, 2010 report) yet their VCT accessibility is reported as low. Perhaps strengthening cognitive behavioral counseling approach using emotional intelligence domains as life skills and self-concealment could help improve VCT seeking behavior to achieve positive living whether one is tested HIV positive or negative. This approach could contribute to reduction of risky sexual behaviors and enhancement of VCT seeking behavior. From the reviewed studies and others, there is need to investigate whether emotional intelligence and self-concealment could predict VCT seeking behavior among Public University students in Coastal region of Kenya.
1.2.1 Purpose of the Study

The purpose of this study was to investigate the relationship between the three variables; emotional intelligence, self-concealment and VCT seeking behavior and on the other hand find out whether or not the application of emotional intelligence could promote students access to Voluntary Counseling and Testing seeking behavior as HIV preventive strategy.

1.2.2 Objectives of the Study

This study was guided by the following objectives:

i. To establish levels of Emotional Intelligence, self-concealment and VCT seeking behavior of university students across gender and age.

ii. To establish whether emotional intelligence and self-concealment are significant predictors of VCT seeking behaviour.

iii. To establish whether VCT seeking behaviour can positively be predicted from the sub elements of emotional intelligence and self-concealment

iv. To establish whether there are significant gender and age differences in emotional intelligence, self-concealment and VCT seeking behaviors.

1.2.3 Research Hypotheses

The following hypotheses were tested to help investigate the study.

Ha 1. Levels of Emotional Intelligence and self concealment significantly influences VCT seeking behaviour
Ha 2 Emotional intelligence and self-concealment positively predicts VCT seeking behaviour

Ha 3 There is a significant positive association between VCT seeking behaviours with the sub elements of emotional intelligence and self-concealment.

Ha 4. There is a significance gender and age difference in emotional intelligence, self-concealment and VCT seeking behavior.

1.3 Significance of the Study
The findings of this study may add basic knowledge to readers and researchers on the role emotional intelligence and self-concealment play in understanding and promoting VCT services. This would be in an effort to reduce risky sexual behaviors and at the same time enhance voluntary counseling and testing uptake to help reduce HIV infection contraction among university population.

The universities VCT counselors may incorporate emotional intelligence and self-concealment models as life skills in cognitive preventive approaches which can be applied to bring about behavior change in HIV prevention efforts. This may improve and promote Voluntary Counseling and Testing seeking behavior.

Policy-makers at the Ministry of Health and Ministry of Education could also consider the benefit of this study on policies related to Voluntary Counseling and Testing services offered to university students. This could help enhance strategies which can promote HIV prevention and also influence education curriculum review. Thus,
children may learn how to enhance and adopt emotional intelligence abilities early enough in life while at the same time learn the dangers of self-concealment in relation to HIV infection before they reach tertiary levels.

1.4 Limitations and Delimitations of the Study

1.4.1 Limitations of the study

The study used the instrument of emotional intelligence and self-concealment which were in self-reporting form. This limited the researcher to depend on the clients’ honesty. The researcher overcame this obstacle by assuring clients of confidentiality.

Another limitation could have been Pygmalion effect. This could have been as a result of participants expectations from the researcher being one of their lecturers. However, the researcher assured the participants of confidentiality and participation only through one’s consent and no victimization in failure to participate.

1.4.2 Scope of the Study

The study was confined to students in public universities in the Coast Region of Kenya. Only Pwani University (PU), Kenyatta University (KU) - Mombasa campus and The Technical University of Mombasa (TUM) were sampled to participate in the study. The researcher overcame these obstacles by applying appropriate sampling methodology to capture key target population characteristics.
1.5 Assumptions of the Study

Considering the nature of VCT seeking behavior, the researcher assumed that participants had some ideas about the VCT units or they had heard about the VCT services and therefore their level of awareness was high.

That the condition under which the VCT seeking behaviors occurs is secretive, private and fearful but even though, the study assumed that the participants would give honest answers.

That self-concealment is a negative prerequisite to HIV infection and that emotional intelligence is a positive influence on changing people’s mind-set and behavior in HIV prevention efforts.

That the correlation research design is a research method which could help the study investigate the relationships between the variables. And that the scales of instruments (EIS, SCS and VCTSBS) identified would yield accurate results purported to be tested by them.

1.6 Theoretical and Conceptual Framework

This study was guided by two theories; Theory of self –concealment by Kelly and Achter, (1995) and Theory of emotional intelligence by Mayer, Caruso, and Salovey, (1999). The two theories were used because they complement each other in understanding the two concepts involve in this study. Emotional intelligence principles outlined are components which tend to appeal to ones cognitive frame work positively towards VCT seeking. On the other hand self-concealment tendencies acts as
predispositions which inhibit ones accessibility to VCT services hence the individual is likely to fall vulnerable to risky sexual behaviors and HIV infection contraction. The two theories therefore would help in interpreting the study outcome.

1.6.1 Theoretical Framework of Self-Concealment

In self-concealment theory, Kelly and Achter proposed that self-concealment can be understood as an instance of boundary regulation which helps to maintain one’s privacy. They established the self-concealment principle which states that self-concealment is a psychological construct operating as a predisposition to actively conceal from others personal information which one perceives as distressing or negative. The domains of self-concealment include secrecy/privacy, feeling of embarrassment, fearfulness, trauma and depression.

Secrecy was central in defining self-concealment. It was a phenomenon noted by counselors and clinicians in clients whereby patients often held back important information from their therapist (Larson and Chastain, 1990). This was so even if they wanted to get better and they knew the therapists wanted them to get better too. It was known that patients were secretive in both long-term and short-term therapeutic situations. The link to VCT seeking behavior is that people who were self-concealed may or may not seek VCT services. Those who don’t seek VCT services often on the other hand develop a tendency not to disclose their status to their partners and loved ones when tested positive. This propagates the risk of more people getting infected. If
people were to be dissuaded from secrecy, then their ability to seek VCT services would be enhanced.

Domain of embarrassment is considered as a normal behavior but can be detrimental to one’s wellbeing especially if exaggerated during situations that require medical attention and counseling. Embarrassment carried the connotation of an act that is socially unacceptable rather than morally wrong, for example, promiscuity. In VCT seeking, clients usually tend to feel embarrassed in disclosing their sexual engagements during counseling. Thus, they resort to self-concealment, a factor that enhances the spread of HIV infection. Discouraging embarrassment could, therefore, enhance VCT seeking behavior (Cramer, 1998).

The domain of fearfulness plays a key role in self-concealment. It was defined as an emotion induced by a threat perceived by one’s surrounding. VCT unit has always been perceived with fear. The thought of being tested positive with a disease which has no cure instills fear among people. Equally, the association of promiscuity with testing positive exposes one to stigma and discrimination. Due to stigmatization of AIDS victims by the society, more people fear accessing VCT services. This only increases the rate of HIV infection as people unknowingly infect and re-infect others with the HIV virus. This study was aimed at discouraging fear as a sub-component of self-concealment towards the reduction of HIV infection.
The domain of trauma is considered as one of the most severe psychological conditions of shock characterized by emotions such as anger, denial, irritability, guilt, and shame and self-blame. Some individuals experience trauma when the HIV test turns positive. Therefore, people resorted to negativity towards seeking VCT services.

Finally, depression is a domain of self-concealment defined as a condition of consistent grief over a prolonged period of time. Positive VCT seeking behaviors help clients overcome conditions expressed in the domains of self-concealment through counseling. When counseling is sought early in time, client develops positive living.

Other supporting theorists of self-concealment include Wegner, (2011) who contributed to the research on self-concealment by providing explanatory models. These were the inhibition model and the preoccupation model. The inhibition model revealed how self-concealment has a negative health effect upon the self-concealer through psychological distress while the preoccupation model revealed that the thought suppression associated with self-concealment ironically leads to intrusive thoughts and even greater preoccupation with distressing personal information, which in turn leads to poor state of well being.

The researcher had an objective of creating a model which would help predict VCT seeking behavior in any given sampled population in relation to both self-concealment
and emotional intelligence. This model relied on the theoretical backing of previous researchers who created similar models with regard to self-concealment as cited above.

The import of this theory in this study was that, in Voluntary Counseling and Testing seeking behavior, clients tend to have personal information which is characterized as private and the information is consciously concealed from others. The concealed personal information such as risky sexual indulgences like sex without protection, inconsistent use of condoms, multiple sex partners, men having sex with men are secretly lounged into one’s thoughts, feelings and actions which are highly intimate, secretive, personal, embarrassing, traumatizing, depressing and negative in valence.

Secrets and secret keeping have been long-standing characteristics of individuals (Kelly & Achter, 1995). In addition, self-concealment is associated with negative wellbeing outcomes especially during voluntary counseling and testing consultative encounters with the clients. The clients leave voluntary counseling and testing unhealed yet help is just a stone throw away from them. Self-17 concealment may uniquely and significantly contribute to state of anxiety and depression when it is prolonged. Other resultant physical and physiological symptoms may include self-silencing, ambivalence, fatigue, low self-esteem, loneliness, restlessness; maladaptive mood regulation, class absenteeism, exams failures and even dropping out from the university at times may be exhibited.
Conclusively, the theory of self-concealment was used by the researcher to interpret the VCT model equation in the study results. This was done first by getting scores on the self-concealment scale test, subjecting these scores to regression analysis upon emotional intelligence scale scores test, and then combining the two with worked out constants in a model that would predict VCT seeking behavior.

1.6.2 Theory of Emotional Intelligence

Emotional Intelligence Theory was developed by Mayer and Salovey, (2007). In their theory, they proposed that Emotional Intelligence was a cognitive ability which was separate but also associated with general intelligence. They proposed five principles as behavioral components of emotional intelligence which should be exhibited by those who embrace it in their daily lives. The principles were; perception of emotion, emotional facilitation, social skill, understanding emotions, and management of emotions. These dimensions were ordered from basic to higher-order abilities which developed as an individual matures. 18

First, the emotional perception (self-awareness) is the cognitive branch of the mind that helps individuals to reason with themselves, make rational decisions from informed choices and regulate self-control. It elucidates how students perceived the VCT. Was the VCT an object that aroused fear or excitement? Such information is incorporated into visual perception of one’s environment. Thus, this study noted that; fear may
decrease the chances of students seeking VCT. Emotional intelligence indicators may help individuals overcome self-concealment barriers and may also be adopted as an approach to enhance HIV prevention programmes in the universities, across institutions and social life’s interactions.

Second, emotional facilitation (self-motivation) is the sensory processing of the visual context in one’s environment. It is that ability which assists one to understand issues that affected them in different dimensions in life. For example, effect of environmental changes, socio-economic impact of pandemics, changing moods of individuals, attitudes and helping individuals to see situations in several different ways. Students should be in a position to reason out the importance of seeking VCT services within the university through emotional facilitation. It would enable them to change feelings into cognitive analysis, reasoning, problem-solving and decision-making. This would form the potential guide in seeking VCT services.

Third, understanding emotions (empathy) is being aware of one’s own emotions and those of others, knowledge of emotions, emotional vocabulary and how they blended to create other emotions which change overtime. This component enhances the understanding of the value of emotions for the survival of mankind. Since this ability enables one to solve emotional problems, identify and understand the inter-relationships between emotions, thoughts and behaviors, it is always deemed as very crucial. For example, to see cause and effect relationships such as how thoughts affect emotions or
how emotions affect thoughts, and how emotions can lead one to regrettable acts, psychological reactions, such as; listening, attending, observing and responding. These are core values in offering a hand to one who seeks for help in counseling. Emotional understanding is the core principle of counseling and referrals. Rogers, (1951) expounded on the values of attaining self-actualization in a client. The realization of this is grounded in the spirit of understanding someone’s emotions.

Fourth, expressing emotions or social skills, ranged from the ability to adjust into another person’s feelings and understand how he/she thinks about things, to being a great collaborator and team player, to expertise at negotiation based on life experiences. People with competence in this domain of emotional intelligence are better placed in understanding the implication of HIV and AIDS upon their lives and the role of VCT seeking in preventing it. The encouraging aspect of this domain is that it can be improved for every person. With time, effort and perseverance, social skills could be enhanced with regard to VCT seeking behaviors. This would result in reduction of stigma and discrimination on those affected and infected, promotion of psychosocial support, sharing correct information on HIV and ultimately reducing risky behaviors which lead to HIV contraction. This was one main link between emotional intelligence and VCT seeking behavior.

Fifth, managing emotions or self-regulation is the ability to control and cope with one’s own emotions and those of people around him/her. This dimension enhances the
understanding of one’s emotional intelligence level in seeking VCT services. This was because there is need to find out whether one takes personal decision or is shoved by peer influence to visit the VCT units. Or does one take responsibility for his or her own negative emotions and turn them into growing learning opportunities? Student’s judgment and decision-making in seeking VCT counseling is vital and life saving. A concept is explained in the conceptual framework to authenticate the investigation of this study.

The link between Emotional Intelligence Theory and Self-Concealment Theory in this study is that, voluntary counseling and testing seeking behaviors require self-disclosure on sexual engagement activities by clients, yet youth’s VCT seeking behavioral characteristics at this stage is surrounded by high self-concealment and probably low emotional intelligence in seeking voluntary counseling and testing services. Emotional intelligence, therefore, needs to emerge positively in the individual’s perceptual threshold to enable one embrace it as a strong anchor which can help a client suppress self-concealment tendency and benefit from voluntary counseling and testing services. Both theories, therefore, guided this study and helped to interpret data on the relationship between emotional intelligence and self-concealment in voluntary counseling and testing seeking behaviors among university students.
1.6.3 Conceptual Framework

**Figure 1.1 Emotional levels of individuals**

(Source; Researcher 2014)

The relationship is further enhanced when Emotional Intelligence positively influences one’s attitude to seek VCT services as a result of emotional abilities (emotional perception, emotional facilitation, emotional understanding and emotional management). These are aspects which when individuals embrace in situations of perceived risky behaviors, then they are likely to reduce their chances of getting
predisposed to contracting HIV virus. So by learning, or being counseled and embracing the skills of Emotional Intelligence, (self-regulations, empathy, self-awareness, motivation and social skills) the abilities would assist in reducing self-concealment practices (being secretive, personal/private, embarrassing, and fearful, traumatic and depressing information’s) such as student’s indulgence in unprotected sex, multiple sex partners, unwanted pregnancies and inconsistencies in condom use for their protection, Why? because emotional intelligence skills is the cognitive part of the brain which can influence one’s behavior. The influence on seeking or not seeking VCT testing can be as a result of positive or negative attitude that exhibits the level of emotional intelligence and self-concealment one has. This influence requires cognitive reasoning. This relationship provides a foundation for this framework which helped to interpret the outcome of the data.

1.7 Operational Definitions of Terms
1.7.1 Introduction
The following were operational terms used in this study to facilitate the understanding of the study:

**Antiretroviral Therapy (ART)** - Treatment with antiretroviral drugs which inhibit the ability of HIV to multiply in the body leading to improved health and survival among HIV-infected persons. ART can be accessed at the VCT units.

**Emotional Intelligence**- The ability of individuals to perceive, control, facilitate, understand, and manage their own emotions and those of others while seeking for
VCT services as HIV prevention strategy which can help reduce risky sexual behavior.

**HIV-** Human Immunodeficiency Virus (HIV) - HIV is the virus that causes AIDS. The virus is passed from person to another person through blood, semen, and vaginal fluids. 90% of HIV infection is said to be through heterosexual relationships such as unprotected sex (risky sexual behaviours).

**Self-Concealment** – This is the tendency of withholding personal sensitive information that is perceived as negative or embarrassing and distressing secrets as sex risky indulgences.

**VCT Seeking Behavior** – Clients behavioral tendencies in seeking VCT services such as; positive attitude formation towards VCT services, seeking psychosocial support, seeking correct information (on condom use, reproductive health, HIV status, family planning methods, sex and sexuality, ARV, referrals) to make decision from informed choices, frequent VCT visitation and self-disclosure to access counseling on HIV care, treatment, and prevention methods.

**Voluntary Counseling and Testing (VCT)** - Is a counseling process in which individuals test their HIV status and access more information about HIV and AIDS prevention, care and treatment then make decision from informed choices. (Hill & Choi, 2004).
CHAPTER TWO
REVIEW OF RELATED LITERATURE

2.1 Introduction
This chapter consists of reviewed literature under the following sub-headings; Empirical studies on the levels of emotional intelligence, self concealment and VCT seeking behavior, Relationships between emotional intelligence, self-concealment and VCT seeking behavior, Predictive models of emotional intelligence and self-concealment, Gender and age differences in the three variables, VCT seeking behavior characteristics and lastly summary of the reviewed literatures.

2.2 Levels of Emotional Intelligence, Self-concealment and VCT Seeking Behavior
Study conducted by Maliha (2012), on the relationship between mediating effect of emotional intelligence and cultural adjustment of international students on their academic achievements revealed that academic achievement has high levels of influence on student academic performance due to their high levels of emotional intelligence. This study helps to reveal that VCT seeking contributes to students well being and enhancement in of their academic performance at the university. The varying degree of response achieved with regard to how the participants perceive VCT seeking behavior when correlated with emotional intelligence may also not be over looked. Cultural adjustment plays a very significant role in individual’s lives since it dictates ones thought and behavior towards attitudinal object in their immediate environment.
The role of emotional intelligence is further illustrated in Chernis study (20002). Not only does Chernis, (2000) demonstrate how emotional intelligence can help people be more effective at work, but Cantazaro (2009), also argued that:-

‘Emotional intelligence is one of the biggest factors that contribute to the success of individuals who assume various tasks and roles in modern life. It is important in determining how individuals cope with the stress that can potentially limit their emotional relationships, decrease their efficiency, and reduce the pleasure of life’

However, Chernis’s predicament in his study was extreme and unusual work situation analysis different from the current study. Even though, work situation is equally related to health behaviour. Hence the current and Chernis study creates possibilities of achieving individual drives to meet set targets in life as a result of maintaining healthy living lifestyle.

Levels of VCT seeking behavior has remained crucially important to many researchers and VCT providers due to threats posed by HIV prevalence rate, new HIV infections and ARVs usage. To determine the characteristics of clients seeking VCT services in Nairobi-Kenya, a descriptive study carried out by Olewe, Wanyungu and Makau (2002),, found out that high levels of VCT seeking (65.9%) among HIV positive clients between age 15 - 34 was on the increase. Therefore, it is important that more studies collect data from the VCT clinics that provide services to the students and youths in the same age brackets. The use of VCT data helps to demonstrate that knowledge of VCT
seeking clients is critical in bridging the gap between availability of VCT services and its uptake and the ultimate control against HIV and AIDS. The prevention of the disease depends on individual’s knowledge on their sero-status and utilization of VCT clinics. Therefore it was necessary for this study to establish the levels of emotional intelligence, self concealment and VCT seeking behavior.

2.3 Relationships between Emotional Intelligence, Self-Concealment and VCT Seeking Behavior

Qualitative case study by Maree, Ebersohn, and De Villiers (2012), predicted social intelligence as a contributor to resilience in managing health ailments such as HIV and AIDS and other terminal diseases. The results indicated that traces of resilient coping amongst the participating groups of children did exist, and that these traces were closely related to the manifestation of emotional intelligence. Themes indicative of teens’ resilient coping included sense of self-worth, optimism, security, comfort, belonging and self-regulation which the researcher did not consider. However, the role of emotional intelligence as a predictive element in VCT seeking left a gap that needed investigation.

Sexual risk behaviors pose a major public health problem and continued research in this direction is ongoing. Ortiz (2005), investigated relationship between health risk behaviors and emotional intelligence among 80 student participants and found out that there was a strong correlation between indulgence in risky health behaviour and need satisfaction. These results indicated that there is significant relationship between
emotional intelligence and health risky behaviors. However, the study recommended interventions to reduce risky sexual indulgence which was relevant to this study.

A study by Mayer, Salovey and Caruso (1997, as cited in Sternberg 2000), revealed that participants who were asked to judge the emotional content of several stimuli (e.g. faces, designs and colors) in the expo-factor experiment consciously identified emotions in all the stimuli. These results indicated the power of emotional perception as a strong branch of emotional intelligence. Such conditions explain why students perceive VCT clinics variedly. It also helps to further explain individual differences and response in as far as psychological adjustments is concerned. Ones perception as reported in Sternberg (2000), may have high possibility of influencing VCT seeking behaviors either positively or negatively.

On the other hand, an ethnographic study in Ghana suggested that clients were more comfortable self-concealing their HIV status among their support groups and counseling sessions than with their spouses and loved ones (Dapaah, 2012). This prevailing condition could be attributed to coping strategies among the clients. It could also imply the dangers posed by self-concealing HIV status. The study by Dieleman, Biemba, Mphuka, Sissolak, Van and Kwaak, (2007), also gave an account on how in two rural districts in Zambia, HIV-positive nurses self-concealed their HIV illness, choosing instead to suffer in silence, while risking emotional exhaustion and burnout. This was because clients’ feared stigma associated with promiscuity, unsafe sex, contagion and lack of psychosocial support.
A study by Miller (2005), on self-disclosure on HIV sero-positives found out that self-concealment on individual’s HIV status had significant implications on HIV care and treatment. This is because those who self-conceal their HIV status have high possibility of infecting others but at the same time very emotional and secretive. This situation denies them chances of getting treatment, care and further voluntary counseling and testing. It therefore calls for the need to embrace high levels of emotional intelligence while reducing levels of self concealment to help increase VCT seeking behaviour.

The proportion of those living with HIV who had reported sharing their HIV status with their sexual partners varies widely (Antelman, Fawzi, Kaaya, Msamanga, Hunter and Fawzi, 2001) in a study of 1078 HIV positive women. The study revealed that in two months diagnosis, only 22% of participants had disclosed their HIV conditions to their sexual partners. This study showed how much self-concealment is detrimental to VCT seeking behaviour. On the other hand participants in a study in western Kenya swore not to reveal their status to their sex partners, although women with higher level of education showed willingness not to self-conceal in the study, (Songkok and Andayi, 2003). This study indicated that education play a significant role in reducing risk factors in HIV spread. We could deduce that self-disclosure as opposed to self–concealment is a crucial benefit from voluntary counseling and testing.

A bout 347 undergraduate students sampled from Kenyatta University (Mokua, 2007) observed that the relationship between self-concealment and attitudes toward seeking voluntary counseling and testing (VCT) had great individual differentiations. Having
used correlation method of data analysis, the results revealed that students who had low self-concealment had a higher probability of seeking VCT than students with high self-concealment. However, the study did not investigate the level self-concealment which could influence emotional intelligence and VCT seeking. This created room for investigation in this study. The study Findings indicated that students with low self-differentiation had more preference of seeking VCT services than highly de-motivated differentiated students. Hence the study gap to establish if emotional intelligence and self-concealment could predict VCT seeking behavior.

2.3.1 VCT Seeking Behaviours

Many HIV testing programmes in Africa, including Kenya aims to reduce risk sexual behaviours by providing individuals with information about their own HIV status through Voluntary Counseling Testing (VCT) services (De Paula, Shapira, and Todd, 2008; De Paula, Shapira, and Todd, 2010). VCT is the process by which individuals undergo confidential counseling to cope with stress and make informed choices about their HIV status (UNFPA and IPPF, 2004). VCT has been shown to be an effective strategy to facilitate behavior change through seeking VCT services. The predominant mode of HIV transmission is through heterosexual contact, followed in magnitude by prenatal transmission, in which the mother passes the virus to the child during delivery and breastfeeding (MoH-Kenya, 2014).
Interventions to prevent HIV infection include behavioral factors (for example counseling to decrease sexual risky behaviors), medication (for example treatment of sexually transmitted infections) and the promotion of barrier methods (for example condom use and demonstrations). However, the vast majority of people in developing countries living with HIV infection do not know their HIV status. Either they are ignorant and fearful in VCT access and visitation or they are self-concealing. For instance, in a random sample population in Zambia, it was found that HIV sero-prevalence among the general adult population was 20%, out of which 6.5% adults were found to have had HIV tests (Dieleman et al., 2007).

In another study by Olabode and Ayodele (2013), on the socio-demographic and psychosocial determinants of HIV voluntary counseling and testing among Nigerian university students were found to be significant predictors of HIV testing intention. A prediction model containing Theory of Planned Behavior and demographic variables explained that 28.4% of the variance in HIV testing intention perceived behavioral control as a major determiner. These results points out the effect of a positive social behavior change among the university students by suggesting mode of reducing the number of new infections, providing equitable care and support, as well as mitigating the impact of the infection through other studies.

Mean while Oyodele (2009), study among 287 Sagamu residents of Ogun State in Nigeria employed Pearson Product Moment Coefficient and multiple regression statistical analyses to analyze data investigating willingness to seek voluntary
counseling and testing (VCT). Self-developed instrument for willingness to Seek VCT and VCT knowledge Questionnaire (WSVCTKQ) was used for data collection. The study results showed the participants’ knowledge of VCT seeking to be low. A significant positive relationship was found between participants’ knowledge of VCT and willingness to seek VCT services ($r (287) = .371, P < .05$). However, willingness to seek VCT services had nothing to do with age and work status. The findings concluded that more awareness should be created and people should be encouraged to obtain information about their HIV status and seek prompt counseling and medical intervention where necessary. This study added credit in focus of VCT seeking uptake.

A cross sectional study by Museve, Gongera, Loum and Labongo (2013), on analysis of uptake in HIV Voluntary Counseling and Testing Services among Mount Kenya University students in Kenya, reported that students seek HIV test to establish the faithfulness of their sexual partners, to satisfy their sexual curiosity, to seek early treatment and determine their partners’ HIV status. In addition, the study also revealed that students fear knowledge of receiving HIV positive results and status being known; however, the study did not take into account whether emotional intelligence and self-concealment could be major determiners in VCT seeking behaviour which the current study addressed.

At the 30th Common Wealth Regional Health Community Services (CRHCS), Regional Health Ministers’ Conference (RHMC) held in Seychelles in October (2012), health
ministers, concerned about the rapid spread of HIV by then in the region, realized that some strategies which were in use that time required strengthening. Hence, they recommended that CRHCS work with member states all over the world to mount an effective response to the epidemic and formulate regional strategies on HIV and AIDS prevention. This brought about the strengthening of Voluntary Counseling and Testing (VCT) services, practices and policies. This study is one of those strategies on research-based attempts that call for the need to find out VCT seeking behavior characteristics among the university students. From the reviewed literatures on VCT seeking behavior, it is imperative that there is varying degree of response and understanding on VCT seeking behavior to be further investigated.

2.3.2 Perceived Challenges in VCT Clinics and the Role of the VCT counsellors

Relationship between Emotional Intelligence and adherence to combination of antiretroviral medications by individuals living with HIV disease was carried out by Willard, (2006). Pearson’s product moment correlation coefficient was used to analyse data at 0.05 significance levels. Only 10% reported adherence to the doses out of eighty-two participants. The perspective of this study was based on the hypothesis that people who were capable of expressing and understanding emotions, assigned meaning to their emotional experiences, regulated their feelings and emerged much more better adjusted psychologically and socially than those with low levels of emotional intelligence. Even though, people often differ in expressing their emotional abilities, this influences their level of visiting VCT clinics.
A paper presented at an annual meeting of the Midwestern Psychological Association revealed that high self-concealment caused psychological and physiological problems in students while adjusting to college life, (Ichiyama et al., 1993). The paper noted that the cost of keeping secrets was enormous because failure to seek psychological help in time, in the long run caused psychological maladjustment in students. Despite this observation, it was important to note that this paper failed to further highlight that at certain points the maladjusted behaviours were also linked to the effects of HIV infections especially as the disease progressed to AIDS. This situation could occur as a result of high levels of self-concealment and embracement of less emotional intelligence level one may possess. Since studies had revealed that men with high emotional intelligence embraced empathy, had appropriate emotional management abilities and could self-regulate their feelings (Goleman, 2005), those with high self-concealment were poised to develop maladjusted behaviours with time as the HIV disease progresses. Therefore, there was need to find out some of the perceived challenges in visiting VCT clinics in the universities VCT clinics.

Jaballow (2010) study in Gambia University among the medical students revealed low VCT seeking behavior among university students. The study found out that, even where services were available and free of charge, VCT seeking was still low almost at 12%. This trend could increase student’s vulnerability to indulge in unprotected sex. A similar trend was observed (Maseruka and Mbonye, 2008) among the students at
Mbarare University in Uganda. The study revealed that most students who participated in the study had had a VCT test elsewhere but not at the university VCT clinics prior to their participation in the study. A study on knowledge, perception and behaviors about HIV and AIDS among Nigerian university students (Harding and Champeau, 2011) also had predicted lack of awareness and misconceptions about VCT seeking services yet majority of them (92%) were found to be in unprotected sexual relationships. This trend of behavior may be attributed to low VCT service access. A gap this study intended to investigate. Therefore there was need to find out perceived challenges faced by university students in accessing the VCT clinics in the universities.

### 2.3.3 The Role of Emotional Intelligence in Education Setting

Several debates have gone ranging across various conferences on reproductive health, guidance and counselling and sex education for pupils in Kenyan schools. What is intriguing all these debates time and again? High rate of student’s pregnancies, meaning, students engage in unprotected sex. Other causes of concerns are early sex debut, school dropout, poor school performance, HIV infection and drug abuse among other factors. Nevertheless, another ranging endless debate are; at what age should sex education be introduced in schools? And should condoms be introduced to pupils in schools? This and many more questions are simply enclosed in the role of Voluntary counselling and testing services in schools and the role of emotional intelligence in education setting.
Nelson and Low, (2005) argued in their study on transformation learning that emotional intelligence skills are key factors in personal, academic and career excellence. The argument here was that the skills of emotional perception, emotional understanding, emotional facilitation, emotional motivation and emotional regulation are key areas of emotional intelligence skills which if integrated in a learning curriculum, one would be endowed with those noble skills of self-discipline and moral regulation to restrain oneself from the detractors mentioned above and achieves academic goals. This calls for the need of Emotional Intelligence to be taught in schools (Goleman, 2005). This would enhance self-responsibility early enough in children.

Transformative learning environment (Lyons & Schneider, 2005) calls for curriculum integration with emotional intelligence sub-domains. They argue that emotional intelligence teachers are more resilient and proactive in responding to stressors. This implies that teachers and students become better and more effective in their learning, teaching and administrative roles than those who lack integration approach of emotional intelligence in their curriculum. Teachers who model emotional intelligence are characterized by international reflective behaviours (non-reactive), more flexible (not resistant to change), assertive but not aggressive or passive) more optimistic and hopeful (not pessimistic and negative) and rely on skills and positive habits (not reactive habits).

Lyons and Schneider (2005), also examined the relationship between ability-based emotional intelligence facets with performance under stress among undergraduate students. The study found out that emotional intelligence was related to enhanced
performance and stress management. Bearing these studies in mind, education outputs would benefit most in terms of enhancing leadership and administrative skills in schools. The application of emotional intelligence skills in guidance and counselling components can enhance transformational learning and teaching approaches. There was, therefore, need to investigate emotional intelligence levels with VCT seeking behaviours among the university students as a strategy which could bring about behaviour change among the students.

2.3.4 The Role of Self-Concealment in Education Settings

Self-concealment has had far reaching effects among students in education settings especially in this era of HIV infection (Kershaw, Ethier, Niccolai, Lewis and Ickovics, 2003). The study revealed that people who keep personal information private have little regard to counselling than those who routinely disclose. Students who deny significant others personal information especially information touching on their sex and sexuality experiences tend to resort to unsafe abortion, conceal their HIV statuses, pregnancy, sexually transmitted infections, drug abuse and addiction, rape and many other psychological issues which hinder students from achieving academic goals. Such students are less likely to seek VCT services.

A study by Chastain (1990), strengthens the findings of the current study since he asserts that people with secrets may remain sceptical about seeking counselling because they fear self-disclosure. Other studies by Hill, Thompson, Coger and Denman (1993), revealed that the most frightening part in VCT counselling is the discussion on the risk
Factors predisposing the clients to HIV infection. Denman et al., (1993) also asserted that secret keeping is an important aspect in development of egoistic boundaries and self-concept. Self-concealment then becomes pathogenic when information is actively and consistently kept from significant others.

Kelly and Achter’s (1995), study further shed light that secret keeping is associated with psychological maladjustment which potentially interferes with counselling process. However, it may be due to individual differences but school environment with peer conformity usually calls for secrecy which could be pathogenic in its own way. Counsellors need to consider such inhibition among clients.

Trained counsellors should counsel and educate students on the negative effects of self-concealing personal information detrimental to self-development by using Cognitive behavioural counselling approaches such as Reality Therapy by William Glasser, (1962)., who noted that:

‘We are all responsible for what we choose to do, we may be products of the past, but we are not victims of the past unless we choose to be. All problems are in the present, which is the therapy that is realistic. Stop living in the past but integrate the here and now approach’.

Ellis (1955), in Rational Emotive Therapy (REBT) also expounded his viewpoint by asserting that:

‘People’s problems emanate from fears they hold so dear, living in self-concealment, keeping a lot of secrecy and being private. We must be able to confront the fears, abandon irrational thinking and open up to self actualization by reassessing how we can regulate our emotions and thoughts in various situations for healthy living’.
Rogers (1958) in his Model of counselling approach - Person Centered Therapy in the same school of thought argued that:

‘By providing the clients unconditional positive regard, Empathy and genuineness, the counsellor is able to provide the co-condition of counselling process which gives room for self-disclosure and development for human growth’.

The foregoing approaches are suitable skills in handling student’s self-concealment tendencies thereby boosting their levels in emotional intelligence and enabling them to off load psychological issues blocking their academic pursuits.

University students need to be encouraged to visit VCT clinics so as to know their HIV status, assess risk behaviours and develop risk-reduction plans (NASCOP, 2012) since they are very active sexually at this stage. Studies such as the current one on emotional intelligence and self-concealment are geared towards improving the process of motivating students to access the VCT. This would enable them to manage their health effectively for personal and economic development of the country. It also would motivate openness among students. They would learn to develop skills of being objective, enhanced logical thinking and clear problem-solving approaches among them even while at home and school.

Another contrary study (Ashkan Khalili, 2012) investigating levels of emotional intelligence among 112 employees of small and medium enterprises assessed gender differences in emotional intelligence. The study revealed that men have higher levels of emotional intelligence than women. Other studies; Mbogua, (2004); Njoroge et al., (2011), Mumah, (2003) and Nzioka, (2008) had varied results on gender differences in
HIV studies and VCT seeking. For instance, Mbogua (2004), investigated gender difference in VCT seeking among HIV patients from Kenyatta Hospital Nairobi. The study reported gender differences in VCT seeking. Using survey method and focused group discussion, the study found out that men often visit public healthcare facilities and VCT clinics much less frequently than women and if they do, it’s done under self-concealment. These results were attributed to cultural perception which upholds masculinity and gender stereotyping.

2.3.5 Predictive Models of Emotional Intelligence and Self-concealment.

The Mayer and Salovey (1997) model of emotional intelligence consisted of five branches; perception of emotions (appraisal and expression of emotion), emotional facilitation, understanding (emotional knowledge), social skills and regulation of emotions. The role of these skills in life is to promote intellectual growth of individuals in life. These domains are arranged from more basic psychological processes to higher, psychologically integrated processes. For example, the lowest level branch concerns the (relatively) simple abilities of perceiving and expressing emotions. In contrast, the highest level branch concerns the conscious, reflective regulation of emotion. These branches have so far been referred to differently as models, principles, domains abilities and sub elements depending on the choice of the writer.
Mayer and Salovey (1997), Model describes emotional intelligence as the ability to perceive emotions, access and generate emotions. The abilities that emerge relatively early in development are explained to develop from the left of the brain while later development of abilities from the right of the brain. Those who are high in emotional intelligence are expected to progress more quickly through the abilities designated and to master more of them. This model helped in guiding the VCT seeking model creation to assert that those who seek VCT should hold high emotional intelligence levels while those who self-conceal display low VCT seeking levels. This condition therefore predicts the significant level upon which a client is most likely able to visit the VCT clinics.

Another emotional intelligence model was developed by Bar-On (1997). According to Bar-On, emotional intelligence is a set of skills such as intrapersonal and interpersonal skills which involve recognizing one’s feelings and adjusting ones emotions and behaviors to suit any situation an individual may find themselves in. The main purpose of this model is to assist individuals thought processing in the understanding of one’s emotions, knowledge and effective regulation of emotions to promote intellectual growths. This model helps to interpret the understanding of emotional intelligence and further researches hypotheses which can apply the concept in various contexts.

Vogel and Armstrong model (2010) on self-concealment as analyzed in Cramers (1998), self-concealment model of willingness to seek counseling was extended to examine the role of positive and negative social experiences in a sample of 235 college
students. Structural equation modeling indicated that negative social experience predicted willingness through the mediators of negative social experiences and psychological distress. Forty-eight percent of the variance in psychological distress and 6% of the variance in willingness was accounted for in the model. This implied that any person experiencing a problem would be tempted to seek counseling. Therefore there is need to establish VCT seeking predictive model which could also help VCT counselors determine clients levels of VCT seeking behavior and counsel them appropriately.

2.4 Sub Elements of Emotional Intelligence Self-concealment and VCT seeking Behaviors

Clients have often experienced varied psychological feelings related to HIV and AIDS. These feelings are often very traumatic and depressing. Clients tend to self-conceal their HIV status due to reasons of privacy, embarrassment and even fear of discrimination.

Traumatic and stressful experiences among HIV-infected individuals have consistently been associated with state of poor health. A longitudinal study of 611 sample size to determine predictors associated with stressful experiences among HIV-infected individuals were conducted (Mugavero, et al., 2011). The results revealed that 90%, (median=3.5 experiences) and 10% traumatic stress was observed in any given nine-month reporting period. Other related causes of emotional stress and trauma included substance use. This implies that emotional stress is a vital link to a state of mental health. There is need for enhancement of Emotional intelligence to reduce fear of
accessing VCT services and instead reduce stress and traumatic experiences as a result of HIV infection.

Another study on assessment of relationship between perceived emotional intelligence and health behaviors among 418 undergraduate students (Michele, 2012) revealed that females reported higher levels of emotional attention than males ($M = 48.37$, $M = 44.12$; $p < 0.001$). This result suggested that emotional intelligence has the potential to offset behaviors that have been associated with higher levels of self-concealment.

To examine the association between self-awareness and cognitive impairment, (Shanon et al., 2011) a psychosocial interview and neuropsychological tests was carried out in sample size of 75 undergraduate subjects who were at risk of HIV in Midwest University. A one-way ANOVA suggested that age may contribute to impaired self-awareness. The study suggested that the role of HIV in self-awareness remains unclear though, as both individuals with HIV and at risk, demonstrated impaired self-awareness, there is need to conduct further researches on the same.

A sample of 92 sports team members from Limpopo ranging from 14 to 30 years of age completed questionnaire in a study to investigate integrated model of behaviour prediction (Hilde et al., 2013). Results suggested that beliefs about the outcomes of behaviour and beliefs about the expectations of others had a direct influence on the intention to undergo HIV counselling and testing. Efficacy beliefs, namely beliefs that there are factors that can facilitate behaviour, can lead to actual testing behaviour if
accompanied by self-efficacy. Knowledge, intention and stigma are related to VCT behaviour since they determines ones’ attitude towards accessing the facility. Findings show that some constructs influence intention and test behaviour such as self awareness, a construct in emotional intelligence sub elements is crucial in HIV prevention efforts. One’s level of self-awareness on HIV enables one to be independent in decision making in sexual engagements.

Even though methodical conclusion drawn from some studies reviewed pointed out that VCT has the potential to mitigate the spread of HIV, there is need to surmount various multifaceted, multi-disciplines, ethnographic and socio-cultural constraints for preventative measure to be successful. Marisen (2014), study on factors that determine VCT uptake among low income women in Lilongwe district Malawi using a qualitative method of analysis, found out that socio-cultural gender stereotypes inhibit negotiation in testing with partners as well as the social comparison or optimistic bias. However the self motivating factor which determines women VCT access was the recurrent illnesses as opposed to access to treatment. This translates to the role, accessibility and need for availing and educating individuals on the role VCT clinics play in one’s lives as opposed to self-concealing one’s condition.

A study which was carried out by Ndiiri (2012), on factors affecting utilization of youth friendly VCT services among youth in day secondary schools in Nairobi used descriptive study method and found out that many youths are willing to seek VCT services and would prefer facilities which are non discriminative, physically accessible, affordable and informative with non-judgmental and trustworthy staff. This approach
exercises the skill of empathy as sub elements in emotional intelligence. Empathy enables counsellors to fit in the shoes of clients and feel as they feel. Then with the integration of counselling skills such as social skills, self-motivations, self-awareness the client and the counsellor are able to come round the bend and tackle the issue at hand in a more effective way. The state of reaching congruency is the best therapeutic goal achievement in counselling practice. Not forgetting that instilling the ability to attain self-regulation in this aspect is a corner stone self-direction. Therefore, there was need to establish the extent VCT seeking behaviour could be predicted by the sub elements of emotional intelligence and self-concealment.

2.5 Gender and Age Differences in Emotional Intelligence, Self-concealment and VCT Seeking Behavior

Gender and age poses varied degree of individual difference across personalities. A study (Sarhad, 2009) carried out to investigate Emotional Intelligence among undergraduate students by gender in Peshawar University in Pakistan among 160 participants found out that the level of emotional intelligence among the Males was high as compared to females (t=4.522, p<.01). However the outcome seems to hold the threshold tendency of high levels of emotional intelligence among males compared to women.

A study documenting early sexual intercourse engagement trend was documented in Peter and Roy, (2010) study. This study was conducted on Early Sex and its behavioral consequences in New Zealand Auckland using two-stage national survey of sexual
lifestyles on a sample of 2,361 adults in the age range of 18-54. Techniques of survival analysis and multiple logistic regressions were used. Over time there was a consistent decline and diminishing gap in age of onset for first experience, first intercourse, and first regular partnership. Multivariate analysis confirmed that the younger male, and the less educated, ethnic minorities, and respondents professing no religious affiliation were all more likely to report earlier onset of sexual experiences. This implied that religion affiliation and age differentiations could hinder VCT accessibility among some individuals. Individuals need to incorporate emotional intelligence in their frame of attitude operations to develop strong principles against such indulgence that can motivate them towards risky sexual behaviors. Various religious practices have to some extent interfered with the well being of people to some extent. Such trends of behaviours are linked to a large degree the individual cultural practices. Hence negative attitude towards VCT education may be experienced. Such conditions increase chances of HIV infection among such population. This study therefore was necessary to bring about behavior change among the youth.

Tamayo, Slonim, Mesirov, Kitareewan, Dmitrovsky and Golub, (1999) study on gender differences in emotional intelligence on the mediating effect of age using Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) found out that gender differences were reported in the branches of facilitation, understanding and partially in strategic emotional management. These findings indicated that there was need to further
carry out studies but bear cautionary conclusion in mind that gender and age affect emotional intelligence levels in any given situation.

Further study by Mandel and Pherwani (2003), examined the predictive relationship between emotional intelligence and leadership style in organization. The gender differences within each construct revealed that emotional intelligence predicted the transformational leadership style significantly. Though this study focused on leadership, VCT seeking behaviours are often diversely influenced to some extent by personality constructs which often borders on the level of one’s emotional control.

Emotional intelligence scale of EQ-1 by Bar-On (1997; 2000) was used in a study of inter-personality dimensions by Stone, Paker and Wood (2006), the study revealed that women scored higher than men in inter-personality skills which helps to blend their empathic ability in human resource management and a shared performance in emotional expressions as social skills. Similarly, studies by Hopkins and Bilimoria, (2008) on gender differences in the relationship between emotions and social intelligence competencies showed no significant differences between male and female scores.

A study carried out by Antie, (2008) on 405 American people between the ages of 22 and 70 years found out that there was a positive significance between emotional intelligence with age at $r = 0.013<0.01$ though weak correlation. The link between emotional intelligence and age suggests varied reactions to situations across experience
gained with time. Thus, the older age groups are slightly more likely to score higher in emotional intelligence due to maturation levels than the younger age group. Such differences would significantly contribute to varied responses in VCT seeking behavior patterns.

Furthermore, Ritz and Dahme, (1996) study looked at predictors of depression among 250 young adults with genital herpes. Participants completed questionnaires measuring illness burden, depression, self-concealment, self-disclosure, substance use, and demographics. Univariate analyses and multiple regression techniques were used to identify variables predictive of depression in this sample. The study found that women, increased anger, decreased vigor, increased self-concealment and predicted more depression. In men, there was increased depression predicted by increased anger, decreased willingness to share information with strangers. From this study, it’s clear that levels in response to VCT seeking may vary by gender, due to high levels in self – concealment.

Various national survey undertaken so far, (KAIS, 2007, 2012; KDHS, 2008/9) have reported the significance need of VCT clinics to reduce HIV prevention. UNAIDS, (2015) reported that HIV infections worldwide occur among young women aged 15-24 years. This report is further supported by (FHI, 2011) report that the trend is because among young adolescents aged 12 to 14 years, 7% are reported to have had sex with those older than them, 21% have had sex debuts before the age of 15 years, and 30%
men have multiple sex partners. Women again were reported to have gone for testing and counseling more at 80% compared to men at 63% (KAIS, 2012). HIV is still affecting women most disproportionately in Kenya as they account for 57.7% in Kenya. Therefore, gender inequality and age differentiation is a factor in the HIV crisis.

A study by Cook, Bay, Visser, Myburgh, and Njoroge, (2011) on healthcare provisions attendance by gender observed that men visit public healthcare much less frequently than women. This has some significance in voluntary counseling and testing services (VCTs). There are a number of explanations which have been given for this phenomenon, some of which focus on constructions of masculinity as a barrier to seeking health. Men view the clinic as women’s place, many clinics are mainly run by women, holding positions as nurses and counselors, and these clinics are also primarily attended by women and children. Men may find visiting the clinic cumbersome and embarrassing, as it challenges traditional and hegemonic notions of masculinity, a factor which may promote need to self-conceal.

Therefore, from the reviewed literature on gender and age difference, it was imperative that this study established gender and age differences in emotional intelligence, self-concealment and voluntary counseling and testing seeking behaviors to ascertain these findings but only with regard to determining VCT seeking behavior.
2.6 Summary of Reviewed Literature

The literature reviewed in this study pointed out the following:

Reviewed studied on the levels of Emotional intelligence and self –concealment laid a foundation for individuals coping strategies and breakthrough in obstacles in positive living and VCT seeking behavior. (Maliha, 2012;, Michele 2012;, Goleman,2005); Mayer, Salovey and Caruso, (1997) as cited in Sternberg, (2000) and Maree et al, (2012). These studies help to emphasize the likelihood that emotional intelligence could play a significant role in VCT seeking behavior. Hence, there was need to investigate if levels of emotional intelligence and self concealment could be a significant determiner in VCT seeking behavior.

Empirical studies on the relationship between emotional intelligence, self-concealment and VCT seeking behavior as predictors of VCT seeking behaviors reviewed, indicated that students with the tendency of self -concealment sometimes get distressed and their behavior sometimes may lead to psychological maladjustments. This calls for the need to investigate the relationship between emotional intelligence and self-concealment as constructs which could be applied to voluntary counseling and testing processes; Cooper 1997, Miller 2005, Sternberg 2000, Songok and Andayi 2003, Mokoro,2010, mIchiyama et al, (1993) and Fonner, Denison, Kennedy, O’Reilly, and Sweat, (2012) . These studies pointed out the need for further investigation in the relationship between emotional intelligence, self –concealment as predictors of VCT seeking behavior.
Sub elements of emotional intelligence and self-concealment studies have shown varied psychological feelings related to HIV infection condition which clients experience with time after contracting HIV virus. Clients tend to self-conceal their HIV status due to reasons of privacy, embarrassment and even fear of discrimination as reviewed in studies of Mugavero, et al. 2011; Michele, 2012; Shanon et al, 2011). On the other hand Sub elements of emotional intelligence (self-awareness, self-motivation, self-regulation, social skills and empathy) have been shown to provide strength, hope and resilience to cope with situations (Hilde et al 2013; Marisen 2014, and Ndiiri 2012) studies showed that there is need to investigate the extent to which sub elements of emotional intelligence and self-concealment could predict VCT.

Gender difference reviewed literatures shows that people express their emotions differently and perceive accessibility to voluntary counseling and testing services differently, (Sarhad 2009, Peter and Roy 2010, Kates, Wexler, Lief, Avila and UNAIDS, (2012); NASCOP, (2011). Students in the universities are at risk and vulnerable to HIV infection in as far as gender consideration is concerned. Hence, there was need to investigate gender differences in Emotional intelligence, self-concealment and VCT seeking behavior among the university students.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction
This chapter describes the research methodology. It contains research design, research variables, location of the study, target population, sampling techniques and sample size, validity and reliability of research instruments, data collection procedures, data analysis and logistical and ethical consideration.

3.2 Research Design
This study used a correlation research design to establish the relationship (if any) among the variables; emotional intelligence, self-concealment and Voluntary Counseling and Testing seeking behavior. This design was used because a correlation research design is used to describe the statistical association between two or more variables (Chuan (2006). In this study, the correlation research design was used in order to test the extent to which emotional intelligence and self-concealment predicted VCT seeking behavior among the university students.

3.2.1 Research Variables
The variables were emotional intelligence, self-concealment and VCT seeking behavior. The independent variables were emotional intelligence and self-concealment while dependent variable was VCT seeking behavior. The intervening variables were gender and age.
Emotional intelligence has the following sub elements variables; self-regulation, self-awareness, motivation, empathy and social skills. Self-concealment sub-elements variables included secretiveness, embarrassment, fearfulness, trauma and depression while VCT seeking behaviors include; attitude to VCT, correct HIV information seeking, decision-making, frequency in VCT visitation and self –disclosure, psychosocial support, HIV status, condom use, peer education and ARV access. Emotional intelligence was measured using an emotional intelligence scale; self-concealment was measured using the self-concealment scale while VCT seeking behavior was measured using VCT seeking behavior scale developed by the researcher.

3.2.2 Location of the Study

The study was carried out in Coastal region of Kenya. The region is divided into seven counties, namely; Taita-Taveta, Kwale, Mombasa, Kilifi, Malindi, Lamu and Tana River. This study was carried out in Kilifi and Mombasa Counties. HIV prevalence rate in Coast region was reported at 4.2% but the specific Counties of Kilifi and Mombasa were estimated at 3.7% and 11.1% respectively (KAIS, 2012, HIV and AIDS profile Kilifi County, 2012). Kilifi and Mombasa counties (where Pwani University and The Technical University of Mombasa are situated) have been marked as HIV hyper endemic areas (HIV and AIDS profile Kilifi County, 2012). This is attributed to the marked tourist hot sports sites in Mwatapa, Mombasa, Malindi and Kilifi. These towns make home too many local and international tourists in coast region. The diverse cultures provide a background upon which students from all over the nation come to study. Yet the unique characteristic of the Coastal region provide room for inter-
cultural and inter-racial sexual engagements that predispose students to HIV infection. These factors qualified coast region as suitable for this study.

### 3.3 Target Population

The target populations under this study were all university students and all VCT counselors from all public universities in the coastal region of Kenya. The accessible population was all undergraduate university students from The Technical University of Mombasa (TUM) and Pwani University respectively. TUM had undergraduate population of approximately 5603 while Pwani University (PU) had 3563 totaling to 9166 (Universities Admission Records, 2013). The universities VCT counselors were 4 from all universities but accessible were only 2 VCT counselors. The undergraduate students were considered suitable for this study because majority is in the age bracket of 18-26. They are considered as sexually active (KAIS, 2012).

### 3.4 Sampling Technique and Sample size

#### 3.4.1 Sampling Technique

The study used purposive sampling technique to sample public universities due to the requirement of a VCT unit in the sampled universities. Out of five public universities in Coast region, namely; Pwani University, The Technical University of Mombasa, Kenyatta University-Mombasa campus, University of Nairobi - Mombasa campus and Jomo Kenyatta University of Agriculture and Technology-Taita campus, only two public universities were purposively sampled for this study and one campus. This was because the university of Jomo Kenyatta Agriculture and Technology- Taita Taveta
Campus was considered to be distant from the centre of Mombasa and Kilifi towns whose locations were described as hyper endemic in terms of HIV prevalence compared to other counties in coastal region. The population in Kilifi and Mombasa regions were also considered and described as most at risk to HIV infection compared to Taita-Taveta region where the University is situated (KAIS, 2012, HIV and AIDS profile Kilifi County, 2012).

The University of Nairobi-Mombasa campus, Moi University and Egerton University were excluded from the study because they offered classroom only for lectures and distance learning services. Students reside outside the university compound. The universities lack Sub-AIDS Control Unit which offers VCT services. The other public universities not mentioned but may be operating in Coast region, are equally lacking the VCT units in the campuses and students do not have accommodation within the university.

The study, therefore, was left with two universities Pwani University (PU), Technical University of Mombasa (TUM) and Kenyatta University-Mombasa Campus which was sampled for pilot study was found to have a health unit and a Pwani University (PU) and Technical University of Mombasa (TUM) had a functional VCT unit, health unit and VCT counselors. They also shared similar characteristics in their operations such as accommodation, classroom and meals provision all easily accessed within the University compound. These factors were significant for the sampling technique consideration.
Purposive sampling technique was also used to sample all the schools in both universities except post-graduate schools. Similar technique was used to sample the university VCT counselors since they offered students VCT services. Proportionate stratified sampling technique was used to sample students in each school and to ensure proper representativeness of students from each university.

3.4.2 Sample Size

The sample size was 368 students. This sample size was calculated using Krejcie, (2002) table for determining sample size from a given target population. According to Krejcie (2002), sample size above 9,000 is approximated at 368 (See Appendix 5).

The formula used to calculate the sample size was:

\[
S = \frac{X^2 \cdot NP (1-P)}{D \cdot (N-1) + X^2 \cdot P (1-P)}
\]

Where:
- \( S \) = required sample size
- \( X^2 \) = the table value of chi-square for 1 degree of freedom at 95% confidence interval (1.96^2)
- \( N \) = the population size (9166)
- \( P \) = the population proportion (assumed to be 0.5 since this would provide the maximum sample size)
- \( D \) = the degree of accuracy expressed as a proportion (0.05)

Calculated according to Krejcie (2002)
This sample size was drawn from two universities whose total undergraduate population was approximately 9166 (3563 Pwani University, 5603 The Technical University of Mombasa) (Universities Admission office, 2013). Calculated percentages of each university yielded 39% for Pwani University and 61% for The Technical University of Mombasa. Krejcie, (2002) formula for calculating sample size, yielded 368 sample sizes. Therefore the sample size for Pwani University became 39% of 368= 143 and TUM was 61% of 368 = 225. Then percentage distribution for each school and gender in each university was calculated. Using the sample size already calculated for each university, the sample size for each school e.g. School of education 38% of 143=54 and same to all the other schools. Then proportionate random sampling technique was used to sample the participants by gender as shown in the sample frame Table 1.1 below.

Table.1 1

Sampling Frame for Pwani University

<table>
<thead>
<tr>
<th>S/N</th>
<th>Pwani University (PU)</th>
<th>Total Population</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1.</td>
<td>Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i)</td>
<td>Education</td>
<td>827</td>
<td>525</td>
</tr>
<tr>
<td>ii)</td>
<td>Applied Science</td>
<td>372</td>
<td>169</td>
</tr>
<tr>
<td>iii)</td>
<td>Social Science</td>
<td>599</td>
<td>318</td>
</tr>
<tr>
<td>iv)</td>
<td>Agriculture</td>
<td>455</td>
<td>298</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,253</td>
<td>1,310</td>
</tr>
</tbody>
</table>
Table.1 2

Sampling Frame for Technical University of Mombasa

<table>
<thead>
<tr>
<th>SN</th>
<th>The Technical University of Mombasa (TUM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Total Population</td>
</tr>
<tr>
<td></td>
<td>Schools</td>
</tr>
<tr>
<td>i)</td>
<td>Applied Science</td>
</tr>
<tr>
<td>ii)</td>
<td>Business</td>
</tr>
<tr>
<td>iii)</td>
<td>Engineering</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3271</td>
</tr>
</tbody>
</table>

Source: (Admission offices: The Technical University of Mombasa, Pwani University 2013)

3.5 Research Instruments

The study used three instruments which were student’s questionnaire. The instruments were Emotional Intelligence Scale (EIS), Self-Concealment Scale (SCS) and VCT Seeking Behavior Scale (VCT SBS). A short demographic questionnaire was also included to provide information about the participants.

The students questionnaire was divided into the following sections; Section (A) Demographic questionnaire, Section (B) emotional intelligence scale, section (C) self-concealment scale and Section (D) VCT seeking behavior scale, See appendix 1. The interpretation of scores from scales (See Appendix 2). The VCT seeking behavior scale, the demographic survey questionnaires were researcher-constructed questionnaires to elicit appropriate data for the study.

The VCT seeking behavior scale, self-concealment scale, the University VCT counselor’s interview schedule and the VCT record forms were validated by the senior
counselor supervisors who are approved by the National AIDS and Sexually Transmitted Infection (STI) Control Programme (NASCOP) officers, (2009) and Ministry of Health. The supervisor counselors were considered as experts in VCT counseling practices, ethics and procedures. They were suitable to validate those instruments which were used to investigate the University students VCT characteristics in relation to their emotional intelligence and self-concealment tendencies while seeking for VCT services in the University.

3.5.1 The Demographic Questionnaire

This questionnaire was constructed by the researcher to generate background information on the student’s characteristics. It had six items composed of both closed and open questions. The items covered the following variables; gender, age, number of sex partners, religion, year of study and suggestions on strategies to make the VCT units more students friendly, see Appendix 1 Section A.

3.5.2 Emotional Intelligence Scale (EIS)

The emotional intelligence scale was an adopted version of items from emotional intelligence developed by Wood and Tolley, (2003). The instrument is readily available and has been used by various researchers; Segal, (1999); Lyusin, (2006); Goleman, (2001); Schuttle et al, (1998); Nastas, (2010); Rocco, (2004) and Nzomo, (2012). The instrument had 20 items composed of five areas of emotional intelligence, namely; self-awareness, motivation, empathy, social skills and self-regulation. The items comprised
typical day-to-day situations in which one would be expected to respond. For each item, there are three possible responses a, b, c representing three levels of emotional intelligence. That is high level, intermediate and low levels of emotional intelligence. The respondent was expected to choose from the three possible responses the one that most likely indicated how he/she would respond when confronted with such a situation.

To reduce the possible effects of response set, the numbering of the possible responses was intermixed across the items, such that any one of the letters a, b, c represented either of the levels of emotional intelligence for different items. For instance, letter ‘a’ represented high emotional intelligence in one item and low emotional intelligence in another item. Item 2 in the questionnaire states; something you badly wanted fails to materialize. How do you respond? Response ‘a’ from among the multiple choices given states; Say to yourself that there will be other opportunities in the future. This response indicates high level of emotional intelligence.

In another example in Item 6) the questionnaire states that; you believe that a superior treated you unfairly in front of your colleagues. What do you do? Response ‘a’ from multiple choices given stated that; make a point of snubbing the superior the next time you are together. This response indicates low levels of emotional intelligence. The choices were arranged in reverse to avoid leading the participants into a kind of obvious pattern in response. This was taken care of during data analysis such that the scores had to be coded in their correct order first before applying the analysis. This instrument reliability co-efficiency was at 0.87.
Numerical scores were attached to each level with 3 representing high, 2 representing intermediate and 1 representing low emotional intelligence. For each item, an individual was assigned the score corresponding to the levels of emotional intelligence of his/her choice of response. The individual’s total score on the scale was then computed by adding together the numerical scores for all the 20 items. The lowest possible score per item was 1 and the highest possible score per item was 3 and there were 20 items, the lowest possible score on this scale for individual respondent was therefore 20, while the highest possible score was 60. The midpoint or intermediate score was 40. The scores were then transformed by calculating their percentages. The lowest possible score was 33.33%, the intermediary 66.6% and the highest 100%. The scores obtained were interpreted as indicated in Table 1.3 with interval scale of 12-13.

**Table 1.3**

*Emotional Intelligence Scale Interpretation*

<table>
<thead>
<tr>
<th>Scores</th>
<th>Interval scale</th>
<th>Interval scale %</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>20-32</td>
<td>33.33%</td>
<td>Low emotional intelligence</td>
</tr>
<tr>
<td>40</td>
<td>33-46</td>
<td>54.9-76.6%</td>
<td>Moderate emotional intelligence</td>
</tr>
<tr>
<td>60</td>
<td>47-60</td>
<td>78.2-100%</td>
<td>High emotional intelligence</td>
</tr>
</tbody>
</table>

The five sub elements of emotional intelligence had 4 each. Each item retained the multiple choice questions of a, b, c. The items were scored as follows. One represented the lowest score, 2 moderate and 3 high levels. This meant that the score value of these
domains would range from 4 to 12. For each domain’s minimum and maximum scores were as follows in Table 1.4

Table 1.4

Sub Elements of Emotional Intelligence Scale

<table>
<thead>
<tr>
<th>Emotional Intelligence Domain</th>
<th>Min Scores</th>
<th>Max Scores</th>
<th>Level of score</th>
<th>%</th>
<th>Interval Scale %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-regulation</td>
<td>4</td>
<td>12</td>
<td>High</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td>Self-awareness</td>
<td>4</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td>4</td>
<td>12</td>
<td>Moderate</td>
<td>8</td>
<td>54.9-76.6</td>
</tr>
<tr>
<td>Empathy</td>
<td>4</td>
<td>12</td>
<td>Low</td>
<td>4</td>
<td>33.3-78.2</td>
</tr>
<tr>
<td>Social skills</td>
<td>4</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In percentages therefore, the domains scores were interpreted using similar scale for the whole emotional intelligence scale. The scores obtained were interpreted as indicated in Table 1.5.

Table 1.5

Sub Elements score interpretation

<table>
<thead>
<tr>
<th>Scores</th>
<th>interval scale</th>
<th>Scores in %</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>4-6</td>
<td>33.3-50</td>
<td>Low emotional intelligence</td>
</tr>
<tr>
<td>8</td>
<td>7-9</td>
<td>58.3 - 75</td>
<td>Moderate emotional intelligence</td>
</tr>
<tr>
<td>12</td>
<td>10-12</td>
<td>73.3 -100</td>
<td>High emotional intelligence</td>
</tr>
</tbody>
</table>

3.5.3 Self-Concealment Scale (SCS)

The self-concealment Scale was used to collect data on student’s level of self-concealment tendencies. Originally, it was developed by (Larson & Chastain, 1990a). The instrument has 10 items adapted to measure students’ tendency to conceal personal
information about how they felt towards seeking VCT services at the University. The instrument format, number of items, scoring procedure and items styles were borrowed from the original Larson and Chastain 1990 scale.

The 10 item statements were changed to suit this study and validated by the VCT counselor’s senior supervisors who were considered as experts in VCT service provisions. The items were scored on a five point Likert scales ranging from strongly agree to strongly disagree. For instance, ‘My HIV status is a personal secret’ Strongly Agree 5, Agree 4, Neutral 3, Disagree 2, strongly disagree 1. There being 10 items, the range of potential scores was 10-50. A high score implied high self-concealment, for example, 50 represented high levels, 30 average and 10 low levels of self-concealment. The scale covered the five domains of self-concealment which included secrecy, trauma, depression, fear and embarrassment. (See Appendix 1 Section C). The scores were interpreted as indicated in Table 1.6

<table>
<thead>
<tr>
<th>Scores</th>
<th>Interval Scale</th>
<th>Interval scale in %</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>10-23</td>
<td>20-46</td>
<td>Low Self-Concealment</td>
</tr>
<tr>
<td>30</td>
<td>24-36</td>
<td>48-72</td>
<td>Moderate Self-Concealment</td>
</tr>
<tr>
<td>50</td>
<td>37-50</td>
<td>74-100</td>
<td>High Self-Concealment</td>
</tr>
</tbody>
</table>

Permission to use the instrument was granted by the originators of the instrument (Larson and Chastain, 1990a) as a tool which can be used and accessed freely by any researcher. The instrument reliability coefficient was reported at 0.81. Other studies
which have used the instrument include; Mokua, (2010) in Africa, Ulysal, Lin and Knee (2010); Kelly (2002); Cepeda-Benito Antonio, Short and Paul (1998).

3.5.4 VCT Seeking Behavior Scale (VCT-SBS)

This questionnaire was researcher-constructed (See appendix 3). The instrument was used to find out student’s behavioral characteristics in seeking VCT services within the university’s VCT unit. The scale had 10 items. The items were structured on a five point Likert scales ranging from strongly agree to strongly disagree. For instance, ‘My attitude towards University VCT is very positive’ Strongly Agree 5, Agree 4, Neutral 3, Disagree 2, Strongly Disagree 1. The range of potential scores was from 10-50. High VCT seeking was scored 50, average level 30 and low level 10. Each variable was scored within the specific range of Likert scale from 1-5. The VCT seeking behavior scale tested students’ response in VCT seeking characteristics. These included attitude towards VCT seeking, frequency of visiting VCT, taking voluntary counseling and testing for knowledge of HIV status, psychosocial support groups, correct HIV information seeking, condom use and demonstration, self-disclosure, peer education, decision making and access to Antiretroviral (ARV). The instrument reliability coefficient was 0.83. The scores were interpreted as follows in Table 1.7.
Table 1 7

*VCT Seeking Behavior Scale Interpretation*

<table>
<thead>
<tr>
<th>Scores</th>
<th>Interval Scale</th>
<th>Interval Scale in %</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>10-23</td>
<td>20-46</td>
<td>Low VCT seeking</td>
</tr>
<tr>
<td>30</td>
<td>24-36</td>
<td>48-72</td>
<td>Moderate VCT seeking</td>
</tr>
<tr>
<td>50</td>
<td>37-50</td>
<td>74-100</td>
<td>High VCT seeking</td>
</tr>
</tbody>
</table>

3.6 **Validity and Reliability of the instruments**

3.6.1 **Pilot Study**

To establish the validity and reliability of the instruments, a pilot study was carried out. Instruments were pretested at Kenyatta University - Mombasa campus. Total population of students was 803 (male 401 and female 402). The sample size of student’s total population was 260 according Krejcie *et al.*, (2002) table for determining sample size, (see Appendix 6).

3.6.2 **Validity of the Instruments**

Validity of the instruments was achieved through pilot study. Expert’s judgment was incorporated to validate the research tools, the content and construct validity. The researcher worked hand in hand with the university’s VCT supervisor counselors to validate the VCT seeking behavior questionnaire, the VCT record form, self-concealment scale and the VCT counselor’s interview schedule. These officers were considered as experts in counseling techniques and HIV testing procedures. Emotional intelligence and self–concealment scale was validated from the pilot study.
3.6.3 Reliability of the Instruments

The researcher sort permits to carry out pilot study from Kenyatta University-Mombasa Campus. From the undergraduate total population of 803, 260 sample sizes was calculated using krejcie, (2002) formula for calculating sample size. Students consent was sort after assuring them of confidentiality. The tests were administered. Cronbach’s alpha co-efficient was used to provide the internal consistency of scores from a single administration of all the instruments. This technique was used to determine how items correlated among themselves. Scores obtained from emotional intelligence, self-concealment scale and voluntary counseling and testing seeking behavior instrument were correlated to calculate the reliability index of the instruments. The instruments reliability co-efficiency yielded 0.87 for emotional intelligence scale, 0.81 for self-concealment scale, 0.72 for VCT seeking behavior, 0.83 for VCT counsellors’ interview schedule and 0.82 for VCT record form. Data was then analyzed using inferential statistics to test predictive validity of the test results.

3.7 Data Collection Procedure

The researcher administered the research instruments on different days in each university. The instruments were administered to students in their classes. The following procedures were undertaken during tools administration: The researcher sought students consent to administer the research tools to them. Time was taken to explain to students what the study was all about and its benefits. Clear instructions were then given to students and questions from students were explained accordingly.
Students were assured of privacy and confidentiality. Questionnaires were then administered and collected immediately after the exercise.

3.8 Data Analysis
After data collection, data were coded and reduced to manageable form. Statistical Package for Social Sciences vs. 11 (SPSS) was used to analyze data. Descriptive and inferential data analysis was used to analyze data. Descriptive statistics specifically distribution methods of frequency, percentages and graphs were used to analyze levels of emotional intelligence, self-concealment, and VCT seeking behavior of participants while inferential statistics were used to test the following null hypotheses at significance level of $P < 0.05$.

H01. There is no significance difference in the levels of Emotional intelligence, self-concealment and VCT seeking behavior by gender and age.

H02. Emotional intelligence and self-concealment do not predict VCT seeking behaviors.

The inferential statistical test method used to test the relationship was Spearman Rank Order Correlation.

A model was further created to fit the prediction of VCT seeking behaviour. The inferential statistical test method used was multiple regression equation to test regression confidence coeffiency level between the independent variables (emotional intelligence and self-concealment) and the dependant variables (VCT seeking behavior)
so as to ascertain the predictability level of VCT seeking behavior among the clients visiting the VCT units and counsel them appropriately.

The multiple regression analysis also yielded coefficient of determination ($R^2$) which would explain the amount of variations caused by the independent variable in the equation to allow further research on the remaining percentage not taken care of by the equation.

The regression analysis P-value > 0.05 significant level further was used to determine which variable was more significant in predicting VCT seeking behavior among the independent variables.

H03. Gender and age difference in emotional intelligence, self-concealment and voluntary counseling and testing seeking behavior is insignificant.

The statistical test used was independent t-test technique since data is categorical.

### 3.9 Logistical and Ethical Considerations

The researcher obtained a letter from Kenyatta University graduate school for research permit to be granted by the National Commission for Science Technology and Innovation (NCSTI). The commission granted research permit and authorization letter to Coast Commissioner and County Directors of Education. The researcher then informed the Coast County Commissioner, County Directors of Education, County Health Directors and the Vice Chancellors of the institutions concerned to seek permission and conduct the research in the region. Letters of authorization were
collected. Consent was sought from the participants and participation was organized on voluntary basis. No names were required on the questionnaire for anonymity and confidentiality.
CHAPTER FOUR
FINDINGS, INTERPRETATIONS AND DISCUSSIONS

4.0 Introduction
This chapter contains the findings of this study on the relationship between emotional intelligence and self-concealment as predictors of Voluntary Counseling and Testing seeking behaviors among university students in coastal region of Kenya.

The study was set to determine if there was any relationship between emotional intelligence and VCT seeking behavior on one hand and if there was a relationship between self-concealment and VCT seeking behavior on the other hand, whether levels of emotional intelligence and self-concealment affects VCT seeking behavior, whether gender differences in VCT seeking behavior could be established and lastly whether a predictive VCT seeking behavior model could be drawn to help VCT counselor determine level of VCT seeking of clients.

The findings of this chapter were presented under the following five sections i) Response rate and Demographic characteristics ii) Levels of emotional intelligence, self-concealment and VCT seeking behavior iii) Predictive relationships of the variables; emotional intelligence, self-concealment and VCT seeking behavior iv) Gender difference in the variables under study.
4.1 Demographic Analysis

4.1.1 Response Rates

The students’ response rate was calculated according to the number of participants who consented to respond to the questionnaires. Out of 368 sample size, 90% of the participants responded to the questionnaires appropriately. The questionnaires which were not filled or left incomplete were excluded from the study. The findings are presented as follows:

4.1.2 Demographic Characteristics

This section presents the findings of the demographic sample characteristics in the study. Crossbar tables were used for comparative analysis across gender, age, religion, participant’s number of sexual partners and their year of study. Table 1.8 presents the findings.

Table 1.8

*Distribution of Participants by Age and Year of Study*

<table>
<thead>
<tr>
<th>Age</th>
<th>First</th>
<th>Second</th>
<th>Third</th>
<th>Fourth</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-26</td>
<td>13.9%</td>
<td>38.4%</td>
<td>18.3%</td>
<td>10%</td>
<td>80.6%</td>
</tr>
<tr>
<td>27-40</td>
<td>1.1%</td>
<td>6.8%</td>
<td>4.1%</td>
<td>6.6%</td>
<td>18.6%</td>
</tr>
<tr>
<td>above 40</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.5%</td>
<td>1.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total</td>
<td>15%</td>
<td>45%</td>
<td>22%</td>
<td>18%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Information in Table 1.8 indicates that majority (80.6%) of the participants were within the age bracket 18-26. Out of which, they also happened to have been in their second year of study. This result could be attributed to variation of students’ usual study patterns groupings and interaction towards exams. This shows that majority of undergraduate students range between the ages of 18-26 years. The implication is that, this is the age when students are most productive in terms of creativity and knowledge gain. They are also very sexually active (Erikson, 1968). If care is not taken towards HIV prevention measures, then the nation may lose the future human resource for national development.

Table.1 9

*Distribution of Participants by Age and Number of Sex Partners*

<table>
<thead>
<tr>
<th>Age</th>
<th>One</th>
<th>More</th>
<th>None</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-26</td>
<td>37.7%</td>
<td>41.8%</td>
<td>1.4%</td>
<td>80.9%</td>
</tr>
<tr>
<td>27-40</td>
<td>5.7%</td>
<td>9.9%</td>
<td>1.6%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Above 40</td>
<td>1.4%</td>
<td>0.6%</td>
<td>0.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>44.8%</td>
<td>52.2%</td>
<td>3.0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Information in Table 1.9 shows the number of sex partners the participants had at the time of the study. The table shows that majority (52.2%) are those with more than one sexual partner while 41.8% are those within the age brackets of 18-26 but with more than one sexual partner. Those with one sexual partner were 44.8%. Majority of the
participants were observed to have multiple sex relationships while those with no relationship were only 3%. These results shows that students in this age bracket (18-26) are sexually very active. At this age they may also be going through a lot of emotional instability which makes them engage in improper decision making. However the crux of this finding is that 52.2% have multiple sex partners. What could be the reasons for such behavior among these young adults? There is need to investigate the cause of such trends. Such an environment could easily breed high levels of HIV infection, therefore strengthening of HIV prevention through education and VCT services provision remain very crucial.

Table 1.10

| Distribution of Participants by Gender and Number of Sex Partners |
|-------------------------|-----------------|-------------|--------------|-------------|
|                         | One            | More than one | None        | TOTAL       |
| Gender                  | Male           | Female       |              |             |
|                         | 28.0%          | 23.0%        | 1.6%         | 52.6%       |
|                         | 17.0%          | 29.0%        | 1.4%         | 47.4%       |
| Total                   | 45.0%          | 52.0%        | 3.0%         | 100%        |

Information in Table 1.10 on gender and participants number of sex partners revealed that both male (23%) and female (29%) had more than one sexual partner. Over and above, those with more than one sexual partner happened to be the majority (52%) as compared to those who had one sex partners (45%) by gender comparison. The results may imply that in today’s contemporary set up, the female plays the same level grounds on multiple sex relationships. A new trend of sex relationship seems to feature among the young female adults. They seem to hold more sexual partners (29%) compared to
their male counterparts (23%). Females seems to be more aggressive and rejecting the
traditional preservative way of sexual relationships engagements which for decades
has been the domains of men as the aggressors Such new trends also help to explain the
cause for increasing HIV infection and prevalence rates in the contemporary set up
across various nations of the world.

This study is in tandem with other studies such as Kelly’s, (2002); Abebe, (2004);
UNESCO, (2006) and Mumah (2011) who had conducted studies among students and
staff from various universities and other tertiary institutions and reported that, when
students engage with more than one sexual partner, the behavior predict high
vulnerability to HIV infection. There could be various reasons which drive the female
students to engage in such practices more in comparison to their male counterparts.
Further, report from International Conference on Population Development (ICPD,
2012) expounded on causes of female youth engagement in multiple sex practices to
include financial problems, lack of love, attention and support from their families
especially those coming from poor families.
4.2. Results as per objective One

4.2.0 Levels of Emotional Intelligence, Self-concealment and VCT Seeking Behavior across gender and age.

4.2.1 Introduction

Descriptive statistics (distribution -frequency, percentages and line graph) was used to interpret the instruments scores which was used to measure levels of emotional intelligence, self-concealment and VCT seeking behaviour. All the scales ranged from low level, moderate level to high levels. Emotional intelligence scale ranged from 33-53% for low levels, 54-76% for moderate level and 78-100% high levels. The self concealment and VCT seeking behaviour scale score interpretation were similar; 20-46 low level, 48-72 moderate level and 74-100 high level. Therefore each participant’s level had to be calculated first, then frequencies for the participants derived according to the categories - lower level, moderate level and high level. Group analysis was then drawn and presented using crossbar tables as shown in Table 1.12, 1.13 and 1.14. Since data was in categorical form and each level of categorical variable had an expected frequency count of at least five cells from strongly agree to strongly disagree, Chi square test was used to test significance levels of emotional intelligence and self-concealment in VCT seeking behaviour. The findings are hereby presented;
4.2.2 Levels of Emotional Intelligence

Table 1.11

*Level of Emotional Intelligence Across Gender and Age Groups*

<table>
<thead>
<tr>
<th>Level of Emotional Intelligence</th>
<th>Number of Male</th>
<th>Number of Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>18-26</td>
<td>27-40</td>
</tr>
<tr>
<td>Moderate level</td>
<td>20.3%</td>
<td>20.9%</td>
</tr>
<tr>
<td>33-46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High level</td>
<td>79.6%</td>
<td>79%</td>
</tr>
<tr>
<td>47-60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 1.11 reveals that both genders had high levels of emotional intelligence irrespective of age categories. However the female appeared to have higher level of emotional intelligence (82.9%) than the male (79.6%). This implies that the women’s perception in emotional engagements appears to be different from the men. Emotional intelligence having been described as the ability to perceive, understand, facilitate and manage ones emotions and those of others, clearly shows that both gender manifests emotional abilities, differently. Table 1.14 shows significance levels drawn from chi square test to show levels of significance relationship between emotional intelligence and VCT seeking behaviour.
Table 1.12 VCT

Seeking Behaviour and Emotional Intelligence Chi-Square Test for Level of Significance.

<table>
<thead>
<tr>
<th>Chi-Square Tests</th>
<th>Value</th>
<th>Df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>13.139</td>
<td>6</td>
<td>.041</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>13.945</td>
<td>6</td>
<td>.030</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>.002</td>
<td>1</td>
<td>.969</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>342</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 cells (33.3%) have expected count less than 5. The minimum expected count is .61.

The hypothesis; - Levels of Emotional intelligence significantly influences VCT seeking behaviour was tested using Chi-square test. The results from Table 1.12 was $\chi^2 = 13.139$, df = 6, p-value = 0.041 < 0.5 significant level. The test shows that there is a statistical significant association between emotional intelligence and VCT seeking behaviour.

From the above findings on levels of emotional intelligence on VCT seeking behaviour, we can draw explanation from other findings. There are various schools of thought which could be used to deduce such explanations, for example, biological theories attempt to advance their argument with research showing that hormones play a role in the sex development of a fetus and structural differences in the brain. Hence, this may or may not result in the difference in how males and females process information (Eisenberg, Martin, and Fabes, 2000).
Further explanation is advanced by Brizendine, (2006) study. The study reveals that the neuro-imaging and neuro-endocrinology make it possible to understand real differences in male and female brains, also different levels of certain hormones such as estrogen, cortisol, and dopamine and increased presence of neurons in the female brain are devoted to emotions and memory and this could result also to different male and female responses to stress (Tyre and Scelfo, 2006). Therefore this helps to explain differences experienced between male and female in the way they express their emotions.

Sociologists argue that since females tend to be more emotional and intimate in relationships as compared to males, their emotional intelligence tend to be higher than that of males. Society is responsible for this socialization behavior (Duckelt and Raffalli, (1989); Sandhu and Mehrotra, (1999). Moreover, higher emotional intelligence among girls can also be explained in terms of some of their personality characteristics as argued in (Tapia, 1999 and Dunn, 2002) study.

Goleman’s (2002) study described gender characteristics in emotional intelligence as varying at different levels. A trend observed in these findings is that people often differ in expressing their emotional abilities in each domain such that men, who have high emotional intelligence levels according to Goleman (2002), tend to be socially poised, fearless, less worried, have commitment to people, are sympathetic and caring in relationships. On the other hand, females who have high levels of emotional intelligence are assertive, sympathetic, express feelings directly about themselves, hold life meaningfully and reach out to people. However, it is important to note that Goleman,
(2002) did not peg his study on relation to HIV and AIDS pandemics. This study is in line with variations of people’s response to situations as measured by validity of the instrument.
4.2.3 Levels of Self-Concealment

Table 1.13

*Levels of Self-Concealment across Age Groups and Gender*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Male</th>
<th>Number of Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-26</td>
<td>10%</td>
<td>11.6%</td>
<td>15.8%</td>
</tr>
<tr>
<td>9.5%</td>
<td>16%</td>
<td>15.6%</td>
<td></td>
</tr>
<tr>
<td>23.8%</td>
<td>27.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24%</td>
<td>28%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66.5%</td>
<td>56%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td>27.8%</td>
</tr>
<tr>
<td>23-46</td>
<td>23.3%</td>
<td>23.8%</td>
<td></td>
</tr>
<tr>
<td>High level</td>
<td></td>
<td></td>
<td>56.4%</td>
</tr>
<tr>
<td>37-50</td>
<td>65.1%</td>
<td>66.2%</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 1.13 reveals that both males and females have high levels of Self-concealment. However, the male participants had higher levels of self-concealment (66.2%) irrespective of the age differences compared to female who comprised of 56% respectively.

To test further for significant level of self-concealment in VCT seeking behaviour, Chi Square test was used as shown in Table 1.14.
Table 1.14

*VCT seeking behaviour and Self Concealment chi square test*

<table>
<thead>
<tr>
<th>Chi-Square Tests</th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>24.886a</td>
<td>9</td>
<td>.003</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>2.607</td>
<td>1</td>
<td>.106</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>345</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 cells (18.8%) have expected count less than 5. The minimum expected count is 1.95.

The hypothesis;- Levels of self-concealment significantly influences VCT seeking behaviour was tested with Chi-square test to test whether there is an association between VCT Seeking behaviour and Self concealment. The result in Table 1.14 was ($\chi^2 = 24.886$, df = 9, p-value = 0.003). We could deduce that there is a statistical significant association between Self Concealment and VCT seeking behaviour.

These results may be attributed to two psychological explanations, first, the social learning theory or cognitive social learning theory which contends that individuals learn appropriate behavior by observing others, (Bandura, 1978). This theory implies that adults offer primary reinforcement of appropriate gender-role behavior to children throughout their lives as they transform to adults. Gender roles are observable from the toys parents provide to children, mentorship of a daughter behaving like the mother and boys like the father. This implies that behavior such as boys should not cry but with
hold and hide their tears are the onset of self-concealment tendency among males. This theory states that children learn more by what they see adults do than by what they hear the same adults say (Bandura and Walters, 1963).

Secondly, gender schema theory also explains gender differences as based on interpersonal influences. This theory states that children form a network of mental associations about gender, based on what they witness in the behavior of adults around them. This then provides a guide for interpreting any information gathered about males and females (Lips, 2001). The implication here is that, male children learn from adults male around them as they get oriented to self-concealment tendencies. Such behaviors are also enhanced in male children because culturally they are perceived as the way of understanding manhood.

The trend of self-concealment among males and females were observed in one of the studies carried out in Ghana, (Dapaah, 2012) among medical university students. The study revealed that clients were more comfortable with self-concealing their HIV status and experiences within the support groups they had in the clinic counseling sessions than at home. In this current study, the participants consented in their self-concealment questionnaire that HIV status was a personal secret (58.9%) calculated from the Self-concealment scale and that even accessing ARVs was a private and secretive issue to themselves, a factor observed also in Dapaah (2012) study.
Furthermore, Dieleman’s, (2007) study in Zambia among the HIV-positive nurses, revealed that the clients self-concealed their illnesses, choosing instead to suffer in silence while risking emotional exhaustion, depression, trauma and burnout. Dielmans’ study drew similar findings in self-concealment tendencies. The self-concealment results and the client’s experience helped to further explain clients’ fear associated with the VCT seeking. It is important to note therefore, that not only men fear self-disclosure, women also experience psychological difficulties even more and also tend to, self-conceal.

Using Communication Privacy Management Theory as a theoretical framework, Miller, (2005) investigated people living with HIV and AIDS disclosure patterns in Nairobi. Methods used were key informant interviews, four focus group discussions, and structured interviews of 307 PLHAs to examine targets, methods, and motivations of diagnosis. The results indicated that methods of disclosure, and motivations for both disclosure and non-disclosure were often relationship-specific. For example family members were the group most often disclosed to, and such disclosures were more highly motivated by duty, seeking material support, and preparing for the future than were disclosures to other groups. Non-disclosure to family members was more strongly motivated than non-disclosure to other groups by the desire to protect the other party. This study helps to explain the psychological boundaries with which secrecies of HIV infections are safeguarded. It also further support the psychological distress the individual experiences while trying to bargain their situations.
4.2.4 Levels of VCT Seeking Behaviors

Table 1.15

Levels of VCT Seeking Behaviors across Age groups and Gender

<table>
<thead>
<tr>
<th></th>
<th>Number of Male</th>
<th>Number of Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age ≤26</td>
<td>≥26</td>
</tr>
<tr>
<td>Low level 10-22</td>
<td>4.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Moderate level 23-46</td>
<td>13.3%</td>
<td>3.9%</td>
</tr>
<tr>
<td>High level 37-50</td>
<td>82.6%</td>
<td>91.5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Information from Table 1.15 indicates that both genders had high levels of VCT seeking behavior. The male were at 82.6% for those below age 26 years and 91.5% for those above 27 years while the female under age 26 years were at 94.4% and those above 27 years were at 93.8%. This implies that the level of VCT awareness was high among the participants and their level of VCT seeking was also high. They seem to have a positive attitude also towards VCT uptake. What remains unknown is to what extent their visitation to the VCT unit translates to effective positive living and well being.

Another observable outcome from the above table is that, the level of VCT seeking behavior seems higher among the female (94.4% and 93.8%) than the men. This behavior could be attributed to the fear factor syndrome in men visiting VCT units (Tamayo et al., 1999). Empirical findings explain that men 76 fear stigma and discrimination attributed to cultural practices associated with VCT services. VCT
services require self-disclosure with the counsellor which is culturally perceived as a weakness in the male domain. Culturally such behaviors are perceived as women based. This explains why women frequent VCT units much more than men.

The implication in this outcome could be associated with the demographic characteristics of the participants which had revealed that women have more multiple sex partners than the male. This means that there is an increased risk sexual engagement that propels the female to high VCT seeking behavior.

On the other hand high VCT seeking levels among the female participants could also be attributed to high levels of emotional intelligence as revealed either in this study. Since emotional intelligence is a conceptually related collection of cognitive abilities which helps in processing emotional information and regulating emotions (Mayer and Salovey 1997), women tend to have high emotional intelligence introspective and empathic qualities (Goleman 1996) than the men. These attributes may explain the female needs in seeking VCT services compared to their male counterparts.
4.2.5 Comparison of Emotional Intelligence, Self-concealment and VCT Seeking Behaviors Level

Information from Figure 1.2 indicates that the general level of participants VCT seeking behavior was at 90%, emotional intelligence at 80% and self-concealment at 60%. This implies that there is an inverse relationship between self-concealment and emotional intelligence in relation to VCT seeking behavior, such that, when there is high self-concealment at the lower level of the scale, emotional intelligence level is lowest (almost at zero level) and VCT seeking behavior is also low. The implication here is that when one's cognitive perception is low or negative towards VCT seeking behavior, then the tendency or need or attitude towards seeking VCT services is inhibited. This person falls in high risk of indulging in risky sexual behavior and may contract HIV infection.
On the other hand, self-concealment is high at moderate levels; at least there is positive room for cognition on VCT seeking. When the level of VCT seeking is high at (90%), it implies that the individual has embraced emotional intelligence abilities (80%) and self-concealment levels gets lower (60%). This means that high emotional intelligence influences VCT seeking behavior. Self-concealment on the other hand determines VCT seeking behavior and high VCT seeking behavior is predicted with both emotional intelligence and self-concealment. These results help to explains why the level of self-concealment trails behind because self-concealment makes individuals perceive VCT as something secretive, private, traumatizing, depressing, and embarrassing and therefore must be concealed. The implication of this result therefore is that emotional intelligence and self-concealment indeed predicts VCT seeking behavior.

4.3 Results as per objective Two

4.3.1 Prediction of VCT Seeking Behavior from Emotional Intelligence and self-concealment

4.3.2 Introduction

This section presents results for objective two which involved testing the hypotheses; i) Emotional intelligence and self-concealment significantly predicts VCT seeking behavior and ii) There is a positive association between emotional intelligence and self-concealment and iii) there is a significant gender and age difference in emotional intelligence, self–concealment and VCT seeking behaviour. Spearman Rank Order
Correlation co-efficient analysis and independent t-test technique was used to test the hypotheses at P> 0.05 significant levels as shown in Table 1.16 and 1.17 respectively.

**Table 1.16**

*Predictive Correlations between Emotional Intelligence, Self-Concealment and VCT Seeking Behavior.*

<table>
<thead>
<tr>
<th></th>
<th>Self concealment</th>
<th>VCT seeking behavior</th>
<th>Emotional intelligence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-concealment</strong></td>
<td>Correlation Coefficient</td>
<td>1.000</td>
<td>0.634</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>358</td>
<td>355</td>
</tr>
<tr>
<td><strong>VCT seeking behaviours</strong></td>
<td>Correlation Coefficient</td>
<td>0.634</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>355</td>
<td>355</td>
</tr>
<tr>
<td><strong>Emotional intelligence</strong></td>
<td>Correlation Coefficient</td>
<td>0.302</td>
<td>0.375</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>354</td>
<td>352</td>
</tr>
</tbody>
</table>

4.3.3 Emotional intelligence as a significant predictor of VCT seeking behaviour

Hypothesis:- Emotional intelligence significantly predicts VCT seeking behaviour. Spearman Rank Order Correlation co-efficient was used to test the hypothesis. From Table 1.16, the results was (rho = 0.375, P-value > 0.05 significant level) this result implied that emotional intelligence was statistically a significant predictor of VCT seeking behavior. We may deduce from this results that it appears the more one
embraces emotional intelligence the more one sees the importance and benefit of visiting VCT to access its services; hence positive perception to VCT seeking.

4.3.4 Self-concealment as a significant predictor of VCT seeking behaviour

Hypothesis; - Self-concealment significantly predicts VCT seeking behaviour. Spearman Rank Order Correlation co-efficient was used to test the hypothesis. From Table 1.16, the results was (rho = 0.634 p-value >0.05 significant level).

This result shows that self-concealment positively and significantly correlates with VCT seeking behavior. The results may imply that the more people self-conceal, the more the need to seek voluntary counseling and testing services.

This results are further explained in Mokua (2007) study with results pointing out weak negative correlation (r = .068, p> 0.05 significance level) between self-concealment and self differentiation in VCT seeking. Meaning, students who had low self-concealment had a higher probability of seeking VCT than students with high self-concealment. This result implies that self-concealment predicts VCT seeking behavior as the study had proposed. Self –concealment appears the major determiner in VCT seeking behavior than emotional intelligence. The result of this study is also in tandem with Kelly and Achter, (1999) description of self-concealment. That self-concealment is a psychological construct operating as a predisposition to actively conceal what one perceives as private, secretive and embarrassing. The more oneself conceal the more one drifts away from VCT seeking behavior.
4.3.5 Relationship between Emotional intelligence and self-concealment.

Hypothesis;- Emotional intelligence significantly has an influence on self-concealment. Spearman Rank Order Correlation co-efficient was used to test the hypothesis. From Table 1.16, the results was (rho = 0.302, p-value >0.05 significant level) this result revealed that there is a positive correlation between emotional intelligence and self-concealment, an influence which also helps to determine the VCT seeking behaviour uptake. This implied that if the level of self-concealment is high, then the probability of high VCT seeking may be hindered. There could also be possibility that if high self-concealment is observed, it might also lead to high VCT seeking behavior since those who highly self conceal suffer psychological distress which may make them sort voluntary counseling.

Other studies such as Michele, (2012) results suggested that emotional intelligence has the potential to offset behaviours which have been associated with higher levels of health behaviours. This relationship is further exemplified in this study’s conceptual frame work. The frame work presupposed that the three variables are interrelated, (see Fig 1.1 in chapter one). Probably this explains the fear perception remitted on VCT seeking thought and behaviour.
4.3.6 Predictive model for VCT seeking behaviour

A model to predict VCT seeking behaviour from emotional intelligence and self–concealment was created using a multiple regression analysis. The result is presented in Table 1.17

Table 1.17

<table>
<thead>
<tr>
<th>Predictive Models for VCT Seeking Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
</tr>
<tr>
<td>Unstandardized Coefficients B</td>
</tr>
<tr>
<td>Std. Error</td>
</tr>
<tr>
<td>Standardized Coefficients</td>
</tr>
<tr>
<td>T</td>
</tr>
<tr>
<td>Sig.</td>
</tr>
<tr>
<td>45.505</td>
</tr>
<tr>
<td>7.399</td>
</tr>
<tr>
<td>6.150</td>
</tr>
<tr>
<td>.000</td>
</tr>
<tr>
<td>Self concealment</td>
</tr>
<tr>
<td>.184</td>
</tr>
<tr>
<td>.084</td>
</tr>
<tr>
<td>-.119</td>
</tr>
<tr>
<td>2.189</td>
</tr>
<tr>
<td>.029</td>
</tr>
<tr>
<td>Emotional intelligence</td>
</tr>
<tr>
<td>.049</td>
</tr>
<tr>
<td>.550</td>
</tr>
<tr>
<td>-.005</td>
</tr>
<tr>
<td>-.088</td>
</tr>
<tr>
<td>.930</td>
</tr>
</tbody>
</table>

Dependent Variable: VCT Seeking Behaviors

Table 1.17 shows the result of the hypothesis; a predictive VCT seeking model could be established from emotional intelligence and self-concealment.

The following model equation was created.

\[
VCT \text{ Seeking} = 45.505 + 0.184 (\text{Self concealment}) + 0.049 (\text{Emotional Intelligence})
\]

A Constance 45.505 was drawn from the regression point of independent and dependent variables. The model results were fit as VCT seeking predictive model. Therefore counselors can use it to predict the level of clients VCT seeking behavior to get counseled appropriately. These results lends credence to other studies such Bar-On (1997) and Mayor and Salovey (1997) models which revealed that the models were fit
for elevating psychological distress when emotional abilities are applied in various situations just in the same way the VCT seeking model could apply.

Similarly Vogel and Armstrong, (2010) model revealed self-concealment as predictors of willingness to seek health behaviour through the mediators of negative social experiences and psychological distresses. However, the researchers may use the VCT seeking behavior model discretely due to the kind of participants involved. Factors of age, location of study and level of literacy may need to be taken into consideration when applying the model even though the purpose of the VCT seeking model was to predict individual’s level of VCT seeking behavior.

The regression analysis result from Table 1, 6 also revealed positive significance level between independent variable and dependant variable. Thus; self-concealment was $t = -2189$, $p$-value $= 0.029 > 0.05$ significant level while emotional intelligence was $t = .088$, $p$-value $= 0.930 < 0.05$ significant level. This means that Self-concealment significantly predicts VCT seeking behavior at $p > 0.05$ level of significance. Self-concealment therefore is a stronger positive predictor of VCT seeking behavior. The implication in this result is that even though self concealment emerges as a stronger predictor of VCT seeking behavior, emotional intelligence appears a mediating factor of positive influence towards VCT seeking behavior. This is a fact which cannot be ignored.
4.4. Results as per objective Three

4.4.1 Prediction of VCT seeking Behaviour from the sub elements of Emotional intelligence, self-concealment.

4.4.2 Introduction

Simple regression analysis was conducted to test the hypothesis; there is a significant positive association between VCT seeking behaviours with the sub elements of emotional intelligence and self-concealment.

The following were the results:

4.4.3 Predictive relationship of Self-Concealment from its sub-elements

Table 18

<table>
<thead>
<tr>
<th>Coefficients</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>36.591</td>
<td>1.795</td>
</tr>
<tr>
<td>Secret</td>
<td>-.004</td>
<td>.190</td>
</tr>
<tr>
<td>Traumatising</td>
<td>-.113</td>
<td>.219</td>
</tr>
<tr>
<td>Depressing</td>
<td>.368</td>
<td>.235</td>
</tr>
<tr>
<td>Embarrassing</td>
<td>.169</td>
<td>.241</td>
</tr>
<tr>
<td>Fearful</td>
<td>-.276</td>
<td>.255</td>
</tr>
</tbody>
</table>

a. Dependent Variable: VCT seeking
A regression analysis was conducted to find out which sub elements of self-concealment predict VCT seeking behaviour. The results from Table 1.18 indicated that all the sub elements did not significantly contribute to VCT seeking behaviour since the all the values are greater than P-value at 0.05 significant levels however the sub elements of depression and embarrassment increases levels of VCT seeking behaviour by .368 and .169 units while secrecy (-.004), trauma (-.113) and fearfulness (-.276) decreases VCT seeking. For instance, as the level of embarrassment increases, self-concealment levels also increases and this enhances the individual to get more and more driven away from seeking VCT services. This implies that if the self-concealment overwhelms emotional intelligence, then there is high possibility of the individual fighting with issues within him/herself just as Ichiyama et al. (1993) study found out that secrets kept for so long had enormous psychological maladjustments problems on individuals such as depression, trauma and embarrassment. These conflicts may propel one to seek counseling sooner or later.
4.4.4 Predictive relationship of Emotional Intelligence from its sub elements

Table 1.19

Prediction of VCT seeking behaviour from the Emotional Intelligence sub elements

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>38.665</td>
<td>5.428</td>
<td></td>
<td>7.123</td>
</tr>
<tr>
<td>Self awareness</td>
<td>-.206</td>
<td>.352</td>
<td>-.033</td>
<td>-.585</td>
</tr>
<tr>
<td>Self regulation</td>
<td>-.925</td>
<td>.305</td>
<td>-.170</td>
<td>-3.029</td>
</tr>
<tr>
<td>Motivation</td>
<td>-.062</td>
<td>.394</td>
<td>-.008</td>
<td>-.157</td>
</tr>
<tr>
<td>Empathy</td>
<td>.940</td>
<td>.372</td>
<td>.147</td>
<td>2.525</td>
</tr>
<tr>
<td>Social skills</td>
<td>.058</td>
<td>.320</td>
<td>.010</td>
<td>.181</td>
</tr>
</tbody>
</table>

a. Dependent Variable: VCT seeking

A linear regression model was used to test the hypothesis to what extent emotional intelligence sub elements significantly predicts VCT seeking behaviours. The results from Table 1.19 shows that for every unit increase in Empathy and social skills, levels of VCT seeking behaviour also increases by 0.94 and 0.058 units respectively. However while both factors seem to increase the levels of VCT seeking behaviour, only Empathy significantly predicts VCT seeking behaviour (t = 2.525, p-value = 0.012).

For every unit increase in self awareness, self regulation and motivation, levels of VCT seeking behaviour decreases by 0.206, 0.925 and 0.062 units respectively. Out of which only self regulation significantly predicts the decrease in VCT seeking behaviour (t = -3.029, p-value = 0.003). The results implies that while empathy and social skills seem to increase the levels of self concealment, self-awareness, self-regulation and
motivation also seem to decrease the levels of VCT seeking behaviour. Similar view of this study was observed in Eberson et al., (2012) study among university students in South Africa. University students often face various challenges which require proper life adjustments while in college. The results indicated that high emotional intelligence is a positive contributor to resilient factor in HIV and AIDS prevention approach, a fact which enhances the sub elements of emotional intelligence.

4.5 Results as per objective four

4.5.1 Gender and Age Differences in Emotional Intelligence, Self-Concealment and VCT Seeking Behavior.

4.5.2 Introduction

This section was in response to objective four which was to find out if there was any significance difference in gender in emotional intelligence, self–concealment and VCT seeking behavior with P > 0.05 significance level. An independence t-test was used to compare means for the two groups as shown in Table 1.20.
4.5.3 Gender Differences in Emotional Intelligence, Self-Concealment and VCT seeking behavior.

Table 1

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>VCT seeking</td>
<td>Male</td>
<td>207</td>
<td>38.1884</td>
<td>8.73884</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>159</td>
<td>36.9057</td>
<td>9.96182</td>
</tr>
<tr>
<td>Self-concealment</td>
<td>Male</td>
<td>196</td>
<td>32.3367</td>
<td>8.82414</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>147</td>
<td>31.3605</td>
<td>10.12521</td>
</tr>
<tr>
<td>Emotional intelligence</td>
<td>Male</td>
<td>189</td>
<td>38.6190</td>
<td>3.29940</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>153</td>
<td>38.9739</td>
<td>3.93692</td>
</tr>
</tbody>
</table>

From Table 1.20, the results indicate that there is significance difference in gender. The mean difference between the males and females, shows that the levels of emotional intelligence in female was significantly higher (Mean =38.9; S.D 3.93692) than the males (Mean =38.6; S.D 3.29940). This result further validates results found in objective one where women’s level of emotional intelligence was higher than men.

The result from Table 1.20, further indicated that the mean levels in self-concealment for males was higher than females (Mean =32.33; S.D 8.82414) and those for females were (Mean =31.3; S.D 10.12521). This means that men were higher self-concealers but they also seek VCT services (Mean=38.1; S.D 8.73884) an indication implying diverse sexual engagements observed in the contemporary set up today. The demographic characteristics in KAIS, (2012) reported further has Kilifi and Mombasa region as
hyper-endemic in relation to risky sexual behavior and HIV infection (KAIS, 2012). This brings with it a diverse background of different risky sexual engagements which may call for the need to seek VCT services frequently by men as compared to women.
Table 1 21

Significance difference in gender

<table>
<thead>
<tr>
<th></th>
<th>Independent Samples Text</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Levene's Test for Equality of Variances</td>
</tr>
<tr>
<td></td>
<td>F</td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td>2.118</td>
</tr>
<tr>
<td>Equal variances assumed</td>
<td></td>
</tr>
<tr>
<td>Equal variances assumed</td>
<td></td>
</tr>
</tbody>
</table>
To check for homogeneity of variances, in the two groups, Levene’s test was used to test for equal variances in emotional intelligence, self-concealment and VCT seeking behavior in gender difference. The results in Table 1.21 revealed that both variables had equal variances since the p-values were 0.146 and 0.900 respectively at 0.05 significance level.

An independence T-Test which was further carried out to see whether there is a statistically significant difference in gender. The test revealed that where as there is a statistically significant difference in the levels of self concealment in males and females, t = -2.178, df = 362 and p = 0.030 < 0.05, the levels of Emotional intelligence was statistically insignificant, t = -0.367, df = 363 and p = 0.714 > 0.05. This results contradicted Maliha (2012) study results which reported higher levels of emotional attention in females than in males ( M = 48.37, M = 44.12; P > 0.001) while there is insignificant relationship between self-concealment and emotional intelligence, self-concealment is more significant or strongly determines VCT seeking behaviours much more than emotional intelligence. The result implied that generally male students have higher levels of self-concealment compared to female students while female students have higher levels of emotional intelligence than male students.

The current study also contradicted Summiya hayat and sheraaz, (2009) study results which revealed that Males had high emotional intelligence as compare to females (t=4.522, p<.01). However the current study revealed that there is insignificance gender difference in emotional intelligence t = -0.367, df = 363 and p = 0.714 > 0.05. Ashkan
Khalili, (2012) randomly selected small entrepreneur for assessment of gender differences in emotional intelligence, revealed that men had higher level of emotional intelligence than women. However the study used the Emotional Intelligence Appraisal of four factor competencies consisting of: self-awareness, self-management, social awareness and relationship management which enabled the researcher to provide an overall assessment of emotional quotient (EQ) score as well as a score in each of the four emotional intelligence factors. This methodology differed from the current study but similar in concept.

Other studies; Mbogua, (2004); Njoroge et al (2011), Mumah, (2003) and Nzioka, (2008) had varied results on gender differences in HIV studies and VCT seeking behaviours. For instance, Mbogua, (2004) investigated gender difference in VCT seeking among patients of HIV Kenyatta Hospital Nairobi. The study reported gender differences in VCT seeking. Using survey method and focused group discussion, the study found out that men often visit public healthcare facilities and VCT clinics much less frequently than women and if they do, it’s done under self-concealment. This trend of behaviour could be attributed to cultural perception in masculinity and gender stereotyping.

Similarly, Njoroge, (2011) study among patients in community services clinic in Nyeri County revealed fear of men visiting counselors and VCT units. The study also attributed the findings to cultural practices where people perceive nursing and care as associated with women and children. The perception in the foregoing discussion is that,
men apparently find it difficult to self-disclose hence high levels of self-concealment among men.

4.5.4 Age Differences in Emotional Intelligence, Self-Concealment and VCT seeking behavior.

Table 1. 22

Age and Gender difference in predicting VCT seeking behaviour

<table>
<thead>
<tr>
<th>Coefficients</th>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Constant)</td>
<td>39.011</td>
<td>1.994</td>
<td>19.563</td>
<td>.000</td>
</tr>
<tr>
<td>1</td>
<td>Your age category</td>
<td>.405</td>
<td>1.083</td>
<td>.020</td>
<td>.374</td>
</tr>
<tr>
<td>Gender</td>
<td>-1.349</td>
<td>.989</td>
<td>-.072</td>
<td>-1.364</td>
<td>.173</td>
</tr>
</tbody>
</table>

a. Dependent Variable: VCT seeking

To access whether age and gender influence VCT seeking behaviour, a linear regression was fitted. The results in Table 1.22 indicate that, a unit increase in age leads to an increase in the VCT seeking behaviour by 0.405 units. However age is not a significant predictor of VCT seeking behaviour (t = 0.374, P-value = 0.709 > 0.05 significant level). These results links to HIV prevalence (KAIS, 2012) among the age group of 20-24 years. Even though the results indicate no significant influence of age in VCT seeking behaviour, data shows that this age group are over three times more likely to be infected with HIV virus (4.6%) than the older group of people (women 6.9% men 4.4% especially among the young women). However, the women stood a greater likelihood of infection (which will eventually push them to seek VCT services)
more than young men of the same age group (1.3%). More over HIV prevalence was significantly higher among men (1.4%) than women (3.5%) who had never married or cohabited, (KAIS 2012).

4.6 Conceptualization of the findings in relation to the theoretical framework and the variables under study.

Two theories were used to guide this study; Emotional intelligence theory by Mayer and Salovey (1999) and self-concealment theory by Kelly and Achter (1995). The study sought to investigate if emotional intelligence and self-concealment could predict VCT seeking behaviors. Emotional intelligence theory proposed emotional intelligence concept as a cognitive ability governed by five principles; perception of emotions, facilitation of emotions, social skills, understanding of emotions and management of emotions. The relationship between emotional intelligence and VCT seeking behaviors is that VCT seeking behaviors are heavily anchored upon people’s emotions and their ability to govern themselves appropriately for the sake of positive outcomes before and after seeking VCT services regardless of their HIV test results. Thus, the study correlated emotional intelligence and VCT seeking behavior to arrive at a measurable predictive model.

Self-concealment, on the other hand, was proposed by its proponents Kelly and Achter (1995). The theory expounded that self-concealment is an instance of boundary regulation which helps in the maintenance of one’s privacy. Thus visitation to the VCT for HIV testing and counseling are often perceived as private, secretive and heavily regulated by individuals. This is because many people perceive fear in VCT seeking.
Self-concealment, therefore, is a framework in itself that poses psychological discomfort. This state of mind could predispose individuals to actively conceal from others personal information with regard to VCT seeking behaviors.

This study has revealed that there is an important link between emotional intelligence and seeking of voluntary counseling and testing. Thus, when the level of emotional intelligence increases, the level of VCT visitation or up take also goes up. We can therefore deduce that since emotional intelligence is a branch of the three components of intelligence, (abstract, concrete and social) our level of thought processes highly influence our attitude and perception. In this case, while people have recognized the benefits of VCT clinics, it’s maintains of self-regulation which needs a strong shift of attention to uphold positive response towards continuous counseling.

Emotional intelligence principles as guided by the proponents; Goleman, (2005); Stain,(2004); Salovey Mayer and Cruso, 1990, 2003, 2007) emerged positive in this study in the context of HIV prevention strategies and as a psychological and educative component which can guide and fill the knowledge and research gap which was identified in this study. Emotional intelligence, therefore, remain as a strong anchor to suppress self-concealment, stigma and discrimination in HIV pandemic if people can learn to embrace its principles, then it may work towards reducing risky sexual behaviors and enhancing VCT seeking behaviors as a strategy in HIV prevention. Hence, longevity of life regardless of the results of HIV tests results.
The concept of emotional intelligence is a cognitive behavioral contract meant to be understood by its benefits as a life skill in counseling therapies, in addition, these skills can be applied while talking to adolescence and youth to bring about change in their behavior and to suppress the negative indulgence in health behaviors. Michele et al., (2012) in their study of an Assessment of Perceived Emotional Intelligence and Health Behaviors among College Students further explained that emotional intelligence encompasses multiple domains of self-awareness and management of emotions, self-motivation, acknowledgement of emotions in others, and management of relationships. These are skills which are often applied in counseling practices to help client realize self-actualization and be able to solve their own problems. The same explanations was further supported by Salovey and Mayer (1990); Presbury, Echterling, and McKee, (2007) and Goleman (1995), that emotional intelligence involves recognizing, expressing, monitoring, managing, and reflecting on emotions. Such abilities motivate ones’ resilient abilities to cope with frustrations, control impulse and delay gratification. This self-control regulates one’s moods and keep distress from overwhelming risky behaviors which are all the time tempting in the life of human beings.

This study provides an insight about the role of emotional intelligence and gender differences. Results demonstrates that there is a significant relationship between emotional intelligence among male and female, significance association between emotional intelligence and self-concealment in VCT seeking and male tendencies to self conceal is a psychological, cultural and biological component that still calls for further investigation due to socio-cultural factors.
Self-concealment, on the other hand, the tendency to withhold personal sensitive information that is perceived as negative, upsetting or embarrassing (Larson & Chastain, 1990) can obstruct psychological expression of individual’s autonomy, competence, and relationships. The inverse relationship between self-concealment and wellbeing is a state that may demand persistent effort of self-awareness, self-motivation and self-regulation (sub-elements of emotional intelligence). Such conditions can ultimately elicit maladjusted physiological and psychological symptoms, (Kelly, 2002). This implies that individuals must have been acting inappropriately or shamefully in a compromising perception of themselves (Larson & Chastain, 1990b).

In certain context, individuals feel safe in their thinking and perception since they are keeping something known only to them. This is a strategy for social security, decision-making, bargaining power, psychological health and self-esteem. Being in this situation may at times become precarious to the concealed in relation to VCT seeking behaviours. It is important to embrace emotional intelligence to offset individuals’ levels of self-concealment despite stigma and discrimination
CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction
This chapter contains summary, recommendations and conclusions of the study findings.

5.2 Summary of the Study Findings
The following were the summary of the study findings:

Levels of emotional intelligence and VCT seeking behaviors was higher among women while self-concealment levels was higher among male (see Table 1.11, 1.12, 1.13 and figure 1.2). Despite varying degree of response, the results from the scale interpretation shows that the participants response levels ranged from moderate level (54.9%- 76.6%) to high level (78.2%- 100%). The Chi Square test results also revealed that there is a statistical significant association between emotional intelligence and VCT seeking behaviour ($\chi^2 = 13.139$, df = 6 , p-value = 0.041 < 0.5 significant level) and that there is also a statistical significant association between Self Concealment and VCT seeking behaviour. ($\chi^2 = 24.886$, df = 9, p-value = 0.003).

Predictive relationships between Emotional Intelligence, Self-Concealment and VCT Seeking Behaviors using Spearman’s Rank Order Correlation Co-Efficiency results indicated that there was a positive correlation between emotional intelligence and VCT seeking behavior (rho = 0.375> 0.05 significant level). However, the results also
revealed that self-concealment is a stronger predictor of VCT seeking behavior \( r = 0.634 > 0.05 \) level of significance) while emotional intelligence has some level of influence on self-concealment \( r = 0.302 > 0.05 \) significance level. The results from co efficiency of determination \( (R^2) \) revealed that only 40.96\% of the independent variables (the self-concealment and emotional intelligence) could be attributed to explain the factors that determine VCT seeking behavior, see Table 1.16

**VCT Seeking behavior Predictive Model of Emotional Intelligence and Self-Concealment** from Table 4.16 revealed that VCT seeking model was created;

\[
VCT\text{ seeking} = const + \beta_1 (self\ concealment) + \beta_2 (Emotional\ Intelligence)
\]

The model was significant at 0.05 significant level therefore the model was fit for predicting VCT seeking behavior. The results indicated that the independent variable of self-concealment predicted VCT seeking behavior much more (\( t = -2.189, p\)-value = 0.029 > 0.05 significant level) than emotional intelligence (\( t = .088, p\)-value = 0.930< 0.05 significant level). This implied that Self-concealment significantly predicts VCT seeking behaviors at \( p > 0.05 \) level of significance. See Table 1.17

**Prediction of VCT seeking behaviour from sub elements of self-concealment** results from Table 1.18 indicated that all sub elements did not significantly contribute to VCT seeking behaviour since all the values were greater than \( P\)-value at 0.05 significant levels, However the sub elements of depression and embarrassment increases levels of VCT seeking behaviour by .368 and .169 units while secrecy (-.004), trauma (-.113) and fearfulness (-.276) decreases VCT seeking. For instance, as the level of embarrassment
increases, self-concealment levels also increases and this enhances the individual to get more and more driven away from seeking VCT services to test the hypothesis To test to what extent emotional intelligence sub elements significantly predicts VCT seeking behaviours, a linear regression model was used. The results from Table 1.19 shows that for every unit increase in Empathy and social skills, levels of VCT seeking behaviour also increases by 0.94 and 0.058 units respectively. However while both factors seem to increase the levels of VCT seeking behaviour, only Empathy significantly predicts VCT seeking behaviour (t = 2.525, p-value = 0.012).

For every unit increase in self awareness, self regulation and motivation, levels of VCT seeking behaviour decreases by 0.206, 0.925 and 0.062 units respectively. Out of which only self regulation significantly predicts the decrease in VCT seeking behaviour (t = -3.029, p-value = 0.003).

**Gender and age differences in Emotional Intelligence, Self-Concealment and VCT Seeking Behaviors** using independent t-test at 0.05 significance level revealed that there was statistically significant differences in the levels of self-concealment, t = -2.178, df = 362 and p = 0.030 < 0.05 between male and female while the levels of emotional intelligence were statistically insignificant, t = -0.367, df = 363 and p = 0.714 > 0.05 between the male and female, see Table 1.20 and 1.21. The t-test further carried out to show gender and age differences in VCT seeking behaviour revealed that gender significantly influence VCT seeking behaviour (t = -1.364, p= .173 < 0.5 significant
level) while age statistically insignificantly influenced visitation to the VCT clinics ($t= .374, p = .709 > 0.05$ significant level).

5.3 Conclusion
The following conclusions were drawn from this study:
Emotional intelligence and self concealment are indeed positive predictors of VCT seeking behavior. They determine 40.9% of VCTSB. However self-concealment is a stronger determiner than emotional intelligence, though there is a strong relationship between emotional intelligence and self-concealment which influences one's attitude towards accessing VCT services. Therefore, to help reduce risky sexual behavior among the adolescence and youth, cognitive behavioral therapy using emotional intelligence skills be imparted to them in counseling sessions, workshops, learning classroom and various trainings to enhance positive perception of VCT seeking and positive living.

5.4 Recommendations
In light of the findings of this study, the following are the recommendations in two folds; those related to policy and those related to further research.

5.4.1 Recommendations for Policy

5.4.2 Existing Policies that Need Enhancement

i. Ministry of Education, Science and Technology mainstreaming policy on HIV and AIDS education in schools, colleges and higher learning institutions curriculum and counseling programmes to incorporated

   a. Effects of Self- Concealment in HIV and AIDS prevention and
b. The role of Emotional Intelligence in mental health into voluntary counseling services and HIV education curriculum.

This may enhance adolescence and youth own abilities to create tremendous awareness of their own principles for personal resilience against moral decays that predispose them to HIV infection when they reach tertiary levels.

ii. Intervention strategy; Emotional intelligence skills, VCT Seeking behavior predictive model and test scales may be used by the VCT counselors and students as cognitive behavioral therapy approach to bring about behavior change to reduce risky sexual behaviors to prevent HIV infection.
To the University Management and departments which manage HIV prevention activities

i. Vigorous awareness programmes to take advantage of the students’ willingness to visit the VCT during the months of January-February and September – October periods as observed from the VCT seeking behavior characteristics patterns.

Non – Existent Policies that Need to be Formulated

i. The universities VCT counselors to counsel and educate clients on the importance of emotional intelligence and self-concealment during the counseling processes, seminars and workshops to enhance VCT seeking behaviors among the university population.

5.4.3 Recommendations for Further Research

i. To investigate the university students VCT seeking behaviours and perceived challenges in accessing VCT clinics within the universities and mitigate on the strategies to improve on the same.

ii. Need to replicate the study in other similar environment to validate the findings.

iii. Further investigations on the variations with cultures and biological orientation world over towards Men self- concealing behavior and emotional reactions in VCT seeking.

iv. Need to investigate the 59% other variables which determine VCT SB,

v. Study on emotional intelligence and self-concealment domains variations on special groups.
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APPENDIX

APPENDIX I

SECTION A: DEMOGRAPHIC QUESTIONNAIRE FOR UNIVERSITY STUDENTS

Please respond to the following questions as honestly as possible by TICKING correct response

1) Your age category;
   18-26 □ 27-40 □ Above 40 □

2) Gender; Male □ Female □

3) Year of study; First □ Second □ Third □ Fourth □

4) Religion; Muslim □ Christian □ Others □

5) Number of sex partners; One □ More □ None □

6) State some reasons that make you not visit the VCT unit within the University---

7) Suggest ways in which the university VCT services can be improved or made more youth friendly to enable students use it more---
APPENDIX I

SECTION B: EMOTIONAL INTELLIGENCE SCALE

Instructions:

Kindly respond to the following set of questions by circling the statement that BEST describes how you would react if faced with situation described. Please note that there is no right or wrong answers. Only honesty is required in giving your responses. You are also assured that your answers will be treated with utmost confidentiality.

SELF-REGULATION

1. You are kept waiting in a bus for another passenger who is late. How do you respond?
   a) Ask the driver repeatedly how long he or she will wait before leaving.
   b) Sit back and do something you enjoy.
   c) Make pointed remarks to the passengers when the late comer arrives.

2. Something you badly wanted fails to materialize. How do you respond?
   a) Say to yourself that there will be other opportunities in the future.
   b) Say to yourself that it wasn’t meant to happen on this occasion.
   c) Say to yourself that you shouldn’t have set your heart on the thing in the first place.

3. You feel frustrated and irritated by a difficult task that you have been asked to do. How do you respond?
   a) Take a short break from it to clear your mind and to devise a plan for tackling the job effectively.
   b) Keep your frustration to yourself, and get on with it as best as you can.
   c) Grumble about it to anyone who will listen and get it over with as quickly as you can.

4. You are in a conversation with someone who is trying to explain to you but is taking a long time about it and you have important things to do. How do you respond?
a) Make any excuse you can think of to bring the conversation to an end.
b) Explain to the person that you have pressing things to do and ask him or her to sum up the main points in the argument.
c) Say nothing, but make appoint of looking at your watch.

SELF-AWARENESS

5. You are served the wrong food in a restaurant. Part of the food consists of something you never eat. How do you respond?
   a) Push the offending food to one side of the plate and eat the rest, telling the waiter when he asks that the food was fine.
   b) Draw the waiter to one side and explain quietly what has happened
   c) Voice your displeasure so that everyone around hears

6. You believe that a superior treated you unfairly in front of your colleague. What do you do?
   a) Make a point of snubbing the superior the next time you are together.
   b) Let it believe that it won’t happen again.
   c) Explain to the superior the source of your grievance and say that you hope it won’t happen again.

7. You have been asked to take an extra responsibility that you know it is important to your team, but you think that you will find the new role difficult. How do you respond?
   a) Agree to take it on, but with no intention of giving it priority over your existing commitments.
   b) Turn down the request on the grounds that you have more than enough to do already.
   c) Say that despite the hard work that the extra responsibility entails, you are ready to face up to the new challenge.

8. You observe a colleague handling a situation badly and you are worried about the consequences. How do you respond?
   a) Intervene and take immediate responsibility for the situation, while saying little by way of explanation to the person concerned.
   b) Do nothing at the time, but resolve to do your best to pick up the pieces as soon as possible.
c) Make your presence known to all concerned and ask if you can assist your colleague in any way. Discuss the lessons that can be learnt from the way you both handled the situation.

MOTIVATION

9. Someone you work alongside is underperforming and needs to be told. What do you do?
   a) Leave it to someone else, like your boss to have a word with him/her.
   b) Tell the person in no uncertain terms to improve and say that you are not there to carry him or her.
   c) Speak to the person, pointing out what the problem is and how it needs to be addressed

10. Someone fails to turn up at a meeting with you for the second time. How do you respond?
   a) Find a way of getting back at them – rearrange the meeting but don’t turn up.
   b) Give the person one more chance – rearrange the meeting.
   c) Drop that person from your life – don’t rearrange the meeting.

11. You have come up with some ideas for solving a problem but have been told by others that your ideas have little chance of success. How do you respond?
   a) Think about what others have said, modify your ideas, and then take a calculated risk of putting them into practice.
   b) Bow to others superior judgment and forget all about it.
   c) Ignore their advice, trust your own judgment and get on with it.

12. You suspect that someone close to you is unhappy about something you have done, but when you ask how he or she felt about it, the person simply said ‘Ok’. How do you respond?
   a) Take what was said at face value – that everything really is ok.
   b) Wait until you think the time is right and then encourage the person to open up and talk about how he or she truly feels.
   c) Assume that the person would rather not talk to you about it – respect the right to silence’ on this matter

EMPATHY
13. You notice that a member of your group who is usually bright and cheerful has become quiet and withdrawn. How do you respond?

a) Reason that the change in mood has nothing to do with you and that the person will probably revert to normal behaviours without any interference from you.

b) Ask other members of the group if someone will have a word with them.

c) Find an occasion to talk to the person one-to-one; voice your concerns about his or her wellbeing and ask if there is anything you can do to help.

14. You are at a function. A close friend who has been quiet all evening suddenly breaks down in tears. How do you respond?

a) Go to the friend and offer them some assistance away from the gaze of other people.

b) Tell the friend to stop making such a fuss as his or her behaviour is embarrassing you in front of other people.

c) Ignore the friend; move to another part of the room.

15. Although nothing has been said exactly, you sense that for some reason you have offended a small group of your friends or colleagues. How do you respond?

a) Think back carefully over your actions to see if you can put your finger on what it might be that you have done to upset them.

b) Say to them that you sense that something is affecting your relationship with them and that you are sorry if it proves to be your fault. Ask if you can talk about it.

c) Shrug the whole thing off reasoning that it’s too late to do anything about it and it’s their problem anyway.

16. You are introduced to someone who seems to be nervous and hesitant about engaging in conversation. How do you respond?

a) Pretend to listen and take an interest in what the person is trying to say before moving off to talk to somebody else.

b) Listen carefully to what the person is saying, don’t interrupt and when you do speak, try to respond positively to what the person has said.

c) Take advantage of the first pause in the conversation to start talking yourself.
SOCIAL SKILLS

17. Someone offers an opinion that is contrary to something you feel strongly about. How do you respond?
   a) Hear the person out and then respond.
   b) Listen for a while and then reject it.
   c) Reject the opposing view outright.

18. You participate significantly in some kind of event – it might be at work or out of work. After it is over, what do you do?
   a) Tell anyone who will listen what it was like for you.
   b) Don’t speak to anyone about it.
   c) Ask people whose opinions you value what they thought.

19. You are working on an important task and your colleagues ask you to break off early. How do you respond?
   a) Thank them for asking and explain why you can’t go with them on this occasion.
   b) Turn down their invitation flat without thanks.
   c) Say that you will join them later if you can, even though you have no intention of doing so.

20. You arrive at a function and contrary to your expectations you find that you know very few people. How do you respond?
   a) Head straight for the few people you know in the hope that they’ll introduce you to some of the other guests.
   b) Let your host and your friends know that you have arrived, and then ‘take the plunge’ by introducing yourself to some of the other guest.
   c) Stay for a little while, making sure that you at least talk to your host.
APPENDIX I

SECTION C: SELF–CONCEALMENT SCALE (SCS)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>1=strongly disagree</th>
<th>2=moderately disagree</th>
<th>3=don’t disagree or agree</th>
<th>4=moderately agree</th>
<th>5=strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>My HIV status is a personal secret.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>The use of ARVs is a personal secret.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>To be HIV infected is traumatizing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Stigma and discrimination due to HIV status is traumatizing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>If am HIV positive it would depress me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Without Psycho-social support groups am depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I fear my friends will isolate and abandon me if they know am positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I fear I keep lying about safety sex yet I don’t practice it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>If someone happens to know about my sex practices I would be very embarrassed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>To be HIV positive is very embarrassing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total score =
APPENDIX I

SECTION D: VCT SEEKING BEHAVIOURS QUESTIONNAIRE

**VCT SEEKING BEHAVIOURS QUESTIONNAIRE**

This scale measures VCT Seeking Behaviours; defined here as the choices that influences one to take up Voluntary Counselling and Testing services. Please tick the box, to the right of each of the following 10 statements, which best describes how much you personally agree or disagree with the statement.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My attitude towards university VCT is very positive</td>
</tr>
<tr>
<td>2</td>
<td>I always frequent accessing VCT services in the university</td>
</tr>
<tr>
<td>3</td>
<td>I always seek HIV testing and counselling services from university VCT unit to know my HIV status</td>
</tr>
<tr>
<td>4</td>
<td>I usually seek VCT unit because I get group psychosocial support</td>
</tr>
<tr>
<td>5</td>
<td>I can access correct information related to HIV from the unit</td>
</tr>
<tr>
<td>6</td>
<td>I usually access condom use and demonstration from the unit</td>
</tr>
<tr>
<td>7</td>
<td>I can confidentially disclose my problem to the counselor</td>
</tr>
<tr>
<td>8</td>
<td>I usually engage in peer educator’s activities in campus to promote HIV awareness and Behaviours change</td>
</tr>
<tr>
<td>9</td>
<td>The information I get from the VCT clinic helps me to make decision from informed choices about HIV infections</td>
</tr>
<tr>
<td>10</td>
<td>I seek VCT services because I can access ARVs</td>
</tr>
</tbody>
</table>

_Total Score =_

THANK YOU FOR PARTICIPATING IN THIS STUDY.
INTERPRETATION TABLE FOR THE SCALES

Table 3.2: Scoring scale for Emotional Intelligence

<table>
<thead>
<tr>
<th>Scores</th>
<th>Scores in interval scale</th>
<th>In %</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>20-32</td>
<td>33.3-53.3</td>
<td>Low emotional intelligence</td>
</tr>
<tr>
<td>40</td>
<td>33-46</td>
<td>54.9-76.7</td>
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<td>60</td>
<td>47-60</td>
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Table 3.3: Emotional Intelligence Scale Interpretation for the Five Domains

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Table 3.4 Scoring scale for Self-Concealment

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<td>37-50</td>
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Table 3.5: Scoring Scale for VCT Seeking Behaviours

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APPENDIX 3
CONSENT FORM

Introduction

Good morning/afternoon,

My name is Mrs. Alice A. Anika; I am a Ph.D student at Kenyatta University.

I am carrying out a research to determine whether the application of Emotional Intelligence and Self–concealment can predict Voluntary Counselling and Testing Seeking Behaviours as a cognitive behavioural approach in bringing about Behaviour Change among university students as a form of HIV prevention strategy.

I have identified you as my potential respondent in this research and I humbly request you to take a few minutes to respond to the instrument attached. The instrument comprises three sections A, B and C. Kindly respond to each item as honestly as possible. Please note that you are not required to write down your name for confidentiality. I assure you that all your responses will be treated with utmost confidentiality and will only be used for the intended research purpose.

Please note that taking part in this research is voluntary and sign below if you consent to participate in this research as a respondent.

Thank you for participating in this study.

Signature----------------------------------------------------------------------------------

Date--------------------------------------------------------------------------------------
APPENDIX 4

SAMPLE SIZE DETERMINING TABLE

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APPENDIX 5

MAP OF KILIFI AND MOMBASA COUNTIES
APPENDIX 6

RESEARCH PERMITS

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 57530

FROM: Dean, Graduate School
TO: Ms. Oromo Alice
C/o Educational Psychology Dept.
Kenyatta University

DATE: 13th June, 2014
REF: E83/10147/06

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that Graduate School Board at its meeting of 11th June, 2014 approved your Research Proposal for the Ph.D. Degree, entitled “Emotional Intelligence and Self-Concealment as Predictors of Voluntary Counseling and Testing Seeking Behaviours among university students in coastal region of Kenya”.

You may now proceed with your Data collection, subject to clearance with the Permanent Secretary, Ministry of Higher Education, Science and Technology.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed supervision Tracking Forms per semester. The form has been developed to replace the progress Report Forms. The Supervision Tracking Forms are available at the University’s Website under Graduate School webpage downloads.

By copy of this letter, the Registrar (Academic) is hereby requested to grant you substantive registration for your Ph.D. studies.

Thank you.

JOSEPHINE KENDI
FOR: DEAN, GRADUATE SCHOOL

cc. Chairman, Educational Psychology Dept.

Supervisors:

1. Dr. Jacinta Aswani Kwena
   C/o Educational Psychology Dept.
   KENYATTA UNIVERSITY

2. Dr. Philomena Ndambuki
   C/o Educational Psychology Dept.
   KENYATTA UNIVERSITY

JK/cao
Dear Sir/Madam,

I write to introduce Ms. Oromo who is a Postgraduate Student of this University. She is registered for Ph.D. Degree programme in the Department of Educational Psychology in the School of Education.

Ms. Oromo intends to conduct research for a proposal entitled, “Emotional Intelligence and Self-Concealment as Predictors of Voluntary Counseling and Testing Seeking Behaviours among university students in coastal region of Kenya”.

Any assistance given will be highly appreciated.

Yours faithfully,

MRS. LUCY N. MBAABU
FOR: DEAN, GRADUATE SCHOOL
Oromo A. Alice
Kenyatta University,
P.O Box 43844, Nairobi.

Dear Oromo,

APPLICATION NUMBER PKU/230/1 206- “EMOTIONAL INTELLIGENCE AND SELF-CONCEALMENT AS PREDICTORS OF VOLUNTARY COUNSELING AND TESTING SEEKING- BEHAVIORS AMONG UNIVERSITY STUDENTS IN COASTAL REGION OF KENYA”, VERSION 2.

1. IDENTIFICATION OF PROTOCOL
The application before the committee is with a research topic, "Emotional intelligence and self-concealment as predictors of voluntary counseling and testing seeking- behaviors among university students in Coastal Region of Kenya" version 2 received on 9th October, 2014.

2. APPLICANT
Oromo A. Alice

3. SITE
Coastal Region, Public Universities.

4. DECISION
The committee has considered the research protocol in accordance with the Kenyatta University Research Policy (section 7.2.1.3) and the Kenyatta University Ethics Review Committee Guidelines AND APPROVED that the research may proceed for a period of ONE year from 9th October, 2014.

5. ADVICE/CONDITIONS
   i. Progress reports are submitted to the KU-ERC every six months and a full report is submitted at the end of the study.
   ii. Serious and unexpected adverse events related to the conduct of the study are reported to this board immediately they occur.
   iii. Notify the Kenyatta University Ethics Committee of any amendments to the protocol.
   iv. Submit an electronic copy of the protocol to KUERC.

When replying, kindly quote the application number above.
If you accept the decision reached and advice and conditions given please sign in the space provided below and return to KU-ERC a copy of the letter.

PROF. NICHOLAS K. GIKONYO
CHAIRMAN ETHICS REVIEW COMMITTEE

1. ............................................ (Signature).... Dated this day of ........................................ 2014.

cc. Vice-Chancellor
    Director: Institute for Research Science and Technology
THIS IS TO CERTIFY THAT

MS. ALICE ACHIENG OROMO

of KENYATTA UNIVERSITY, 195-80100

KILIFI, has been permitted to conduct

research in Kilifi, Mombasa County

on the topic: EMOTIONAL INTELLIGENCE

AND SELF-CONCEALMENT AS

PREDICTORS OF VOLUNTARY

COUNSELING AND TESTING

SEEKING-BEHAVIORS AMONG

UNIVERSITY STUDENTS IN COASTAL

KENYA

for the period ending:

31st December, 2014

Signature:

Permit No : NACOSTI/P/14/0132/2394

Date Of Issue: 16th July, 2014

Fee Received: Ksh 2,000
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471, 2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

Ref: No.

NACOSTI/P/14/0132/2394

Alice Achieng Oromo
Kenyatta University
P.O.Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "Emotional intelligence and self-concealment as predictors of Voluntary Counseling and Testing Seeking –Behaviors among university students in Coastal Region of Kenya." I am pleased to inform you that you have been authorized to undertake research in Kilifi and Mombasa Counties for a period ending 31st December, 2014.

You are advised to report to the County Commissioners and the County Directors of Education, Kilifi and Mombasa Counties before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

Said Hussein
For: Secretary/CEO

Copy to:

The County Commissioner
The County Director of Education
Kilifi County.

THE COUNTY GOVERNMENT OF KILIFI
OFFICE OF THE COUNTY HEALTH EXECUTIVE SECRETARY

Telephone: 0712881963
0738534479
Email: OSwabah@gmail.com
oswabah@kilifi.go.ke

When Replying/Telephoning quote
REF: DOH/KLF/RESCH/VOL.I/15

Date 23 October 2014

Alice Anika Oromo
Kenyatta University
P.O. Box 43844
NAIROBI

Dear Madam,

RE: Authorization to Carry out study in Kilifi-Pwani University

The research committee of the Department of Health, Kilifi County, has received your request to carry out a study entitled “EMOTIONAL INTELLIGENCE AND SELF-CONCEALMENT AS PREDICTORS OF HIV VOLUNTARY COUNSELLING AND TESTING SEEKING BEHAVIOURS AMONG UNIVERSITY STUDENTS IN COASTAL REGION OF KENYA”. As per your protocol, this is a multi-site study, and the Kilifi arm will be carried out in the VCT situated on campus, at Pwani University.

After going through the proposal, we grant approval to proceed with your research. This should not exceed a time period of 90 days. Please note you can always ask for an extension, should you need it.

Upon completion of the study, you will required to share the results with the county health management team.

Good luck!

Dr Barbara Mambo
Research Co-ordinator/Chairperson
Kilifi County Department of Health

Office of the Executive Secretary
Department of Health

23 OCT 2014
The bearer of this letter Alice A. Anika is a PHD Student from Kenyatta University. She is carrying on a study on Emotional Intelligence and Self Concealment as predictors of voluntary counseling and testing seeking behavior among Public Universities students in Coast region of Kenya; for a period ending 31st December 2014.

Kindly accord her the necessary assistance.

DR. SHEM PATTA
AG. COUNTY DIRECTOR OF HEALTH
MOMBASA COUNTY

CC. The Incharge
VCT Unit
Technical University of Mombasa
KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

FROM: Dean, Graduate School
DATE: 24th September, 2014

TO: Ms. Oromo Alice
C/o Educational Psychology Dept.
Kenyatta University

REF: E83/10714/06

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that Graduate School Board at its meeting of 11th June, 2014 approved your Research Proposal for the Ph.D. Degree, entitled "Emotional Intelligence and Self-Concealment as Predictors of Voluntary Counseling and Testing Seeking Behaviours among university students in coastal region of Kenya".

You may now proceed with your Data collection, subject to clearance with the Principal Secretary, Higher Education, Science and Technology.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed supervision Tracking Forms per semester. The form has been developed to replace the progress Report Forms. The Supervision Tracking Forms are available at the University's Website under Graduate School webpage downloads.

Thank you.

SILVERIA THIONG'O
FOR: DEAN, GRADUATE SCHOOL

Chairman, Educational Psychology Dept.

Supervisors:

1. Dr. Jacinta Aswani Kwena
C/o Educational Psychology Dept.
KENYATTA UNIVERSITY

2. Dr. Philomena Ndambuki
C/o Educational Psychology Dept.
KENYATTA UNIVERSITY

ST/cao
MRS ALICE A ANIKA
PWANI UNIVERSITY
EDUCATIONAL PSYCHOLOGY DEPARTMENT
P.O.BOX 195
KILIFI
TEL NO 0723209205

15TH SEPT 2014

THE VICE CHANCELLOR
FINANCE, PLANNING AND ADMINISTRATION
THE TECHNICAL UNIVERSITY OF MOMBASA
MOMBASA

Dear Sir,

PERMISSION TO COLLECT DATA FROM THE UNIVERSITY
STUDENTS AND VCT UNIT

The above subject refers; I am a PhD student from Kenyatta
University. I am carrying out a study on;

'Emotional Intelligence and Self-concealment as predictors of
Voluntary Counseling and Testing seeking behavior among
Public University students in coast region of Kenya'

I am kindly requesting your permission to access some data from the
VCT unit for the above study

Attached find authorization permits

Thank you

MRS ALICE ANIKA
LECTURER EDUC PSYCHOLOGY DEPRT AND SPECIAL NEEDS

[Handwritten note: Please look into this and act accordingly. Thanks. ALB 18/9].
Office of the Deputy Vice Chancellor (Administration, Finance and Planning)

INTERNAL MEMO

FROM: DVC, Administration, Finance & Planning  DATE: 18th September, 2014

TO: Mrs. Alice Anika  REF: PU/DVCAFP/SM/VOL.3/145
PF/NO. 0130

SUBJECT: REQUEST FOR PERMISSION TO COLLECT DATA FROM THE UNIVERSITY

The above subject and your memo dated 15th September 2014 refers.

This to inform you that as a PhD student from Kenyatta University, permission has been granted for you to collect data from Pwani University students and the VCT Unit for a period ending 31st December 2014 on your research titled: “Emotional Intelligence and Self-concealment as predictors of Voluntary Counseling and Testing seeking behavior among Public University students in Coast region of Kenya”.

Thank you.

[Signature]

PROF. MWAKIO P. TOLE
DEPUTY VICE CHANCELLOR (ADMINISTRATION, FINANCE AND PLANNING)

CC: -DVC, ASA
-Dean of Students Affairs
-In-charge VCT Unit