SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

YOUTH RECEPITIVENESS TOWARDS VOLUNTARY COUNSELLING AND TESTING SERVICES IN MAGOMENI DIVISION, DAR ES SALAAM, TANZANIA

BY

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DECLARATION

This thesis is my original work and has not been presented for the award of a degree in any other university or institution of higher learning.

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To my family: Dad Pasiens and Mum Theofrida; who appreciated the value of education and supported me unconditionally. My brothers Aggrey and Herman, for their kind and continuous support.
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TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title page</td>
<td>i</td>
</tr>
<tr>
<td>Declaration</td>
<td>ii</td>
</tr>
<tr>
<td>Dedication</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>iv</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>iv</td>
</tr>
<tr>
<td>List of Figures</td>
<td>x</td>
</tr>
<tr>
<td>List of Tables and Graphs</td>
<td>xi</td>
</tr>
<tr>
<td>Operation Definition of Variables</td>
<td>xii</td>
</tr>
<tr>
<td>Abbreviation and Acronomy</td>
<td>xiii</td>
</tr>
<tr>
<td>Abstract</td>
<td>xiv</td>
</tr>
</tbody>
</table>

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

1.1.1 Global situation of HIV/AIDS

1.1.2 Situation of HIV/AIDS in Africa

1.1.3 Tanzania situation of HIV/AIDS

1.1.4 Voluntary Counselling and Testing (VCT)

1.1.5 Tanzania Youth Policy

1.1.6 The situation of the VCT services in Tanzania

1.2 Statement of the problem

1.3 Research Questions

1.4 General Objectives

1.5 Justification and Significant of the study

1.6 Scope and Limitation

CHAPTER TWO: LITERATURE REVIEW, THEORETICAL AND CONCEPTUAL FRAMEWORK
2.4 The East African Perspective of VCT services ......................... 15
2.5 HIV Policy and VCT services in Tanzania .............................. 16
  2.5.1 VCT uses and Benefit of VCT services ............................ 18
  2.5.2 Challenges/Barriers in implementing VCT services .............. 19
  2.5.3 Programs and Activities promoting VCT use among Tanzanian
       Youth ..................................................................................... 20
2.6 Theoretical Framework .......................................................... 21
  2.6.1 Conceptual Framework: Health Belief Model ...................... 21
  2.6.2 Social Action Theory ......................................................... 24

CHAPTER THREE: RESEARCH METHODOLOGY ............................... 25
  3.1 Introduction ............................................................................. 25
  3.2 Research Design ..................................................................... 25
  3.3 Study Site .............................................................................. 25
  3.4 Target Population .................................................................... 26
  3.5 Inclusion criteria ...................................................................... 27
  3.6 Exclusion criteria ..................................................................... 27
  3.7 Sample size and sampling procedures ..................................... 27
  3.8 Data collection tools and procedures ....................................... 29
    3.8.1 Secondary source of data ..................................................... 30
    3.8.2 Questionnaires ................................................................. 30
    3.8.3 Focus Group Discussion ..................................................... 30
  3.9 Pre-testing ............................................................................... 31
    3.9.1 Validity ............................................................................. 31
    3.9.2 Reliability ......................................................................... 32
    3.9.3 Data management and Analysis ........................................ 32
    3.9.4 Ethical Consideration ....................................................... 33

CHAPTER FOUR: EMPIRICAL PRESENTATION OF THE FINDINGS 34
  4.1 Introduction ............................................................................. 34
  4.2 Social-Demographic information ............................................. 34
LIST OF FIGURES

Figure 1: Conceptual framework .................................................. 23
Figure 2: Distribution of respondents by sex ................................... 35
Figure 3: Respondents who think VCT services are necessary ............ 39
Figure 4: Respondents perceptions towards VCT services ................ 41
Figure 5: Reasons that can make respondents to use VCT services ...... 42
Figure 6: Respondents who are aware of friends using VCT services ... 44
Figure 7: Why the youth don’t attend some VCT services ............... 44
Figure 8: Proposed ways to reduce HIV transmission ..................... 45
Figure 9: Places those respondents would go for VCT services ............ 47
Figure 10: Steps that government should take to increase universal use of VCT services among youth ................................. 49
<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Showing how to determine sample size</td>
<td>29</td>
</tr>
<tr>
<td>Table 2</td>
<td>Age distribution of respondents</td>
<td>34</td>
</tr>
<tr>
<td>Table 3</td>
<td>Class of study of respondents</td>
<td>36</td>
</tr>
<tr>
<td>Table 4</td>
<td>Religion affiliation of the respondents</td>
<td>36</td>
</tr>
<tr>
<td>Table 5</td>
<td>Proportion of the study proportion which has ever heard about VCT</td>
<td>37</td>
</tr>
<tr>
<td>Table 6</td>
<td>Source of information</td>
<td>37</td>
</tr>
<tr>
<td>Table 7</td>
<td>Respondents who are aware of any VCT centre for youth</td>
<td>39</td>
</tr>
<tr>
<td>Table 8</td>
<td>Reasons by respondents who think it's important to use VCT services</td>
<td>40</td>
</tr>
<tr>
<td>Table 9</td>
<td>Respondents who think the use of VCT services will reduce the HIV transmission</td>
<td>41</td>
</tr>
<tr>
<td>Table 10</td>
<td>Perceived preferred centres for VCT services among youth</td>
<td>43</td>
</tr>
<tr>
<td>Table 11</td>
<td>Steps that HIV+ people should take after learning their HIV status</td>
<td>46</td>
</tr>
<tr>
<td>Table 12</td>
<td>Advice the respondents would give to protect their fellow youth</td>
<td>48</td>
</tr>
<tr>
<td>Table 13</td>
<td>Comments respondents gave parent/teachers about encouraging the use of services among youth</td>
<td>50</td>
</tr>
<tr>
<td>Graph 1</td>
<td>Benefits of Knowing HIV Status</td>
<td>38</td>
</tr>
</tbody>
</table>
OPERATIONAL DEFINITION OF VARIABLES

Awareness: Knowledge gained through one's own perceptions or by means of information. To be aware is to have full consciousness of something.

Influence: The capacity or power of persons or things to produce effects on others by intangible or indirect means. To move or impel (a person) to some action.

Perception: Is the process of attaining awareness or understanding of the environment by organizing and interpreting sensory information, becoming aware of something via the senses.

Receptiveness: Able to receive, especially open and responsive to ideas, impression or ideas or the services suggestions. It also refers to willingness or readiness to receive.

Stigma: It is a social label that disgraces and shames

Usage: A usual, habitual, or accepted practice. The act, manner, or amount of using that put or bring into action or service; it is apply to a given purpose.

VCT: Voluntary Counselling and Testing for HIV/AIDS, is a way for a person to learn their HIV status.

Youth: UN defines, any person in the age of 15 - 24 years (Mkandawile, 2003) According to the Tanzanian Ministry of Labour Youth and Development Policy, youth defined as those people aged 15-35 years. According to WHO, a young person is defined as anyone aged between 10-24 years while adolescent is defined as anyone aged between 10-19 years. For the purpose of this study the term youth will be used to cover aged 15-22 years. Accordingly the concept youth to also mean young people.
ABBREVIATION AND ACRONYMS

AIDS  Acquired Immunodeficiency Syndrome
HIV  Human Immunodeficiency Virus
AMREF  African Medical and Research Foundation
ARV  Antiretroviral
FGDs  Focus Group Discussions
FHI  Family Health International
KDHS  Kenya Demographic and Health Survey
MOH  Ministry of Health (Tanzania/Kenya)
MOLYED  Ministry of Labour Youth and Development-Tanzania
NACP  National AIDS Control Programme Ministry of Health-Tanzania
NASCOP  National AIDS and STIs Control Program-Kenya
NBS  National Bureau of Statistics
NGO  Non-Governmental Organization
HBM  Health Belief Model
PLWA's  People living with AIDS
PMTCT  Prevention of Mother to Child Transmission
ROK  Republic of Kenya
SPSS  Statistical Package for Social Sciences
STIs  Sexually Transmitted Infections
TACAIDS  Tanzania Commission for HIV/AIDS
TDHS  Tanzania Demographic and Health Survey
UNAIDS  The Joint United Nations Program on HIV/AIDS
UNFPA  United Nations Populations Fund
URT  The United Republic of Tanzania
USAID  United States Agency for International Development
VCT  Voluntary Counseling and Testing
WHO  World Health Organization
ABSTRACT

The HIV/AIDS situation in Tanzania continues to pose a grave challenge to the government and the people as well. Voluntary Counseling and Testing of HIV/AIDS is one of the interventions which have demonstrated remarkable impact in facilitating behavior change for HIV/AIDS prevention. Over the past 20 years, VCT services have helped millions of people to learn their HIV status and make informed decisions for their health and general wellbeing. The objectives of the study were to: establish the level of awareness of VCT services among the youth, with a view of assessing of their perception towards the services. The study also sought to establish of the extent of use of the services, and identify factors which influence the use of the services. The study was guided by the Health Belief Model and the Social Action theory in its data collection and analysis. Despite the availability of VCT services in Tanzania- mostly offered for free to the population, utilization of the services remains considerably low especially among the youth, thus there is a need to understand why youth are not utilizing the services effectively. A descriptive cross-sectional study survey design was adopted and data were collected using both quantitative and qualitative techniques. Key findings show that, there is very high level of awareness of VCT services among the youth (98%), with 91.5% re-affirming that they understood the meaning of VCT. The study further demonstrated a positive perception towards the VCT services, with 96.4% of the respondents saying they considered the service necessary and having the potential to reduce the spread of HIV/AIDS, and 95.5% mentioned that it is important for the youth to use the services. 52.2% of the respondents mentioned having used the services. Out of these, 38.2% used VCT centres within their locality, while 61.8% accessed the services elsewhere. Moreover, only 10.8% indicated their willingness to take the HIV test at the time of the study. Stigma and fear of positive results were major inhibiting factors for service uptake. In this case more education is needed to address the stigma and denial. Study showed factors influencing the usage of the services include: general knowledge of services and gender, while age and class level were not factors influencing usage of VCT service among the youth in the Division. The study recommends that the Ministry of Health and Social Welfare should put youth-friendly services that would most likely stimulate demand for, and utilization of services among youth.
CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1 BACKGROUND TO THE STUDY

The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) is a global crisis with consequences that are not only devastating now but will be felt for decades to come (WHO, 2010). The economic impact of HIV/AIDS on households is so significant because most individuals living with HIV/AIDS in highly affected countries are the youth, parents and workers providing for their households (WHO, 2010). Sub-Saharan Africa remains the region most heavily affected by HIV, accounting for 67% of all people living with HIV/AIDS (PLWHA) and 75% of AIDS deaths in 2007 (CDC, 2008).

1.1.1 Global situation of HIV/AIDS

According to UNAIDS (2009) more than 25 million people have died of AIDS since 1981. By the end of 2008, women accounted for 52% of all adults living with HIV/AIDS worldwide. In developing and transitional countries, 9.5 million people are in immediate need of life-saving AIDS drugs. Of these people, only 4 million (42%) are receiving the drugs. The year (2008) also saw two million deaths from AIDS, despite recent improvement in access to antiretroviral treatment (UNAIDS, 2009). In East Asia, HIV incidences have declined by nearly 25% and in South and South East Asia by 10% in the same time period.

In Eastern Europe and Central Asia, HIV prevalence among young people is rising fast. This is due to drug injecting with contaminated equipment and to some extent, unsafe sex. Number of factors place young people at the centre of HIV vulnerability including inadequate access to information on HIV, inadequate life skills, and general lack of experience (WHO, 2010). The other reason is early sexual debut, most young people become sexually active in their teens and many before their 15th birthday. Studies shows that factors which contribute to this are, increased urbanization, poverty, exposure to
conflicting ideas on sexual values and behaviours and break down of traditional sexuality, among others (WHO, 2010).

Moreover, data from AIDS epidemic update shows that, 35.8 million people living with HIV are living longer due to the beneficial effects of antiretroviral therapy and population growth.

However, the number of AIDS-related deaths has declined by over 10% over the past five years as more people gained access to the life saving treatment. UNAIDS (2010) estimate that since the availability of effective treatment in 1996, some 2.9 million lives have been saved.

1.1.2 Situation of HIV/AIDS in Africa

According to WHO (2010) the sub-Saharan Africa is more heavily affected by HIV/AIDS than any other region of the world. An estimated 22.4 million people are living with HIV in the region, representing about two thirds of the global cases. In 2008 around 1.4 million people died from AIDS, and 1.9 million people become infected with HIV/AIDS every year. In the absence of massively expanded prevention, treatment and care efforts, it is expected that the AIDS death toll in the sub Saharan Africa will continue to rise. This means that the impact of the AIDS epidemic on these societies will be felt most strongly in the course of the next ten years and beyond. Due to this situation, some sub-Saharan Africa governments face triple challenges including providing health care and support to a growing population of people with HIV-related illnesses, reducing the annual toll of new HIV infections by enabling individuals to protect themselves and others, and coping with the impact of over 20 million AIDS deaths, on orphans and other survivors, in communities for national development (UNICEF, 2010).

Both HIV prevalence rates and the numbers of people dying from AIDS vary greatly between African countries. In Somalia and Senegal, HIV prevalence is under 1% of the adult population, whereas in Namibia, South Africa, Zambia and Zimbabwe around 15-
20% of adults are infected with HIV. In three southern African countries, the national adult HIV prevalence rate now exceeds 20%. These countries are Botswana (23.9%), Lesotho (23.2%) and Swaziland (26.1%) (UNAIDS, 2010). There are some countries which are experiencing rising HIV prevalence rates. In Cameroon, HIV prevalence is now estimated at 5.1% and in Gabon it stands at 5.9%. In Nigeria, HIV prevalence is low (3.1%) compared to the rest of Africa. However, because of its large population (it is the most populous country in sub-Saharan Africa), this equates to around 2.6 million people living with HIV. The adults HIV prevalence in East Africa exceeds 5% in Uganda, Kenya and Tanzania. For instance, in Kenya it is estimated that the adult HIV prevalence rose from 3.1% in 2000 to 13.5% in June 2004 with over 2.2 million cases of HIV/AIDS infection. In Nairobi, the prevalence rate has been estimated to be 16% (Klein, 2010).

The predominant mode of HIV transmission is through heterosexual contact, followed in magnitude by perinatal transmission, in which the mother passes the virus to the child during pregnancy (MOH (U), 2009). HIV/AIDS are having a widespread impact on many parts of the African society, with some of the major effects of the AIDS epidemic being: the effect on life expectancy, in many countries of sub-Saharan Africa, as millions of adults are dying from AIDS while they are still young, or in early middle age. Average life expectancy in sub-Saharan Africa is now 47 years, when it could have been 62 without AIDS. The effect on households is very severe, as many families are losing their income earners (Klein, 2010). HIV is also putting a lot of strain on the health care delivery system as the demand for care by those living with HIV escalates. Rises in the pandemic is also depleting productive workforce, thereby slowing down social and economic progress of the affected countries. The vast majority of people living with HIV and AIDS in Africa are between the ages of 15 and 49 - in the prime of their working lives (WHO, 2008).

Based on these data, tackling the AIDS crisis in Africa is a long-term task that requires sustained effort and planning - both within African countries themselves and amongst the international community. One of the most important elements of the fight against
HIV/AIDS is the prevention of new HIV infections. HIV prevention campaigns that have been successful within African countries need to be highlighted and replicated.

1.1.3 Tanzanian situation of HIV/AIDS

The HIV/ADS epidemic has been spreading steadily ever since the epidemic began more than 28 years ago. During the last two decades in Tanzania, the HIV/AIDS epidemic has spread to affect people in all walks of life and decimated the most productive segment of the population. As of December 2007, a cumulative total of 205,773 cases had been reported since 1983 when the first three cases in the country were identified (Joe et al., 2008).

In response to the epidemic, the government of Tanzania, with support from donor organizations has created a number of agencies to lead efforts to control the spread of HIV/AIDS. For example the establishment of National Aids Control Programme (NACP) in 1987 under the Ministry of Health. The government it also formed Tanzania Commission of AIDS which operate under the Prime Minister’s Office in 2000 which developed and adopted a National HIV/AID policy with the aim of providing a framework for leadership and coordination of the National Multi-sector Strategic Response to the HIV/AIDS epidemic (Joe et al., 2008)

Increasing public use of Voluntary Counselling and testing has been a key mechanism for prevention of HIV in the country. The United State Government seeks to reduce HIV infection by providing assistance to Tanzania Commission of AIDS and Ministry of Health and Social Welfare (MOHSW). The Tanzanian branch of the African Medical Research (AMREF) has greatly expanded the number of VCT centres around the country in the past few years. The VCT centres of Tanzanian Government along with those supported by AMREF and other donors, now provide more than 2000 sites in the country where a person can obtain HIV test along with counselling (Mgosha et al, 2007).
1.1.4 Voluntary Counselling and Testing (VCT)

Voluntary Counselling and Testing, is a process that is undertaken when a person wants to find out if they are infected with HIV or not. Since it is voluntary, a person who thinks he/she might have HIV/AIDS decides on his own whether he/she wants to have the test done. Most clinics use rapid tests that makes the results available, usually within twenty minutes after the test has been performed (USAID, 2009). Voluntary Counselling and testing is an HIV-prevention intervention that the client initiates. It gives clients an opportunity to explore their HIV risks and to learn their HIV status in complete confidence (Taegtmeyer, et al., 2006).

VCT can also be defined as the process by which an individual undergoes confidential counselling to enable an informed choice about learning his or her HIV status and to take appropriate action(s) (Matovu & Makumbi, 2007). Many HIV/AIDS testing programs globally and in Africa, including Tanzania aim to reduce risk taking behaviour by providing individuals with information about their own HIV/AIDS status through VCT services (Paulo et al., 2008).

VCT has been shown to be an effective strategy to facilitate behaviour change for HIV prevention. It offers an entry point for early care and support for those infected with HIV and Prevention of Mother to Child Transmission. VCT also plays a critical role in reducing stigma and discrimination for PLWHA (MoH-K, 2008). Over the past 20 years, VCT programs have helped millions of people to learn their HIV status. The services are important in HIV infection prevention because knowledge of an individual’s own HIV/AIDS status can motivate him/her to practice safer sexual behaviour thereafter to avoid transmitting the virus to others (Thomas, 2008).

The decision of Voluntary HIV/AIDS Counselling and Testing must be entirely the choice of the individual and he must be assured that the process will be confidential (Boswell and Baggley, 2002). Voluntary Counselling and Testing (VCT) has also been shown to have a role in both HIV/AIDS prevention and for people infected with
HIV/AIDS, it is an entry point to care. VCT provides people with an opportunity to learn and accept their HIV/AIDS status in a confidential environment with counselling and referral for on-going emotional support and medical care. People who have been tested positive can benefit from earlier appropriate medical care and interventions to treat and prevent HIV/AIDS-associated illnesses (Boswell and Baggley, 2002).

1.1.5 Tanzanian Youth Policy

Today’s young people are the future. Significantly, their energy, leadership and wisdom will shape the world during this new century. They will care for our generation as we grow older and they will nurture the next generation to come (Bond et al, 2009).

The definition of youth varies from one community to another depending on customs and traditions, social behaviour and their location. The common definition is that a youth is a boy or a girl who is in a transition period from childhood to adulthood. Due to these variations, the Tanzanian policy adopts the definition of youth as declared by UN which defines a youth as a person from age 15-24. During this period, a community expects the youth to start participating in various community development activities, become self-reliant, show maturity in reasoning, and in decision making and in taking action (National Youth development policy (T), 1996).

Due to changes in lifestyle in the African communities, accompanied by economic hardships, the once established system of responsible parenthood has declined. As a result, youth upbringing has been left in the hands of teachers and institutions dealing with the youth. At the household level, this task has been left in the hands of women, who mostly lack the time for responsible parenting. Disintegrated families have also adversely affected the youths’ upbringing. The consequences of this situation include some young girls getting early pregnancies and facing the risk of abortion or delivery complication due to their tender age, plus the increase of the risk of HIV/AIDS infection among the youth (National Youth development policy (T), 1996).
According to Uhuru newspaper (1st Dec, 2010), the youth appear to be in a better health than other age groups. This perception has misguided the planners who have not made specific plans for the youth health services, such as specific VCT services for them. In reality, the youth have many health problems although the effects of these problems do not surface immediately. Such problems include; drug abuse and increased STDs and HIV/AIDS infections.

1.1.6 The situation of the VCT services in Tanzania

Voluntary Counselling and Testing plays a key role, in HIV/AIDS-prevention and care. VCT has shown to be effective in influencing change in sexual behaviour and practices. The goals of public health policy regarding VCT are to diagnose HIV infection for timely therapeutic interventions and secondly to identify unrecognized infections so that behaviour associated with viral transmission can be modified (Sukari, 2008).

Tanzania has established a number of Voluntary Counselling and testing (VCT) sites across the country and encourages their use by the general population. The provision of HIV/AIDS-related counselling services in Tanzania started in 1989 but coverage was very low and by 2001 there were still only 92 public VCT services (reportedly reaching 4 percent of the population) covering the entire country (Garbus, 2009). Since then, VCT services have been expanded gradually. Currently, there are over 2134 sites across the country and according to the 2007-2009 Malaria and AIDS Indicator Survey, more than 80% of people including youth know where to get an HIV test, and most of the VCT centres provide free services to the youth (Garbus, 2009).

Despite the availability of VCT services, very few youths go for them. For instance, by the year 2007, only 14.5% of young women and 9.8% of young men aged between 14-24 years reported to have ever undertaken an HIV/AIDS test in the country (Herman et al., 2009). This indicates that very few youths have ever been tested for HIV/AIDS hence the need for rigorous sensitization for the youth about VCT services. The reasons why most youth are not ready for HIV test are still not well understood. Little is known on how...
behavioural factors might affect readiness of young people to test for HIV (Mwakatobe, 2007).

In Tanzania, initially, testing and counselling was done at health facilities but the services have now institutionalized into VCT sites. By the year 2007, Tanzania experienced an increase in the fight against HIV/AIDS. A national HIV/AIDS testing campaign was launched by the president of United Republic of Tanzania Hon. Kikwete, with the message “Tanzania Free of AIDS is possible” (MoH (T), 2008). Thus, there is a need to work with youth to create an environment in which VCT services and HIV/AIDS are not discussed in secrecy and shame, but openly and with compassion. This study is therefore geared towards assessing youth receptiveness towards VCT services in Tanzania.

1.2 Statement of the problem

HIV/AIDS is a national and world wide epidemic that is of global concern. At present the disease has no cure and all efforts are geared towards slowing down its spread with a view of taking care of the affected and protecting the unaffected. The HIV/AIDS situation in Tanzania continues to pose a grave challenge to the government and the people of Tanzania. In 2010, among the 2.2 million people noted to be living with HIV/AIDS, 15% were between 15-24 years and 60% of all new infections were found in this age group (Mwakatobe, 2007).

Despite this high rate of infection, only a few youth know their HIV status. For instance in Tanzania, less than 12% of the youth knew their HIV/AIDS status in 2007. In 2009, only 14.5% of young women and 9.8% of men aged between 14-24 years reported to have ever undertaken an HIV/AIDS test (Herman et al., 2009). This is despite the fact that knowing ones' HIV/AIDS status is crucial in the control and prevention of the HIV/AIDS.

Currently there are over 2134 VCT centres in the country, of which most provide free services to the youth. However, their use among the youth is low (Herman et al., 2009). Little is known also out how stigma and fear of positive results might affect the uptake
of VCT services among the youth. There is, therefore, a need to know and understand why youth do not use VCT services regularly. This study seeks to assess youth receptiveness towards Voluntary Counselling and Testing services in Magomeni Division in Tanzania with a view to coming up with recommendations that can be used to encourage the youth to access and use VCT services effectively.

1.3 Research Questions
i. What is the level of awareness of VCT services among the youth in Magomeni?
ii. What is the perception of the youth towards VCT services in Magomeni?
iii. To what extent are VCT services used by the youth in Magomeni?
iv. What factors influence the usage of VCT service among the youth in Magomeni?

1.4 General Objectives
The broad objective of the study was to assess youth receptiveness towards Voluntary Counselling and Testing services in Magomeni Division.

Specific objectives
i. To establish the level of awareness towards VCT services among youth in Magomeni.
ii. To assess the perception of youth towards VCT services in Magomeni.
iii. To establish the extent of use of VCT services among youth in Magomeni.
iv. To investigate the factors influencing the use of VCT services among youth in Magomeni.

1.5 Justification and Significance of the Study
The most definitive measure of VCT’s effectiveness in reducing HIV transmission is the rate of new infections diagnosed in people who seek VCT services. Most intervention addressing youth access to VCT services are based on the assumption that youth
encounter barriers to accessing VCT; hence they need to deal with those barriers. However, it is important to draw on the experience of youth who have knowledge of the services and have gone through the process of VCT and develop programmes that will deal with the real issues and aiming at sustaining the influencing factors.

Based on the above explanation then, there are five ways in which this study is important. Firstly, to strengthen the receptiveness of Voluntary Counselling and Testing services among youth in Tanzania. Secondly, in Tanzania some efforts are already being done such as encouraging youth to seek the VCT services so as to know their status. Hence there is the need to know how well youth are responding to the services available.

The study will be useful to the academicians and researchers as the basis for the further studies in Tanzania, especially in issues of youth development. Fourthly the study, will inform in policy implementation on VCT services by the government of Tanzania.

Tanzania, like any other country, the vulnerability of youth to HIV infection is attributed to early sexual maturation preceding social maturity coupled with lack of sex education from primary and secondary socializing agents. Thus youth mostly learn all good and evils of life by trial and error. Generally, one or combination of these factors may predispose youth to health hazards, including HIV/AIDS. This study hope to contribute to behavioural changes among young people emphasizing the positive reasons why youth should seek VCT services.

1.6 Scope and Limitations

HIV/AIDS as a research topic provides a wide of area for study. However, this study covers the use of VCT services among the youth of Tanzania. It was limited to Magomeni Division in Kinondoni Municipality thus compromising the generalizability of the results to the whole country. The study targeted in school youth from secondary schools in the Division because of the accessibility.
Accordingly, the study was limited in the sense that out of school the youths were not part of the study as they were not the target group for the study. Also the study was limited only to secondary school which were highly populated in the division and left those with few students, there was a possibility of missing some other information from those youth.

Thus, the purpose of this study is not a general survey of the applicability of VCT services. It is an in-depth assessment its receptiveness in terms of level of awareness, among the youth, extent of use of VCT services, perception, and factors that influence the usage of VCT services among the youth.
CHAPTER TWO

LITERATURE REVIEW, THEORETICAL AND CONCEPTUAL FRAMEWORK

2.1 Introduction

This chapter deals with a review of relevant literature. The section aims at creating an understanding of what other scholars have said regarding HIV/AIDS. Of interest to this study, however, is literature that explores VCT services. Additionally, the section also deals with a review of theories that explains why and how youth respond to health information regarding threats to their lives.

HIV Voluntary Counselling and Testing programs play an important role in helping clients adopt HIV preventive behaviours and identifying people who need follow-up treatment and support services (Family Health International, 2009). Even though most HIV infections are estimated to be occurring among young people aged 15–24, this group is underrepresented among those accessing VCT services (Family Health International, 2008). VCT for HIV/AIDS has been found to be an important and effective component of a comprehensive HIV prevention strategy. This is so because VCT provides powerful motivation for behaviour change. It is often expected that most of those who undergo VCT and test negative would change their sexual behaviour to maintain their negative status, while those who test positive change their behaviour to protect themselves and their partners (TDHS, 2009a). Literature suggests that few young people have embraced the idea of VCT and there is the need to focus on the youth as a target group. Despite the realization that VCT services are one of the effective ways of HIV/AIDS prevention, few youth have embraced the idea.

2.2 Global Perspectives on VCT services

To date, there are extensive studies in the world aimed at examining how youth are key in determining and reducing HIV risk behaviours as a result of undergoing voluntary HIV
testing and counselling in the world. Existing literature suggests that VCT may be an appropriate and effective strategy for young people (Family Health International, 2009).

Studies on the impacts of VCT among youth in the United States did provide evidence that all youths adopt safe behaviours after testing. Although the studies often focus on high-risk youth such as drug-users, runaways, and those in high-prevalence areas, they do look at the behaviour of young people in general. Among these groups, several studies indicated that there is behaviour change after testing. This evidence suggests that VCT services may help youth to adopt safe behaviours (Sukari, 2008). Studies that have been carried out indicate that the youth have begun to embrace the idea of VCT. Equally, the studies have shown that in Brazil and Miami, HIV/AIDS Counselling and Testing has resulted in a reduced rate of sexually transmitted diseases among the youth. This observation offers this study the necessary impetus to study the youth's receptiveness towards VCT in Tanzania.

Majority of youth who engage in unsafe sex or other risky behaviours are at high risk of HIV/AIDS infection. This age group accounts for more than 50 percent of all HIV infections worldwide (Boswell 2002). Therefore, preventing HIV/AIDS among youth is particularly urgent in the world, where young people comprise more than 30 percent of the population and general HIV/AIDS prevalence rates exceed 20 percent (Boswell 2002).

2.3 The African Perspective of VCT services

Voluntary Counselling and Testing was introduced to developing countries in 1980s. This period was characterized by high stigmatization, fear, discrimination and denial. There was little or no access to HIV treatment. World Health Organization (WHO), United States department of Health and Human services and Centre for Diseases Control and Prevention (CDC) were the first agencies to define and endorse the core components of HIV prevention. The approach emphasized the services being on voluntary basis and informed consent from the client (WHO, 2008).
A number of African countries have conducted large scale prevention initiatives to reduce HIV epidemic. Senegal and Uganda, for instance, responded early to the emergence of HIV/AIDS with strong political and community leadership. These efforts have resulted to Senegal becoming one of the countries with low HIV prevalence in sub-Saharan African (USAID, 2009). Studies carried out on VCT services offered elsewhere in the continent indicate that VCT has led to a low HIV/AIDS prevalence in many African countries. Thus, there is need to carry out a study on the success of offering VCT services among youth in Tanzania.

The provision of voluntary HIV/AIDS Counselling and Testing is an important part of any national prevention programme. It is widely recognized that individuals living with HIV/AIDS and are aware of their status are less likely to transmit HIV/AIDS infection to others, and are more likely to access treatment, care and support that can help them to stay healthy for long. This provision of VCT has become easier, cheaper and more effective as a result of the introduction of rapid HIV/AIDS testing which allows individuals to receive a test and results the same day (McCauley, 2008). Literatures on HIV/AIDS have shown that sensitization and awareness has contributed to positive living by people who are infected and affected. This has greatly reduced the stigma in many societies and has also contributed to longevity of life of infected persons.

In addition, evidence on behaviour change has been most associated with Counselling and Testing among young people and HIV positive clients. For example, in Rwanda and Zambia, VCT programs for the youth have been linked with increased use of condoms and reduced rates of HIV/AIDS infections among sexually active young people. The proportion using condoms after a one-year follow-up increased from 4% - 57% in Rwanda and 3% -20% in Zambia. In Mozambique, a study showed that those who had used VCT services increased their condom use over time (Denison et al., 2008).
2.4 The East Africa Perspective of VCT Services

A study conducted in Uganda to find out young people's experiences and attitudes to VCT showed that most youth intend to practice safer sex (Chakholoma, 2008). It was also noted that young people who receive counselling greatly appreciated the information and advice. This shows that HIV/AIDS testing through VCT services is essential for access to HIV/AIDS care, especially to the youth.

The HIV/AIDS situation Kenyan is similar to that of other African countries with the age group of 15-35 years being most affected and accounting for 80% of HIV infections in the country (USAID, 2010). This is because the youth engage in unprotected sex. Moreover, the USAID commissioned study revealed that only 15% of Kenyan population knew their status, 67% indicated that they would like to know their status. It was also noted in the survey that the level of awareness does not correspond to behaviour change.

In 1999, a joint study by Population Council and Family Health International showed that there were over 52 centres in Nairobi offering various counselling services, HIV testing, care and support services. However, it was noted that sites differ in their services and target population. Some are outreach services while others offer counselling with testing (MOH/NASCOP, 2007). From this study we can infer that VCT centres that have been set up in Nairobi do not have a particular population target. This study was carried out to explore the impact of VCT services on the Tanzanian youth.

The Ministry of Health in Kenya also recognized the need for comprehensive and standardized Voluntary Counselling and Testing operations in the country. Consequently, in 2001 the ministry came up with national guidelines for VCT whose main purpose is to encourage VCT services throughout the general population. The government continues to be fully committed in encouraging voluntary counselling and testing throughout Kenya so that all Kenyans who wish to know their HIV status can use the services (MOH/NASCOP 2007).
Therefore, and on the basis of the above findings, VCT could – and needs to be – made more widely available in most sub-Saharan African countries because Voluntary Counselling and Testing have increased the adoption of safe sexual behaviour and use of care and support services among youth. It is also indicated that most of the youth seeking VCT services intend to practice safer sex such as abstaining from sexual intercourse and reducing number of sex partners (McCauley, 2008). Baker and Fontes (2009) add that, the incidence of HIV/AIDS infection may be reduced and prognosis of HIV/AIDS infected people may be improved if people are aware of the importance of VCT and know their HIV/AIDS status.

2.5 The State of HIV/AIDS Policy and VCT Services in Tanzania

HIV/AIDS is a major challenge to health and development. It has put a tremendous burden on health care facilities and is decreasing economic productivity (TDHS, 2009b). Voluntary Counselling and Testing is one of the key intervention strategy to reduce HIV prevalence, thus in Tanzania, there is promotion and provision of Voluntary Counselling and Testing (VCT) services to all Tanzanian’s who wish to know their status. This strategy is based on evidence that HIV/AIDS counselling and testing results in behaviour change including decreased unprotected sex.

In the national HIV/AIDS policy documents, Tanzania recognizes that VCT is a major means of HIV/AIDS control. Key components of the VCT policy include access to counselling, pre-marital HIV testing to be promoted and made accessible and affordable all over the country. During pregnancy listing services are made available to pregnant mothers for the purpose of prevention of mother to child transmission of HIV infection. Partner notification, confidentiality, test results to be communicated to the person tested or, in the case of minors, parents or guardians are some of the personages outlined in the policy document.

The main aim of this national policy is to reassure and encourage the 85 - 90% of the population who are HIV negative to take definitive steps not to be infected, and those who are HIV positive to receive the necessary support in counselling and care to cope
with their status, prolong their lives and not to infect others, and overcoming discrimination against people who have undergone testing and are found HIV positive (NIMR, 2008). Persons with a history of high-risk behaviour, couples planning marriage, and pregnant women are the main groups who should receive the services; the next most important group is the youth in general (TDHS, 2009b).

Currently, the Tanzanian Government is implementing the National HIV/AIDS Action Framework which provides an enabling environment for the expansion and scaling up of HIV/AIDS programs. The framework focuses on behaviour change, care, support, treatment, and psychosocial support of the infected persons. The approach is involving government ministries, non-governmental organizations, private sector and networks/associations of people living with HIV. The Tanzania Commission for AIDS provides the overall coordination and monitoring of the framework (Garbus, 2009).

It is worth noting that the preventive campaigns mounted by the government and the private sector have succeeded in raising people’s awareness, but they are yet to be translated into required behavioural changes. Minimizing the risk of transmission requires that the level of awareness among sexually active young men and women be squarely addressed. Doing this will make it easier for them to access useful life skills on how best to protect themselves against HIV/AIDS (Garbus, 2009). For the case of VCT in Tanzania, many people shy away from VCT despite Government appeal.

VCT services therefore need to be justified, widely available and accepted. Ideally, everyone should have access to such services since there are clear advantages in knowing one’s serological status. People who know they are HIV infected should be motivated to look after their health, perhaps with behaviour and lifestyle changes, and to seek appropriate counselling and early medical attention. Furthermore, since VCT services have important role to play in challenging denial of the epidemic, it helps societies that are currently only aware of people who are ill with AIDS to recognize that there are many more people living with HIV/AIDS and who show no outward signs (Matovu and Makumbi, 2007). For this reason, extended advocacy campaigns are needed to awaken this new approach, and resources should be made available to the poor as well.
2.5.1 Uses and Benefits of VCT services

A study on acceptability of Voluntary HIV/AIDS counselling and testing was performed in rural a village in Kagera, Tanzania as a potential intervention against HIV/AIDS transmission (Killewo et al., 1998). In this study, a significant portion of participants were willing to volunteer for HIV/AIDS counselling and tested and receive results. This indicates that there is a moderate level of acceptability of HIV/AIDS Counselling and Testing.

A study by Mgasha et al. (2007) on the evaluation of the uptake and attitude to Voluntary Counseling and Testing among health care professional students in Kilimanjaro region, It was established that Tanzania’s Awareness of VCT services are expected to be high among health care profession students at Kilimanjaro College of Medicine and most of the students showed positive attitude towards VCT as well as the willingness to test if they were given opportunity. Another study on barriers and attitude towards HIV/AIDS Voluntary Counselling and Testing was conducted in Mwanza among Secondary School Pupils (Sukari, 2008). Out of a total number of students of responded from the two secondary schools, (95.8%) of these students knew that VCT is necessary and those whoever used the services 32.2% were interested in knowing their HIV status.

Boswell and Baggley (2002) points out that VCT offers benefits to those who test positive or negative. VCT alleviates anxiety, increases clients’ perception of their vulnerability to HIV/AIDS, promotes behaviour change, facilitates early referral for care and support—including access to ARV therapy—and assists in reducing stigma in the community. New studies in Africa such as Bowel’s show a dramatic increase in demand for Voluntary Counselling and Testing with the highest demand coming from young people aged below the age of 29 years when the services are made accessible, affordable and secure to those people who want to know their own HIV/AIDS status. In addition, VCT connects people testing positive with early and appropriate services (Baggaley Boswell, 2002).
Knowing one's HIV status helps those not infected to decide on prevention strategies and the infected to make decisions on how to live positively. Screening for other diseases allows for early detection and treatment, and provide referral in cases where such services are not available. VCT can help adults use safer sexual practices and even reduce their rates of Sexually Transmitted Infection (STI); this may be true for young people as well (Baggaley, 2001).

However, the relationship between knowledge of HIV/AIDS status and behavioral change is complex and therefore, it needs several potential mechanisms which include a combination of HIV testing and counselling services to reduce HIV transmission. The most effective intervention to reduce transmission, for instance, for the youth, depends on the youth knowing their HIV status and availability of quality information on counselling and voluntary testing services (Killewo et al., 1998).

### 2.5.2 Challenges/Barriers in implementing VCT services

Barriers are defined as factors that hinder one from seeking VCT services. AIDS Mark (2009) points out the mistake made in VCT, namely; social marketing is linking VCT services in people’s mind with positive results. He conclude that people fear being diagnosed as HIV positive and many people believe that there is no point to knowing one’s status. Hence, as described by Mark, fear is one of the key barriers to seeking VCT as described by AIDS Mark (2009), as based on international research.

The implementation of HIV/AIDS testing programs in the community in general raises many challenges. These challenges include the need to respect individual choice; and rights and to ensure access to care and support services for individuals who test positive. There are always scarce economic resources and competing priorities; a lack of access to drug therapies and psychological care, widespread fear of taking a HIV test; concerns that confidentiality will be breached and of the stigma surrounding HIV/AIDS in the community; and, a fear of being seen at a VCT centre (AMREF, 2009).
Moreover, the challenges the youth face when accessing the services include; stigma and secrecy associated with the diseases. The youth think there is no need for HIV testing since to them, a test is only for adults and lack of acknowledgement of HIV/AIDS as a problem (Baggaley, 2001). The challenges facing the youth include: lack of parental consent, inadequate counselling, lack of on-going support and the lack of specific services for the youth. Availability and acceptability of VCT services, waiting time, pressure by health staff to notify partners; fear that results will be shared without consent.

2.5.3 Programs and Activities promoting VCT use among Tanzanian Youth

Few countries have VCT services specifically developed for young people (Boswell 2002). Young people have different needs and seek out VCT services for different reasons. Some countries acknowledge the importance of targeting youth through VCT services (Gage et al., 2009). Furthermore, few VCT services have been developed to help the young people in developing countries. In addressing these challenges and promoting the use of VCT among youth, the Tanzanian government has set up communication channels with messages designed for particular target audiences in mind and promoting hope for the future which appeal to young people (THDS, 2009a).

Strategies to promote VCT services in Tanzania have focused on increasing access, availability and uptake. The quality of services and resources allocated vary significantly across the region, as it includes, creating awareness and demand; mobilizing communities to increase uptake of VCT, focusing on vulnerable groups particularly the young people (THDS, 2009a) Strengthening human resources and infrastructure, and supervision of counsellors to avoid staff burnout, increasing local ownership of VCT programmes and ensuring high-quality service (THDS, 2009a).

Youth organizations such as Angaza, meaning ‘shed light’ in English have become one of the popular youth organizations in Tanzania whose focus is on HIV/AIDS. Angaza is an organization, which aims at minimizing the stigma surrounding HIV/AIDS and therefore
reducing the spread of the disease by encouraging every Tanzanian to know his/her HIV/AIDS status. Angaza centres are available countrywide and offer voluntary testing and counselling services for free to all. This has resulted in over half a million people being tested at Voluntary Counselling and Testing sites (USAID, 2009).

From the review of literature, it is evident that VCT has been recognised as one of the major means of HIV/AIDS control. This is as a result of the key components of the national VCT’s policy. These include access to counselling and testing. Notably, various African governments including Tanzania have taken the initiative to introduce and promote the use of VCT in their countries. However, the response to the use of VCT services has not been uniform and in some cases it has not resulted in the required behaviour change. Thus, this study was focused on the factors that have hampered an increase in the use of VCT services among the youth.

It is evident that VCT programs have increased the adoption of safe sexual behaviour and the use of care and support services among the adults. The question is: are VCT programs appropriate for young people, who account for the majority of all new HIV infections in East and southern Africa? (McCauley, 2008). This study sought to assess youth receptiveness towards Voluntary Counselling and Testing services in Magomeni Division Dar es salaam.

2.6 Theoretical and Conceptual Framework

This study was guided by the following theories Health Beliefs Model as developed by (Rosenstock, 1974) and Social Action theory by Max Weber.

2.6.1 Conceptual Model: The Health Belief Model

The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviour. The model has been adopted in this to explore short-term and long-term health behaviours particularly to the illness or sickness with regard to disease
prevention. The model argues that a person will take a health related action aimed at avoiding a specific disease, which is a threat to their lives if that person feels that the negative health condition can be avoided. In this case consideration is based on disease occurrence namely: perceived susceptibility, perceived seriousness of health condition; the perceived benefit of the recommended preventive health behaviour; perceived barriers the individual foresees in taking the action behaviour, motivation and modifying factors. Hence, cues to action would activate and stimulate the people’s readiness to act.

The Health Belief Model is founded based on the following:

- Perceived Susceptibility: Refers to a youth’s perception of his/ her risk of getting the infections.
- Perceived severity: Individual perception towards the severity of the diseases to be high enough to have serious social complications.
- Perceived benefits: Refers to the patient’s belief that a given prevention will help to prevent the illness.
- Perceived Costs: Refers to an individual assessment, of the influences that facilitate or discourage adoption of the promoted prevention.
- Motivation: The desire to comply with prevention and the belief that an individual should stick to a given health goal.
- Modifying factors: Include personality variables, patient satisfaction, and socio-demographic factors.

The use of Health Belief Model in this study is based on various assumptions. First, the study assumes that the youth in Magomeni Division are able to assess their susceptibility level to HIV/AIDS infection and the belief in the essence of seeking VCT services to avoid the negative health condition. Secondly, that the youth at Magomeni are able to weigh the severity of HIV/AIDS through the high rate of infections and the consequences they face. Finally, due to perceived benefit, despite barriers and cost of action it is assumed that youth in the Division are willing to take necessary prevention action such as
using VCT services to know their status and hence change their behaviour if they are well prepared, and have enough information on VCT services.

**Figure 1: Conceptual Framework**

![Conceptual Framework Diagram](image)

Source: Derived from the theoretical framework and literature review.

Figure 1 indicates how different variables may affect the receptiveness of VCT services among the youth. The conceptual framework identifies receptiveness as the dependent variable while stigma, usage of services, accessibility, perception, and level of awareness are the independent variables. Receptiveness may be influenced by stigma. Stigma which is associated with HIV/AIDS is widespread in the community, also influences the usage of VCT services in a negative manner and therefore youth might opt or not to seek for VCT services due to stigmatization.

Usage of services in turn influences how individuals perceive the VCT services. Perception also influences the level of awareness which in turn affects an individual’s receptiveness. For stance those who have attended VCT and get tested will definitely have different perception as compared to those who have not gone to seek the services because they are familiar with the services. Perception is influenced by accessibility and level of awareness. Accessibility on the other hand may influence perception, level of awareness and receptiveness.
2.6.2 Social Action Theory

This study relied on Social Action Theory as advanced by Max Weber. Max Weber was also concerned with actions that involved the intervention of thought processes that result into meaningful action between the occurrences of stimulus and ultimate response (Weber, 1991). Sociology is the study of the society and behaviour and must therefore look at the heart of interaction, thus in social action theory human vary their actions according to the social action and how it will affect other people. When a potential reaction is not desirable, the action is modified by accordingly. Any action can either has a meaning or which not only has a meaning but it’s directed at others actors and causes.

Social Action theory captures basic types of action, means – end rationality, value rationality or action that is determined by the conscious beliefs in a value for the success of its inter- dependent parts. Included in Weber actions, are all human behaviours when acting, individual attaches some subjective meaning to these activities (Weber, 1991).

In Social Action theory; health-related behaviour is determined by a multitude of factors, including knowledge, attitude, and the ability to act. When the information received is consistent with youths’ attitude, values and beliefs, there would be greater likelihood that they would adopt the suggested behaviours, for example visiting VCT services.

The theory informs the study by propounding that the youth’s receptiveness and their embracement of new ideas and impressions is consistent with their level of knowledge and this conditions them toward certain health related behaviours. Prior knowledge helps in shaping the youth’s attitude towards VCT services. The change in turn attitude enhances the youth’s ability to take action and seek VCT services.

The conceptual and theoretical frameworks complement each other in the sense that both look at how an individual perceives a certain action, attach meaning to it and acts.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the procedures and methodology employed in the study. The chapter outlines the setting of the study, research design, study area, variables, study population, sampling techniques and sample size determination, research instruments, data management and analysis, and ethical considerations.

3.2 Research Design

Orodho (2004) defines research design as a scheme or plan that is used to generate answers to a research problem. A descriptive cross-sectional design was adopted in this study in order to assess youth receptiveness towards VCT Services. Orodho (2004) points out that descriptive cross-sectional research design studies are designed to identify a defined population at a particular point. In this method, data was collected from specifically defined group of youth who answered a number of similar questions. The responses to these questions formed the data set of the study.

3.3 Study Site

The study was carried out in the United Republic of Tanzania, which is the largest country in East Africa covering a total area of 945,090 square Kilometres with a population of 4.1 million (TDHS, 2009/10). According to the Population and Housing Census, 2002, about 65% of the population were under 25 years of age. However, it was established that those in the ages of 10-24 constitutes 31% (NBS, 2000). Administratively, Tanzania Mainland is divided into 21 regions and each region is divided into district municipalities. Dar es Salaam region comprises of three Municipalities namely Temekte, Ilala occupies the northern part of Dar es Salaam city, and Kinondoni Municipality (TDHS, 2009/10).
Kinondoni Municipality was chosen for this study because it is the largest Municipality in Dar es Salaam with an area of 531 km². About 43.6% of the Dar es Salaam City population lives in Kinondoni Municipality. Further, it has many ethnic groups (more than 60%) of Tanzania (Tanzania has more than 120 ethnic groups), and the chances of getting a representation from different ethnic groups was greater compared to the other Municipalities.

This study was conducted in Magomeni which is an administrative ward in Kinondoni District in Dar es Salaam Tanzania. According to TDHS (2009a), Magomeni has a total population of 76,616. The Division is made up of 12 wards namely Ndugumbi, Mzimuni, Sinza, Makumira, Mabibo, Mburahati, Manzese, Kigogo, Ubungo and Kimara. Each ward is further divided into urban hamlets. Magomeni has 12 secondary schools. There are public schools and private schools, which are both mixed schools. Kinondoni Municipality was chosen due to its high population compared to other municipalities in Dar es Salaam.

Due to the vastness of the Municipality, the study focused on Magomeni because first in Kinondoni Municipality where Magomeni Division is located, available data shows that there is a high rate of HIV/AIDS infections compared to other municipalities in Dar es Salaam (TDHS, 2009/10). Since Magomeni is also the centre of the Municipality, it can provide a wide geographical coverage.

3.4 Target Population

A population is a group of individual persons, objects or item from which samples are taken for measurements; it is the group the investigator wishes to make inferences from (Barbie, 2005). The study respondents were all school going youth, from secondary schools in Magomeni Division with eligible population for the study of 399 (sample size). The youth were drawn from government and private schools in Magomeni division so as to get equal representation of the sample. Magomeni Division has a total population of 44,876 youth students, but among these 4435 from the selected six secondary were in
form 3-6. These were the targeted population considered for the study, and were aged 15-24 years. However, the definition for youths according to the Tanzanian government is 15-35 years but for this study researcher focused on youth in ages 15-22 years to assess VCT issues among school youth.

3.5 Inclusion criteria

All school youths 15-22 years male and female who were in selected secondary schools in the division were included in the study. Those school youth who were in form 3-6 in the Division and consent to participate in the study were included as well.

3.6 Exclusion criteria

All students who were below 15 and above 22 years were excluded in the study. Also, school youth who were not selected in secondary school and were not in form (3-6) in the Division were excluded in the study.

3.7 Sample size and sampling procedures

Kothari (1990) describes sample size as the number of items selected from the universe to constitute a sample. Purposive sampling was used to select Magomeni Division out of 12 divisions of Kinondoni Municipality. Since Magomeni Division is at the centre of Kinondoni Municipality, the selected division also has more population compared to the other Divisions (TDHS, 2009/10). A list of secondary schools in Magomeni was obtained from Education authorities of Kinondoni Municipalities.

The researcher first identified the population that form the source of data required for the study. These were school youth from secondary schools in Magomeni Division who were selected purposively, because they were easily accessed as most of them were in school during the time of the study. The six secondary schools both private and public were selected for the study. The selection of these was purposively and based on the student
population. Those with more students were selected and this included 3 public; Yusufu Makamba, Turiani and Karume, the 3 private schools are Alnur, Baptist and Magomeni.

The researcher then went to the school and requested the school heads to give her a class list of students in form 3 to form 6. These consisted the sampling frame. To determine the number of the students to be interviewed per forms in each school, the proportionate sampling was done to obtain the total sample of respondents. Lastly, simple randomly sampling was used to select the actual number of the respondent to whom questionnaires were administered using a class list depending with the size of the class. With selected schools, the researcher was able to get a representative sample (Table 1).
Table 1: Showing how to determine sample size

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Total # of study</th>
<th>Percentage (%)</th>
<th>Total sample(N)</th>
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<tr>
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<td>48</td>
</tr>
<tr>
<td>Form4 = 352</td>
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<td>30</td>
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<td>2. Alnur</td>
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<tr>
<td>Form5 = 350</td>
<td></td>
<td>30</td>
<td>59</td>
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<td>Form6 = 342</td>
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</tr>
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<td>3. DSM</td>
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<tr>
<td>Baptist</td>
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<tr>
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<td>37</td>
<td>59</td>
</tr>
<tr>
<td>Form6 = 300</td>
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</tr>
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<td>4. Karume</td>
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<tr>
<td>Form4 = 379</td>
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<td>34</td>
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</tr>
<tr>
<td>5. Turiani</td>
<td></td>
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<tr>
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<tr>
<td>Form4 = 400</td>
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<td>6. Yusufu</td>
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<tr>
<td>Makamba</td>
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<td><strong>Total</strong></td>
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<td></td>
<td><strong>400</strong></td>
</tr>
</tbody>
</table>

3.8 Data collection tools and procedures

The researcher used both primary and secondary data. In collecting primary data the researcher used questionnaires and Focus Group Discussion guide. The questions were both closed and open ended in order to direct the research. The closed ended questions provided the respondent a set of options. Open-ended questions are free response type questions and they allowed the respondent to express their views without being limited to some option(s) (Malhotra, 2006). Focus Group Discussions were held with school youths to collect information on youth receptiveness towards voluntary counselling services.
3.8.1 Secondary data

An extensive literature review was done through review of journals, published books, reports, dissertation and (internet search). The literature provided background information of the study on receptiveness towards VCT services among youth. The researcher used the information to formulate the study purpose, research questions, and the objectives, and to strengthen analysis.

3.8.2 Questionnaires

According to Walker (1985) questionnaires offer considerable advantage in administration. A questionnaire is a form of research instrument consisting of a series of questions and other prompts for the purpose of gathering information from respondents. Walker (1985) also points out that a questionnaire is useful in obtaining objective data. This is because the participants were not manipulated in anyway by the researcher as they respond to the questions. Thus, questionnaires were used to gather quantitative information from the youth on their receptiveness towards voluntary counselling services.

The self administered questionnaires contained a set of questions that the respondents were able to read and answer. There was a distinction between open-ended and closed-ended questions. An open-ended question asked the respondent to formulate his/her own answer, whereas in a closed-ended question the respondent picked an answer from a given number of options.

3.8.3 Focus Group Discussions

Focus Group Discussions were held with school youth to encourage debate on issues related to school youth receptiveness towards Voluntary Counseling and Testing services. Six Focus Group Discussions were held. The first three groups comprised of male and another three of female students from the secondary schools in the division. Participants were selected from the students who did not take part in filling in the questionnaire.
Each FGD comprised of six (6) youth participants selected conveniently. The purpose of FGDs for these two groups was to explore if male youth students would have opinions different from their female counterparts regarding VCT receptiveness. Thus, FGDs helped to provide additional information that explained further the data obtained from the questionnaires. The rationale of keeping the group small was to ensure that all members participated actively in the discussion.

The researcher moderated the discussions using an FGD guide. To record the responses from each group the researcher used a tape recorder. This mode of recording was supplemented by writing down the responses on the notebook as the discussions progressed.

3.9 Pre-testing

Pre-testing of the research instruments was done before the actual data collection to enhance the validity and reliability of the responses. Also it found necessary to pre-test the questionnaire to determine the length of time required, to check the logical sequence of questions and to establish the clarity of words and simplicity of the language.

Pretesting was done using purposive sampling of 20 school youth from 2 secondary schools, Iteba and Mugabe secondary school in Sinza Division. The piloting included school youths who had similar characteristics to those in the study area. The results showed that the questions in the questionnaire were clear, simple and necessary. Vague questions were revised to enhance clarity before the questionnaires were distributed to the respondents for the main study.

3.9.1 Validity

Cross checking, inspection and analysis of the information was carefully done to ensure validity of the arguments and presentation of the findings (Mugenda and Mugenda 1999).
3.9.2 Reliability

Reliability is the measure of the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda and Mugenda 1999). We conducted a pretesting of the instruments to ensure their reliability and efficiency in data collection.

3.9.3 Data Management and Analysis

After data collection, data collected using the self administered questionnaire was subjected to cleaning which involved perusing through the responses and using electronic database manually. Questionnaires were then coded. The completed questionnaires were keyed in the SPSS (Statistical Package for Social Sciences). SPSS data was used to generate frequencies and percentages, which were presented in descriptive form such as tables, graphs and pie charts.

Chi-square test of a contingency table was used to establish whether there is significant relationship between gender, age and knowledge about the VCT services among the youth. Cross tabulation between the use of VCT services among youth and age, sex, class level and knowledge about VCT were used to examine the significance of the association between variables. Chi-square test involves computation of the contingency table and p-value, computed p-value were compared with 5% level of significant (Alpha level=0.05). The chi-square was used to investigate the association between two variables among the youth in the Division.

Data from FGDs interviews, observations and any completed FGD notes were reviewed immediately after every session to avoid losing memory of any important information. Detailed transcripts of all FGDs held were written in the participants’ words. Then, the transcripts were coded according to the sections outlined in the FGD guide with careful consideration of the discussants' statements and expressions/attitudes that related to the objectives of the study. Data collected was summarized and compiled to facilitate
analysis and discussion. The rationale of doing this was that the focus on youth receptiveness towards VCT services among school youth was exploratory in nature. Thus, both narrative description and respondent voices were used.

3.9.4 Ethical Considerations

Permission to carry out the study was sought from relevant authorities and institutions which included Kenyatta University, post Graduate School. Municipal director of Kinondoni; School heads of the sampled schools were also notified and permission sought to carry out the research. Informed consent was also sought from the participants, (school youth) by explaining to them purpose of the study and the need for them to cooperate by answering the questions as faithfully as they could. Participation in the study was voluntary and all participants were free to withdraw at any time without penalty and loss of privileges. Anonymity and confidentiality was assured.
CHAPTER FOUR
EMPIRICAL PRESENTATION OF THE FINDINGS

4.1 Introduction
The findings presented in this chapter essentially focus on field assessment on the youth’s receptiveness towards Voluntary Counselling and Testing services in Magomeni Division.

4.2 SOCIAL DEMOGRAPHIC INFORMATION OF THE RESPONDENTS
This section focuses on the respondents’ age, sex, level of education and religion.

4.2.1 Age Distribution

A total of 399 secondary school youth participated in the study. Majority of these youth (47%) were aged between 17-18 years, 29.5% were aged 19-20 years and the remaining 10% were 21-22 years (table 2).

<table>
<thead>
<tr>
<th>Group age</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 16</td>
<td>54</td>
<td>13.5</td>
</tr>
<tr>
<td>17 - 18</td>
<td>187</td>
<td>47.0</td>
</tr>
<tr>
<td>19 - 20</td>
<td>118</td>
<td>29.5</td>
</tr>
<tr>
<td>21- 22</td>
<td>40</td>
<td>10.0</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100</td>
</tr>
</tbody>
</table>

4.2.2 Sex of respondents
The sex distribution of the respondents had been anticipated to be an important demographic factor for this study. The study targeted equal number of males and female. However, the females (50.5%) outnumbered the males (49.50%) as shown in figure 2.
The study anticipated to give equal opportunity to males and females to air their concerns regarding VCT services at Magomeni division, their perceptions and attitudes towards VCT services in the region. This will help the researcher understand better the differences between males and females in relation to seeking and accessing VCT services (figure 2).

**Figure 2: Distribution of respondents by sex**

4.2.3 Class Level

In terms of class level, 36% of the respondents were in Form Four, 30% in Form Three, 19% in Form Six and the remaining 15% were in Form Five (Table 3).

<table>
<thead>
<tr>
<th>Class</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form-3</td>
<td>119</td>
<td>30</td>
</tr>
<tr>
<td>Form-4</td>
<td>142</td>
<td>36</td>
</tr>
<tr>
<td>Form-5</td>
<td>61</td>
<td>15</td>
</tr>
<tr>
<td>Form-6</td>
<td>77</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100</td>
</tr>
</tbody>
</table>
In this, the researcher sought to establish whether there is a difference in opinion in regard to the perception in accessing VCT services in the region.

### 4.2.4 Religion

Religion is an important factor in health seeking behaviour in many societies. The results in Table 4 shows that nearly two thirds (65%) of the respondents were Christians while Muslims were 35% percent. The results are a representative of the situation in Tanzania where majority of the population are Christians. The Christians included both Protestants and Catholics (table 4).

<table>
<thead>
<tr>
<th>Religion</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>259</td>
<td>65</td>
</tr>
<tr>
<td>Muslim</td>
<td>138</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>397</td>
<td>100</td>
</tr>
</tbody>
</table>

### 4.3 LEVEL OF AWARENESS TOWARDS VCT SERVICES

#### 4.3.1. Awareness towards VCT Services

The study sought to establish whether the respondents were aware of VCT services in the area. Out of the 399 youth who participated in the study, 98.2 % reported that they have heard about VCT while 1.5% reported that they had not heard of them (table 5).
Table 5: Proportion of the study population which has ever heard about VCT

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heard</td>
<td>392</td>
<td>98.2</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>398</td>
<td>99.7</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100.0</td>
</tr>
</tbody>
</table>

When the 98.2% of the respondents who said that they have heard about VCT services were probed further to identify their sources of information about VCT services, 62.6% of the youth cited TV, 55.9% posters, 54.3% radio, 47.9% parents or close relatives, 45.5% newspaper/magazine, 39.5% health personnel and 39.4% friends (table 6).

Table 6: Source of information

<table>
<thead>
<tr>
<th>SN</th>
<th>Information Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health personal</td>
<td>39.5</td>
</tr>
<tr>
<td>2</td>
<td>Radio</td>
<td>54.3</td>
</tr>
<tr>
<td>3</td>
<td>Friends/Neighbours</td>
<td>39.4</td>
</tr>
<tr>
<td>4</td>
<td>TV</td>
<td>62.6</td>
</tr>
<tr>
<td>5</td>
<td>Newspaper/Magazine</td>
<td>45.5</td>
</tr>
<tr>
<td>6</td>
<td>Parents, close relatives</td>
<td>47.9</td>
</tr>
<tr>
<td>7</td>
<td>Posters</td>
<td>55.9</td>
</tr>
<tr>
<td>8</td>
<td>Others (unspecified)</td>
<td>38.0</td>
</tr>
</tbody>
</table>

The above findings show that Television was the leading source of information about VCT services in the division.
4.3.2 Benefits of knowing one’s HIV/AIDS status

Regarding the benefits of knowing one’s HIV/AIDS status, 49% of the respondents indicated that knowing one’s HIV/AIDS status would put them in a better position to educate the community about HIV/AIDS, while 21.6% said it would enable them to live positively, while 11% mentioned that it would inform their decisions regarding their sexual behaviour including abstinence, use of condom and being faithful to partners (graph 1).

Graph 1: Benefit of knowing HIV Status

However, a considerable proportion of the respondents (42%) were not aware of centres where to get the services, a situation which has a direct bearing on the use of the services (table 7).
Table 7: Respondents who were aware of any VCT center for the youth

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aware</td>
<td>233</td>
<td>58.4</td>
</tr>
<tr>
<td>Not aware</td>
<td>166</td>
<td>41.6</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.4 PERCEPTIONS TOWARDS VCT SERVICES

4.4.1 Youths Perception towards VCT services

The study sought to establish the perception of the youth towards VCT services, especially the importance they attach to the services. It was learned that majority (96.4%) of the respondents consider the services necessary, with 91% of the respondents expressing the view that the services have the potential of reducing the spread of HIV/AIDS, and 95.5% concurring that it is important for the youth to use the services so as to know their HIV/AIDS status (figure 3).

Figure 3: Respondents who think VCT services are necessary

![Figure 3: Respondents who think VCT services are necessary](image-url)
Among those who underscored the importance of the services to the youth, 32.8% cited the ability to make informed decisions for their health and general wellbeing as one of the benefits. Other youth (46.9%) reported that the services would slow down the spread of HIV/AIDS and (20.1%) cited being faithful to one’s partner irrespective of the test outcome (table 8).

Table 8: Reasons by respondents who think it’s important to use VCT services

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have better future plans</td>
<td>131</td>
<td>32.8</td>
</tr>
<tr>
<td>To slow down new HIV infection</td>
<td>187</td>
<td>46.9</td>
</tr>
<tr>
<td>Being faithful (faithfulness)</td>
<td>80</td>
<td>20.1</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100.00</td>
</tr>
</tbody>
</table>

There was a general feeling among the respondents that VCT services were largely underutilized by the population in the study area. About 53% of the respondents thought that the general fear for the HIV test had kept many youth from using the services. Another 47% thought that the fear of being stigmatized if the outcome of the test was HIV positive was an impediment to use of the services (figure 4).
Therefore, the perception among the respondent towards the services was that by using VCT services, the youth can contribute considerably to reduction of HIV/AIDS transmission. Among the reasons given for that viewpoint was that the majority of the youth had adequate knowledge on HIV. This was mentioned by 28.6% of the respondents. Another 52.4% thought that the willingness of the youth to test for HIV was pointer to their potential to contribute to reduction of HIV/AIDS infections (table 9).

**Table 9: Respondents who think the use of VCT services will reduce the HIV transmission**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will have adequate HIV education</td>
<td>114</td>
<td>28.6</td>
</tr>
<tr>
<td>Readiness to test for HIV</td>
<td>209</td>
<td>52.4</td>
</tr>
<tr>
<td>Being able to prevent from HIV</td>
<td>75</td>
<td>18.8</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100.0</td>
</tr>
</tbody>
</table>
4.4.2. Reasons and Willingness to get tested for HIV/AIDS

Figure 6 shows that only 10.8% of the respondents indicated that they were willing to take the HIV/AIDS test to know their HIV status, 42.0% indicated that they were willing to take the test so as they can be faithful to their partners, and 22.6% to live positively. Another 17.3% mentioned that the outcome of the test would give them the incentive to learn more about HIV/AIDS by reading information brochures and other information education communications materials, while 7.3% mentioned that participation in the process would provide them with an opportunity to know more about the HIV/AIDS issues (figure 5).

![Figure 5: Reasons that can make respondents to use VCT services](image)

4.4.3 Access to VCT services

Regarding access to VCT services, Table 9 shows that 53.4% of the respondents preferred access points for VCT services such as special youth centres, 52.5% preferred hospitals, 50.6% private clinics and 49.9% schools (table 10).
Table 10: Perceived preferred centres for VCT services among youth

<table>
<thead>
<tr>
<th>Preferred centre for VCT</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special centre</td>
<td>53.4</td>
</tr>
<tr>
<td>Hospital</td>
<td>52.5</td>
</tr>
<tr>
<td>private clinics</td>
<td>50.6</td>
</tr>
<tr>
<td>School</td>
<td>49.9</td>
</tr>
</tbody>
</table>

When the youth were probed further as to why they seek VCT services in special centres, majority of them reported that mainly because there was a certain campaign on VCT and HIV/AIDS in the schools, hence the services were free. The findings concurs with the finding found during the Focus Group Discussion, mostly of the youth mentioned that, they would like separate service points or youth centres for them because of embarrassment of being known that they were engaged in immoral behaviour and that is why they are seeking the services.

When asked if they were aware of any of their peers or friends using VCT services, 49.4% of the respondents reported knowing at least a friend, 47.0% said they did not know any. However, 89.4% of the youth who participated in the study said they would recommend the use of services to their friends and peers so that they could be able to know their HIV status since it is necessary to use the services (figure 6).
In addition, the respondents gave a number of reasons why they would not go to certain VCT centres. The reasons included: shortage of qualified staff (47.2%), payment of service fee (22.4%), poor infrastructure (15.3%) and (15.1%) reported fear of being tested HIV positive (figure 7).
4.4.4 Respondents perception on ways to avoid HIV transmission among youth

When the respondents were asked to suggest ways of avoiding HIV/AIDS transmission, majority were of the opinion that, the youth might not be relied on that much to reduce transmission of HIV/AIDS even if they were to use VCT services. Nonetheless, 13% of the study population which belongs to this school of thought underscored the need to challenge the youth's sexual behaviour as part of the way forward. Another 39.6% of this group said livingly positively especially by those already infected with HIV/AIDS is a more feasible way of reducing transmission of the virus. About 23% suggested that improper dressing should be discouraged to help control the scourge, while 16.5% recommended reduction in the number of informal guest houses, commonly known as “Gesti Bubu”. Also 8% of the respondents recommended that deliberate efforts to discourage unsafe sex practices would be another feasible way of reducing HIV/AIDS transmission (figure 8).

Figure 8: Proposed ways to reduce HIV transmission

- Challenge sexual behaviour
- Encourage positive living with HIV
- Discourage indecent dressing
- Reduce number of informal guest houses
- Discourage unsafe sex practices
4.3.4 Respondents suggestions on steps people should take after learning their HIV/AIDS status

The respondent shared their perceptions on what steps the youth should take upon learning that they are HIV positive. About 22% of the respondents said they should avoid infecting others, 51% recommended appropriate use of anti-retroviral therapy (ART), 26.6% urged positive living with HIV. For those whose HIV test is proved negative, 55.7% of the respondents recommended abstinence, condom use and being faithful to their partners (table 11).

Table 11: Steps that HIV+ people should take after learning their status

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid infecting others</td>
<td>89</td>
<td>22.3</td>
</tr>
<tr>
<td>The use of ARV and Adherence</td>
<td>203</td>
<td>50.9</td>
</tr>
<tr>
<td>Positively Living with HIV/AIDS</td>
<td>106</td>
<td>26.6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100.0</td>
</tr>
</tbody>
</table>

4.5 THE EXTENT OF USE OF THE VCT SERVICES

Regarding VCT usage, slightly more than half (52.2%) of the respondent reported to have ever used VCT services, and out of these, only 38.2% mentioned using services within their locality while 61.8% accessed the services elsewhere. When the youth were further asked where they would go for the services if they were to take the HIV test again, 74.8% said they would seek the services outside their locality, because of stigma and fear of being seen by their relatives or other adults, and fear that HIV results might be positive.
Only 25.2% indicated that they would still use VCT services within the locality (figure 9).

Figure 9: Places those respondents would go for VCT services

4.6 FACTORS INFLUENCING THE USAGE OF VCT SERVICES

The following factors were examined in relation to factors influencing the usage of VCT services among the youth. These factored included age, sex, class level and knowledge about the VCT services among youth students were tested by using a chi-square test with alpha (level of significant=0.05).

4.6.1 Respondents suggestions on steps people should take after learning their HIV+

The respondents also shared their views on the steps individuals should take upon learning that they are HIV positive. About 22% of the respondents said they should avoid infecting others, while 51% recommended appropriate use of anti-retroviral therapy (ART). Another 26.6% urged for positive living with HIV.
The respondents gave their views on various measures on how to protect the youth from HIV scourge, including delivering sufficient HIV education (mentioned by 13.3% of the respondents); introduction of severe punishment to those deliberately spreading HIV (37.1%); keeping the youth busy (27.1%); establishing more VCT centres especially in rural areas (15.5%); and promotion of abstinence, being faithful to one's partner and condom use (7%). Details are captured in table 12.

Table 12: Advice the respondents would give to protect their fellow youth

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver sufficient education on HIV</td>
<td>53</td>
<td>13.3</td>
</tr>
<tr>
<td>Introduction of severe punishment to those spreading HIV</td>
<td>148</td>
<td>37.1</td>
</tr>
<tr>
<td>Keep the youth busy</td>
<td>108</td>
<td>27.1</td>
</tr>
<tr>
<td>Establishment of more VCTs in rural areas</td>
<td>62</td>
<td>15.5</td>
</tr>
<tr>
<td>Faithfulness, abstinence, and condom use</td>
<td>28</td>
<td>7.0</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Respondents also shared their views on what the government and other stakeholders should do to increase the use of VCT services and reduce the spread of HIV/AIDS among the youth, 47.4% of the respondents recommended delivery of HIV counselling and testing in schools, with 22.3% underscoring the need to maintain confidentiality of the VCT services. Furthermore, 18.5% of the respondents recommended more HIV/AIDS campaigns targeting the youth, while 11.8% felt that the number of entertainment joints including bars and night clubs within their locality should be reduced (figure 10).
Respondents also thought that teachers, parents and guardians have a role to play in encouraging the youth to use VCT services. About 15.5% suggested more education to be provided to students. 47.9% of the respondents suggested that parents should educate their children about HIV, with 22.1% saying that parents should be open to their children. Furthermore, 14.5% suggested that taboos which inhibit widespread use of condom should also be eliminated (table 13).
Table 13: Comments respondents gave parent/teachers about encouraging the use of services among youth

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education to Students</td>
<td>62</td>
<td>15.5</td>
</tr>
<tr>
<td>Parents educate their children about HIV/AIDS</td>
<td>191</td>
<td>47.9</td>
</tr>
<tr>
<td>Parents to be open with their children on HIV/AIDS</td>
<td>88</td>
<td>22.1</td>
</tr>
<tr>
<td>Eliminate taboos about condom use</td>
<td>58</td>
<td>14.5</td>
</tr>
<tr>
<td>Total</td>
<td>399</td>
<td>100.0</td>
</tr>
</tbody>
</table>
CHAPTER FIVE
DICUSSION AND INTERPRETATION OF THE FINDINGS

5.1 Introduction
Voluntary Counselling and Testing plays a pivotal role in the public health response to HIV/AIDS in many sub-Saharan African countries. Its implementation in Tanzania was a crucial step in providing an avenue to primary prevention, antiretroviral therapy (ARV), and management of HIV-related illnesses. This study was carried out in Magomeni Division with the aim of assessing youth receptiveness towards VCT services. The discussion of findings focuses on social-demographic factors, level of knowledge and awareness among the youth regarding VCT services, their perception of the services, extent of use of the services and factors influencing the utilization of the services.

5.2 Demographic Characteristic of the respondents
A total of 399 secondary school youth participated in the study. Most of the school youth who participated in the study were aged between 17 and 18 years. A good proportion of (29.5%) were aged 19 and more years. The remaining 10% were 21 years and above. The study targeted equal number of males and females. The number of males was less by one giving 49.5% of the female youth. Majority of the students (36%) were in Form Four, 30% in Form Three, 19% Form Six and the remaining 15% were in Form Five.

The results shows that nearly two third (65%) of the respondents were Christians while Muslims were 35%. The results were representative of the situation in Tanzania where majority of the population are Christians which included both Protestants and Catholics. The age of the respondents ranged from 15-22 years. This selection criterion emerged as the researcher was interested in assessing school youth receptiveness towards Voluntary Counselling Services of school youth in secondary.
Respondents were selected from secondary school at class level of form three - form six. The researcher selected that class levels of respondents because, young respondents (form one and two) were likely to have a lower level of knowledge about VCT services, and other issues related to the services while old respondents from form three to form six in secondary schools are likely to know more about the services.

5.3 Level of Awareness towards VCT Services among school youth.

The study showed that there is a high level of awareness towards VCT services, with ninety eight percent (98%) of the respondents reporting knowledge of the services. In addition, 91.5% mentioned that they understood the meaning of VCT, including the services which were being provided by the VCT centres, such as HIV testing, provision of information and awareness creation about HIV/AIDS. Other services are condoms distribution, education on how to take care of the HIV/AIDS patients, and guidance and counselling were some of the services which were mentioned by the respondents.

The above finding corresponds with Kamau (2006) observations. In this study, Kamau noted that, youth mentioned services like condom distribution, provision of counselling and testing and offering services like information about HIV/AIDS and testing, as among the services which were being offered by VCT centres.

This high level of access to information about the services could be attributed to availability of different sources of information such as TV, radio, and posters appear to be the leading sources of information as shown in Table 6 with 62.6% citing TV, 55.9% posters and 54.3% through radios as their source of information.

The findings are further in line with the study on Knowledge, Attitude and Practice of Secondary Adolescents towards Voluntary Counselling and Testing in Kenya and Kampala by Muganda and Otieno, (2003). In this study 80% of respondents stressed their leading source of information on knowledge and awareness of VCT services being TV, radios and posters respectively. Further respondents, mentioned services like HIV testing,
provision of information and awareness creation about HIV/AIDS, condoms distribution as some of the services offered by VCT centres.

Based on the above findings it can be argued that there is currently adequate level of knowledge and information on VCT among Youths. However, there is increased knowledge and awareness and access to VCT services; it is not known to what extent this knowledge has been translated into actions. This is particularly relevant given arguments by other scholars that knowledge and awareness doesn't always translate into actions. Unfortunately this question was beyond the scope of this study. It would therefore be interesting to have a follow up study to look into this.

Additionally, public awareness and education has previously been based on the "ABC" of AIDS: Abstain, Be faithful and, if you have sex, Condomize. As such, they need to have a different view of this. Tanzania is a good example of the case in point. It has safe-sex billboards and posters everywhere, and youth received much information through mass media but it is questionable whether youths pay attention to these.

Again this observation also points to another dimension as the effectiveness of media. While good on spreading messages, media has also been a good source of misinformation especially to the youth as most messages are more commercially targeted.

Magomeni Division, a case for this study is an urban setting which is likely to exhibit the above characteristics. That is, youth are likely to spend relatively more time on TV than other channels, mainly for entertainment. However, this alone does not explain the higher access to VCT information through TV. Widespread use of this medium to disseminate information on VCT services especially in urban areas partly explains its dominance as a source of information on VCT to the youth. The same could be said of posters. During focus group discussions, a number of participants mentioned seeing VCT posters in the streets, schools and even in health facilities. The use of posters in schools is particularly strategic in reaching the school-going youth with targeted information about the services.
In the case of Tanzania, it was also realised that intensive sensitisation campaigns by the government have led to an increase of knowledge among the youth on HIV/AIDS and VCT services. In these sensitisation campaigns, the press has played a pivotal role in passing on information. An amalgamation of various channels of communication has led to an increase in the level of awareness. This result has been achieved with the concerted efforts of all stakeholders where the government through the Ministry of Health and Social Welfare is one of the major players.

The above evidence therefore, provides useful insights of how mass media could play a useful role as a source of information on awareness of VCT to school youth. This is particularly so given the majority response of school youths who reported to have obtained information from radio and television which are readily available at their homes and within their hostels for borders.

In addition to media, a relatively a large portion of the study respondents reported getting information about VCT through interpersonal communications. Only 47.9% mentioned hearing about VCT from parents, followed by health personnel (39.5%) and friends (39.4%) as revealed in the findings. During Focus Group discussions, one female student had this to say, “Our parents do not give us guidance about VCT. May be they also do not know much about the services, or feel ashamed to discuss the issues with us (Female FGD, 2010). However, this does not negate the significance of these sources of information as filled by youth in the questionnaires before the results found in the Focus Group Discussion. Although this can also imply that many do form daily discussion in their daily lives when they are at home, because some of them have discussed the issues with their parents or family members.

Considering the fact that the proportion of the study population which reported knowledge of the VCT (98%) is much higher than any single source of information mentioned by the respondents, it can contribute to the various sources of information which play a complementary role in the awareness-raising process.
Another observation from the study was that despite the fact that 98% mentioned being aware of VCT, only 68% were aware of where to find the services. Smaller proportion could articulate the benefits of knowing one’s HIV sero-status. About 49% of the respondents mentioned that knowledge on their HIV sero-status would put them in a better position to educate the community about HIV/AIDS, while 21.6% said it would enable them to live positively if confirmed to be HIV positive. Another 11% mentioned that it would inform their decisions regarding their sexual behaviour including abstinence, use of condom and being faithful to one’s partner.

Similar findings have been reported in the studies conducted by Maswanya et al., (2009) and Mshana et al. (2006). In these studies youths reported relatively high level of being aware of the availability of the VCT services yet very few knew the benefit of knowing one’s status. Therefore more knowledge is needed on the benefit of knowing one’s status and its perceived benefit among youth.

There are notable studies that have been made in Tanzania in terms of sensitizing the public. However there is a need to strategically localize the VCT centres for any accessibility. Since, there is relating of good response from the youth in terms of embracing the VCT idea. This receptiveness provides hope and the extra energy required to support the VCT campaign further.

However despite the sensitization campaign having increased the level of knowledge on HIV/AIDS and VCT services it is saddening that very few respondents can point at the benefit of knowing one’s states. This implies that there has to be a paradigm shift from first creating awareness to urge the youth population to identifying with the campaigns.

Majority of the youth in the study done by Kululanga, (2007) on Knowledge, attitude and practice among students towards VCT and HIV testing in Malawi. Youth indicated that prevention or getting infected and infecting others were the most important benefit of knowing ones status, as VCT allows youth to voluntarily learn their status, reduce risk of acquisition or transmission of HIV/AIDS, and change their behaviour as well.
This is because, when found positive, VCT advice that individuals were advised to live positively, and look after his/her health more carefully and pay more attention to positive living Kululanga, (2007). This is complimented by the findings of Kamau, (2006) who showed that, youth’s in her study mentioned the fact that those centres advised them on how to prevent further infections while also those infected were advised to avoid getting infected. This consensus in findings among youth will go along ways toward preventing the HIV/AIDS pandemic.

The findings above offer useful insights into the subject matter. As such they complement the findings this study in many useful ways. Overall from both finding of my studies and from those of other scholars cited above, it can be said that, the youth do understand the importance and role of knowing their status. However, translation of this knowledge into action is affected by a number of factors including social and cultural factors. This message clearly comes out from both findings of my study and that of others.

In addition, findings from both studies clearly highlight and confirm the importance of youth knowing their HIV/AIDS status and the influence of knowing their status towards safer behaviour. Findings from all studies clearly highlights the facts that youth bear similar attitudes regards of their places of origin.

Examples cited in above are drawn from studies done in different countries but their conclusion presents a common trend for example on the influence of media on information and communication for VCT. Likewise, all studies cited above point out the need for having a new strategy on how to better inform the youths on VCT services especially on education information and communication materials by using approaches that can generate the desired impact to the target group.
5.4 Perceptions towards VCT services among school youth.

Regarding perception about VCT services, it was found that a significant majority (96.4%) consider the services necessary. With 91% of the respondents expressing the view that the services have the potential of reducing the spread of HIV if youth particularly know their HIV status.

The results also reported that, there was a general feeling among the respondents that VCT services are largely utilised by the respondents in the study area. About more than a half that is 53% of the respondents had the opinion that the general fear for the HIV test has kept many people including the youths from using the services. Another 47.2% said that the fear of being stigmatized if the outcome of the test is HIV positive was an impediment to widespread use of the services.

The results showed that only 10.8% of the respondents were willing to take HIV test to know their HIV status, some 42.0% indicated that they would take the test to reaffirm their relationships by being faithful to their partners and 22.6% to live positively. Another 17.3% mentioned that the outcome of the test would give them the incentive to learn more about HIV and AIDS by reading information brochures and other IEC materials, while 7.3% mentioned that participation in the process would provide them with an opportunity to know more about the AIDS issues.

Overall, these finding compliment findings on education, information and communication discussed above. This is because perception of most, if not all, people are significantly influenced by education, information and communications. The more accurate and adequate knowledge people have the more realist perception they will have. Given the level of knowledge and information youths have as revealed in the discussion above, it not a coincidence that youth have a positive perception about the VCT. It is an actual reflection of what is expected as the influence of education, information and communication.
With regard to stigma the study revealed that, student youth feel stigmatized because of self prejudice. Furthermore during FGD respondents added that, youth know that they are not supposed to be linked with being sexual active or being seen at VCT centres at their age unless if there is suspicion that they contracted the virus at birth. They mentioned that stigmatizing situations call for no justification, rather they blamed our culture/community that alienates youth from discussing sex issues.

This suggest that, campaign need to be geared towards encouraging the youth to seek VCT services, by addressing their core concerns (fears of being stigmatization). It is advisable that all approaches be used where all members of the society are urged to recognize and support those infected with HIV.

The findings concurs with surveys which describe barriers to HIV/AIDS Testing and Counselling in Sub-Saharan Africa, as related to disclosure of HIV/AIDS status to the community, fears of VCT services attendance due to stigma Roura, (2009). Same reasons for not attending VCT services were identified by youth in Tanzania in study done by Mwakatobe (2007). On the use of HIV/AIDS Voluntary Counselling and Testing services among young people in Tanzania. However, youth who currently have not used VCT services, plan to use them in future.

The foregoing discussion from cited studies highlights significant barriers towards access and use of VCT services. Unfortunately, based on evidences from above studies, most barriers are social-cultural. This is a challenge which requires multiple approaches in solving. A finding from this study provides hints that could serve as a starting point. More efforts however, will still be needed and might require some psychological approaches among other things.

However, in these and other studies, some youth, were concerned that their test results would not remain confidential, and fear of stigmatization within their society, also that the services would be costly or be provided in inconvenient locations (Makoae, 2009).
Furthermore some reports show that, despite the extensive availability of VCT services, the usage of VCT by the youths has been low (Boswell, 2001 and Baggaley, 1999).

During the Focus Group Discussion one respondent revealed that some youth visit service point located in neighborhoods that are far from their homes to avoid meeting adults who know them (Female Focus Group Discussion, 2010).

This comment raises an important point on barriers towards the use of VCT services. It shows that location of VCT services matter and VCT service seekers may need to be reassured of the level of confidentiality before they attend the center for services. With reference to the comment above, this is the reason why some people preferred to visit services centers in areas where they are not known.

Kamau, (2006) also cited this among the reasons for non use of VCT services. About 63.3% feared that HIV results might be positive and they would not know how to handle the situation. The finding shows that the respondents have a very positive attitude towards VCT services. However, this is not matched with the willingness to take the HIV test because of stigma. Stigma as defined by (UNAIDS 2008), it is unfair treatment of individual based on his or her real perceived HIV status, and this appears to be the major inhibiting factor to successful translation of the positive attitude towards the uptake of HIV test.

Two levels of stigma emerged from the study – one associated with the mere decision to seek VCT services and the other associated with the outcome of the test, if it is HIV positive. One student made the following remark during a Focus Group Discussion, "At our age, you cannot tell your father or mother that you want to go for an HIV test. The immediate conclusion would be that you are already engaging in immoral behaviour, which is not acceptable!" (Male Focus Group Discussion, 2010). Thus, youth ought to know that they need to take that extra step of testing and knowing their status. Knowing about the availability of VCT services is in itself incomplete without visiting the centre.
Study done by AIDS Mark (2009) points out the mistake made in VCT, namely that “social marketing is linking VCT services in people’s mind with positive results. Thus they conclude that people fear being diagnosed as HIV positive and many people believe that there is no point to knowing one’s status. This is a key barrier to seeking VCT as described by AIDS Mark (2009). Such kinds of beliefs contribute to further marginalization of people known or suspected to be HIV positive (AIDS Mark, 2009).

Stigma appears to affect different communities, A study done by Abu-Radal et al., (2010) shows that if HIV testing will be normalized and increase the number of people who know their sero-status is an important strategy to reducing stigma. Similarly the declaration of role, model or valued members of the community that they have been tested is important in reducing stigma and increasing the uptake of HIV test.

Key messages coming out of all these findings are the influence of stigma, confidentiality and fear of the results. This highlights the need for change in approaches For instance, there is need to encourage youth to use VCT services. This encouragement need to come from other members of the society who have tested positive and have lived positively. Campaign should use testimonies from people who have tested positive.

Thus, through social learning youth can learn to act by observing the actions of others, observing what happens as a result of those actions, evaluating the results in relation to their own lives, and then rehearsing and attempting to reproduce those actions themselves. The common application of social learning in health is the use of role models (e.g., celebrities, authority figures) for the delivery of program messages. These are people whom the target audience can identify with and who perform the behaviour being promoted so that audience members can observe, learn, and evaluate the results for themselves.

Therefore, it is important that VCT services campaign providers, program planners provide clear information to the youth to avoid misunderstanding. The target population needs to know what happens if one is confirmed positive or negative.
Findings reaffirm the reason why VCT awareness campaigns should much more explain the benefits of knowing one’s HIV status, and address all forms of stigma associated with uptake of the services and HIV test outcome.

Regarding where to access the services, the respondents had a more positive perception of youth centres than other service delivery points. About 53.4% said that special youth centres would be the most appropriate place to get the services, followed by hospitals (52.5%), private clinics (50.6%) and schools 49.9%. Among the reasons given as to why they would not go to some centres were, shortage of qualified staff (47.2%), payment of service fee (22.4%), poor infrastructure (15.3%) and fear of being tested HIV positive (15.1%).

This is particularly true and in line with FHI (2002). FHI proposed some of the guidelines that are necessary for a service provider in order to be effective, for example, there must be qualified staff and there should be adequate space which will allow for privacy and confidential.

This finding corresponds with the study done by Kamau, (2006) who highlight the places where youth have used the VCT services being health facilities, which include private and public clinics, and the reasons for choosing those centres is because staff were nice welcoming, and friendly

Hence the study recommending that the location where the VCT service is provided is important and they should not select places where people can easily determine who is visiting the centre. So thus, HIV/AIDS programs such as, VCT and others needs to be carried out in separate health facilities that youth will not be fearful of accessing.

Also, AIDS Mark (2009) findings, point to the need for more youth-friendly services, in order to stimulate demand for VCT services. The special youth centres needs to be presumably organised better to respond to the various needs of the youth. This means that, counselling skills of healthcare providers, confidentiality and privacy, as well as cost
of the services, that are key determinants of a youth-friendly service needs to be addressed. This would encourage more youth to visit VCT centres and make good use of available services.

Privacy and confidentiality are the most important factors that youth are concerned with as far as HIV testing is concerned (Kululanga, 2007). A study conducted in Kenya indicated that youth were concerned about two aspects of testing process: that the interaction is confidential at the facility and that they could come for testing and leave again without being seen or recognized by everyone, (Kululanga, 2007).

Based on the above findings, it is apparent that privacy and confidentiality are critical in ensuring youths visit and use of service centres. This is because privacy and confidentiality helps in easing fears of stigmatization and it makes a person to be more comfortable when counseled, thus increasing service utilization as its also common amongst those that have tested for HIV/AIDS indicated that the reason for choosing the services provider was because they consider there was privacy and confidentiality.

So any VCT service should adhere to the ethical principles of confidentiality governing clinical care that protect and promote the privacy of clients. In such a way, information regarding a client’s use of VCT services and personal or medical information including HIV status obtained in VCT setting should not be divulged in ways that are inconsistent with client’s original consent. Therefore privacy and confidentiality are most important factors that youth are concerned with as far as the HIV testing is concerned.

It is also important to note that majority of the respondents thought VCT services alone cannot be relied on to reduce HIV/AIDS transmission. About 13% of the study population underscored the need to challenge the youth’s sexual behaviour part of the way forward. Another 39.6% said living positively especially by those already infected with HIV is a more feasible way of reducing transmission of the virus. About 23% suggested that improper dressing should be discouraged to help control the scourge, while 16.5% recommend reduction in the number of informal guest houses, commonly
known as "Gesti Bubu". Lastly, 8% recommended that deliberate efforts to discourage unsafe sex practices would be another feasible way of reducing HIV transmission.

These findings indicate that efforts to increased uptake of VCT services should go hand in hand with awareness-raising about HIV transmission risks behaviours, for optimum impact as discussed early in the findings, this suggests that majority of the respondents believe in living positively is the only way to reduce the HIV/AIDS transmission.

5.5 The extent of usage of VCT services among school youth

The study showed a considerably high level use of VCT services by the youth, with slightly more than half of the study population (52.2%) reporting having ever used the services. Out of these, only 38.2% mentioned using services within their locality, while 61.8% accessed the services elsewhere. And when asked where they would go for the services if they were to take the HIV test again, a significant (74.8%) number of the respondents said they would seek the services outside their locality. Only 25.2% indicated that they would still use VCT services within the locality.

However studies conducted in Malawi among young people showed that 87.0% knew where they could go for VCT services, 76.0% they would like to be tested and 18% had gone for testing. Reasons established for not going to use the services are mostly known stigma and discrimination (Kululalanga, 2007).

Studies conducted in Uganda and Kenya, revealed that youth have strong interest in knowing their HIV/AIDS status to the extent of 75% of untested youth in Kenya and 90% indicated that they would like to be tested in the future (Population Council, 2001). Of those youth who had HIV/AIDS test, 74% in Kenya and 84% in Uganda indicated that they intend to repeat the test. Their reason for going for HIV/AIDS test included prevention since they felt that they need to plan their lives and get general medical check-ups to enable them to stay health.
Thus with an exception of the findings of the study the two studies done in Malawi, Kenya and Uganda still shows that risk perception among youth in other African countries is still low, and this explain why most of them are not using the VCT services effectively, however, also seen the benefit of getting tested and have taken the steps to do so though they might remain the minority in any community.

Results considering that majority of the respondents would rather use VCT services outside their localities than those closer to them. Even though the researcher did not find an opportunity to establish the reasons behind this care seeking behaviour, it is presumed that it has a lot to do with issues of confidentiality, privacy and stigma, which emerged in the study as a major factor in utilisation of VCT services. Even though there is nothing fundamentally wrong with the decision to seek care from a VCT far removed from one's locality, this practice comes with additional costs, especially if one is to pay for transport to reach the VCT centre of choice. This might have a negative effect on utilisation of the services more so if one is unable to meet the necessary transportation costs.

Hence, the practice underscores the need to address the issues of privacy and confidentiality must be adhered when providing youth VCT services. This requires appropriate training of service providers. This would increase universal use of VCT services among youth. This is further reaffirmed by the fact that 47.4% of the respondents would recommend to the government to take the VCT services to schools, with 22.3% underscoring the need to maintain confidentiality of the services, to them; this would be key step to increasing uptake of VCT services among the youth.

5.5.1 Recommended ways of increasing VCT uptake to reduce the spread of HIV/AIDS among youth

The youth also observed that teachers, parents and guardians have an important role to play in encouraging them to use VCT services. About 48% of the respondents suggested that parents should educate their children about HIV, with 22% saying that parents should
be open to their children. Furthermore, 14.5% suggested that taboos which inhibit widespread use of condom should also be eliminated.

Findings highlight the expectations the youth have of their caregivers at the household and community levels, as well as duty bearers at institutional levels in promoting healthy behaviours including the usage of VCT services. What respondents essentially saying is that they need support, openness and understanding from their caregivers and duty bearers, as a way of guaranteeing their health and future wellbeing. Subsequently, any VCT interventions targeting the youth should embrace these sensitivities and involve secondary audiences (especially parents, guardians, teachers, healthcare providers) more closely, in order to bring such efforts to bear on the desired outcomes.

5.6 Factors influencing the usage of VCT services among school youth

The study also sought to assess the factors influencing the usage of VCT services among youth in the Division. The result shows that gender of respondents and knowledge they had about VCT service was statistically associated with use of VCT services among youth. According to the chi-square test, p-value compared to the 5% level of significant obtained in the cross tabulation between factors influencing the use of VCT and usage of VCT services.

These indicators give us confidence to derive policy conclusion from our results. Gender and knowledge of youth about VCT services appear to be very important factors that influence the usage of VCT services of the youth students.

The results are in disagreement with the study done in Kenya by Pikard, (2009) on HIV Voluntary Counselling and Testing among Kenyan male youth aged 13-15 years. The Chi-square test was also used to assess whether age or school level has any influence in seeking the VCT services The results indicated that there was no significant association between age or school level and intention to seek VCT service. Hence, results revealed
no significant association between youth age or school level and intention to seek HIV counselling and testing support.

Within a narrow age range of 13 to 15 years, these results show that 13 years olds do not differ from 14 or 15 year olds in their intention to seek VCT. While 82% of 13 year olds, 79% of 14 year olds, and 73% of 15 year old respondents in that study had, intent to seek the services and this did not change with increasing age. This means, teens are most affected by HIV/AIDS, and having the highest prevalence of HIV infection (Ministry of Health, (T) 2007).

One the same study done by Pikard, (2009), the results are also opposite with the findings of this study. Accordingly, when youth were asked about the factors which can influence the usage of VCT, youth mentioned factors which can influence the usage of VCT services among themselves may be based in part on past experience with being tested for HIV. Also they were influenced by second-hand information about the testing process, by the experiences of acquaintances and friends, and by other factors that increase or reduce the perceived difficulty of attending a VCT clinic (Kakoko et al., 2006).

About gender being the important factor in using VCT services. The study conducted by Sherr and colleagues (2007), in Zambia, which agreed with the findings of the study. The authors also conclude that gender has been found to be a significant predictor in VCT usage. With 57% of male respondents willing to have VCT test in contrast to 83% of females. However, there is very little information on VCT uptake among men, and also on the factors that influence it. It is not known whether factors that influence VCT uptake in the general population are also operational in VCT uptake by men only, (Bassett et al., 2007).

The study concluded that, both gender utilization of VCT is important because in any society both male and female have the control in decisions and resources that are essential for HIV prevention and care. As Tanzania works to consolidate gains in HIV
prevention, it is vitally important that both gender be fully involved in HIV prevention and control strategies especially in using VCT services so as to know their status.

Results in this study showed that, age and class level of the respondents of the respondents were not statistically associated with the use of VCT services. Therefore these results suggest that class level and age does not influence VCT usage across class levels or age groups among youth.
CHAPTER SIX
CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This study seeks to assess youth receptiveness towards VCT services in Magomeni Division, in Dar es Salaam. The following chapter highlights the summary of the major findings, conclusion, and implications, recommendations for policy and practice and areas for further research, with the expectation that they will lead to the improvement of the youth receptiveness towards the VCT services in this era of HIV/AIDS.

According the investigation made in the study and Focus Group Discussion youth’s overall knowledge of HIV/AIDS was found to be encouraging and almost all of the youth recognized HIV/AIDS as a major public health problem as well as that it is a social and development issue.

6.1.1 Level of awareness among school youth

This study asked the question: What is the level awareness towards VCT services among youth? To answer this question, findings of the study showed that, there is a high level of awareness of VCT service among the youth in Magomeni Division, this is not evenly matched with the willingness to test for HIV, partly due to inadequate knowledge of the benefits of knowing one’s HIV sero-status and lack of information on specific centres to access the services. The findings also indicated that despite the fact that 98% mentioned being aware of VCT, only 68% were aware of where to find the services. Moreover, only 10.8% indicated their willingness to take the test for the purpose of knowing their HIV status.

Although TV showed to be the leading source of information on VCT, with 62.6% of the study population mentioning the medium, the study attributed the observed high level of
awareness about VCT to use of several channels of information including radio, posters, healthcare providers, parents, and friends. Thus, the study concluded that use of a multiple channels to dissemination information on VCT services is an effective way of raising awareness about the services.

6.1.2 Assessing the perception of youth towards VCT services

The study asked the question; what is the perception of the youth towards VCT services? Regarding the youth’s perception towards VCT services, the study concluding that a significant majority (96.4%) consider the services necessary, with 91% of the respondents expressing the view that the services have the potential of reducing the spread of HIV, and 95.5% concurring that it is important for the youth to use the services so as to know their HIV/AIDS status.

6.1.3 The extent of use of the VCT services among youth

In this, the questioned was: To what extent are VCT services used by the youth? The findings of the study were as follows. VCT services remain largely utilised by the youth in the study area. Stigma and the outcome of the test, were seen to be major barriers to successful translation of the positive attitude towards VCT services into willingness to take the test.

6.1.4 Factors influence usage of VCT service among the youth

The study asked: What factors influence usage of VCT service by the youth in the Division? The study concluded that factors which can influence the usage of VCT services by the youth are gender and knowledge that youth had about the VCT services.

6.2 Recommendations

Voluntary Counseling and Testing is one of the preventive actions to prevent HIV/AIDS pandemic. Knowing one’s HIV status has a great individual and collective advantage to
tackle the problem from its roots through different approaches. It is obvious that identification of gaps, challenges and obstacles that prevent youth from VCT services is essential to plan an effective and sustainable programme. In view of the above, the researcher wishes to make the following recommendations:

❖ In order to bridge the gap between knowledge of VCT and the willingness to take the HIV test among the youth. Ministry of Health and Social Welfare and The Tanzania Commission of AIDS on VCT campaigns should think of new strategies that are specific on how to inform the youth regarding the use of the services. The education, information and communication materials that should be designed to desire on impact to the targeted population.

❖ Regarding the youth desire for services that are more sensitive to their needs, Ministry of Health and Social Welfare needs to establish more youth-friendly centres in all facilities providing VCT services, and outreach services be extended to schools in order to increase uptake of the services.

❖ Ministry of Education should educate parents and communities about the role of supporting the youth when seeking the VCT services, also they should strengthen existing awareness campaigns and implement new innovative ways of getting youth to come for testing. For instance youth should be encouraged speak about their experience when visiting the VCT services in youth clubs found in their schools.

❖ Concerning the quality of services especially counselling skills of the VCT providers, in corroboration with Ministry of Health should develop the capacity of the providers through training and provision of the necessary guidelines. The training should include skills for working with the youth. A youth-specific VCT counselling curriculum would be necessary.
Another recommendation for Ministry of Health and Social Welfare is that, messages about VCT should give emphasis on personal susceptibility to HIV/AIDS and benefits of VCT. Self efficacy towards the use of VCT needs to be encouraged.

6.3 Areas for further research

- A study to be carried out in Tanzania to look into behaviour and practices of youth population, to establish why they are not changing their behaviour despite the high knowledge on VCT service.

- Studies to be done in Tanzania on the factors that impact the use of VCT services among the youth.
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Also available at www.unaids.org/en/dataanalysis/


Appendix I

Figure: 7.1. Map of Tanzania, showing the study area Magomeni Division
Appendix II: Guide to Focus Group Discussions

My name is Tuzo Mapunda, a postgraduate student at Kenyatta University Kenya pursuing a master’s degree in Sociology. Currently am undertaking a research in Youth receptiveness towards Voluntary Counselling and Testing Services in Magomeni Division. Please answer the questions on youth receptiveness towards voluntary counselling and services to the best of your knowledge. Your responses shall be treated as confidential which will not be shared to anybody not concerned with this study, and will be used only for the purpose of this academic research.

Gender.............Male /Female
Class/form...........

1. Have you ever received any information or education on VCT?
   (a) Yes   (b) No

2. Where did you get this knowledge/education from?
   (a) From friends    (b) from teachers    (c) From neighbours
   (d) From Mass media  (e) From Parents.

3. Do adult/parents support youth in seeking VCT services?
   (a) Yes......    (b) No...... Explain your answer

4. Do you think your use of VCT services is likely to lower chances of HIV infections among youth?

5. Where would you like to recommend about VCT and HIV/AIDS information to be provided
   (a).......................... (b).................................

6. Do you use the services available and are the services convenient to you?

7. Discuss some of the issues that would encourage and some that would discourage the youth to visit VCT services.

8. Discuss some advantages of using VCT services?

9. Are the youth aware of VCT services?
   (a) Yes  (b) No  Give reasons for your answers

10. Have you ever recommended to others to use the VCT services?
    (a) Yes  (b) No. Give reasons for your answers.

11. What comments do you have on the youth and the use of the VCT services?
12. According to your views what aspects do the VCT operators or government need to do in order to improve the VCT services to young people?

THANK YOU FOR YOUR PARTICIPATION.
Appendix III: Questionnaires

My name is Tuzo, a postgraduate student at Kenyatta University pursuing a master's degree in Sociology. Currently am undertaking a research in Youth receptiveness towards Voluntary Counselling and Testing Services in Magomeni Division. Please answer the questions on youth receptiveness towards voluntary counselling and services to the best of your knowledge. Your responses shall be treated as confidential which will not be shared to by anybody not concerned with this study, and will be used only for the purpose of this academic research.

Questionnaire Number: ............... 
Name of school: .................

SECTION A. Social demographic information

Please tick the appropriate answer to the following questions

1.0 Age ........ years.
   15-16
   17-18
   19-20
   21-22

2.0 Gender ......................
   Female
   Male

3.0 Class of study: Form..........

4.0 Religion affiliation?
   i. Christian
   ii. Muslim
   iii. Other (specify).............

SECTION B. Level of Awareness

5.0 Have you ever heard about Voluntary counseling and testing (VCT) for HIV?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes where did you first hear about it?

1. Health workers
2. Radio
3. Friends/neighbor
4. TV
5. Newspaper/magazine
6. Parents/guardian
7. Posts

6.0 Do you understand the meaning of VCT services?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

7.0 Do you know any VCT centre
(a) For youth?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes please mention them

........................................
........................................

(b) Any centre

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes please mention them

........................................
........................................

8.0 Can you list the services offered by the VCT centre

1. ........................................................
2. ........................................................

9.0 Have you ever used the VCT services?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Give reasons for your answer
10. In your own view do you think VCT is necessary?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Give reason for your answers.

SECTION C: Perception

11. Please list the main reasons why you would want to seek VCT services

12. Are there places you would not go for VCT services within your areas?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Give reasons for your answers

13. What measures would you take after testing for HIV, and given enough information on VCT services and HIV/AIDS information?
   (a) If you are infected

(b) If you are not infected

14. Do you think your use of VCT services is likely to lower chances of HIV infections?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Give reasons for your answers

SECTION D. Usage

15. Do you use the VCT services available in your area?

<table>
<thead>
<tr>
<th>Yes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Give reasons for your answers
16. Do you know other young people or your friends who are using the VCT services?

| Yes | No |
---|---|

17. Do you think it is important for young people to use VCT services?

| Yes | No |
---|---|

Give reasons for your answers.

18. Why do some young people not want to go to VCT services?

Give reasons for your answers.

19. In your own view where would you like the VCT services to be provided?

i. Hospital
ii. Private clinics
iii. In special centres for youth
iv. In schools

Others. Specify
i) ........................................
ii) ........................................

20. According to you, what are the advantages of being tested early for HIV/AIDS?

i) ................................................................
ii) ................................................................

SECTION E. Recommendations

21. What comments would you suggest or give about VCT services and youth?

...........................................................................

22. Will you recommend VCT services to be used by your friend or any youth?

Give reasons for your answer

...........................................................................

23. According to your view what aspects do the VCT operators or government need to do in order to improve the VCT services to young people?

...........................................................................

87
24. What comments would you like to the following people about supporting youth in seeking VCT services?

(a.) To community

(b.) To Parents
This is to inform you that the Graduate School Board at its meeting of 19th April, 2010 approved your research proposal for the M.A degree.

Thank you.

GEOFFREY K. KORIR
FOR: DEAN, GRADUATE SCHOOL

Supervisors:

1. Dr. Anne Kamau
   C/o Sociology Department.

2. Dr. Wilson Otengah
   C/o Sociology Department.

GKK/rm
Tuzo P. Mapunda,
P.o. Box 10104,
DAR ES SALAAM.

RE: RESEARCH PERMIT

Refer to the above heading.

I am pleased to inform you that your above request has been considered by the Municipal Director, and has offered you a place in his Council for research permit.

Upon receipt of this letter, please report to the Ward Executive Officers - Magomeni for commencement of your research permit.

- Hoping to see you soon.

For: THE MUNICIPAL DIRECTOR
KINONDONI