RELATIONSHIP BETWEEN SELF-CONCEALMENT AND ATTITUDES TOWARD SEEKING VOLUNTARY COUNSELLING AND TESTING AMONG STUDENTS: A CASE OF KENYATTA UNIVERSITY, KENYA

MOKUA GILBERT MAROKO
E55/10450/2007
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other university.

…… ……
SIGNATURE DATE ….
MOKUA GILBERT MAROKO
Department of Educational Psychology

This thesis has been submitted for review with our approval as university supervisors.

…… ……..
SIGNATURE DATE
DR. THERESIA K. KINAI
Department of Educational Psychology
Kenyatta University

..... ……..
SIGNATURE DATE
DR. JANCITA S. A. KWENA
Department of Educational Psychology
Kenyatta University

DEDICATION

Dedicated to my loving father, Paul Maroko Ombogo and mothers, Rael and Mary.

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TABLE OF CONTENTS

Declaration……..i

Dedication……..ii

Acknowledgements…….....iii

List of Tables……..viii

List of Figures……x

Abbreviations and Acronyms……...xi

Abstract……...xiii

CHAPTER ONE: INTRODUCTION……..……. 1

1.1 Background to the Study……....1

1.2 Statement of the Problem……...4

1.2.1 Purpose of the Study……..6

1.3 Objectives of the Study……..7

1.4 Hypotheses…….7

1.5 Significance of the Study……...9

1.6 Limitations and Delimitations of the Study……...9

1.7 Basic Assumptions……...10

1.8 Theoretical Framework ……..……..10

1.8.1 Person-Centred Theory……10

1.8.2 Logotherapy…….14

1.9 Conceptual Framework……15

1.10 Operational Definition of Terms..……17

CHAPTER TWO: LITERATURE REVIEW…….19

2.1 Students' Vulnerability to HIV/AIDS at Kenyatta University……19

2.2 Self-concealment and Attitudes toward Counseling……20

2.3 Differentiation of Self and VCT Attitudes……...25

2.4 VCT Services offered at Kenyatta University…….26

2.5 HIV/AIDS Prevalence across Age and Sex…….27

2.6 HIV Testing and Counseling……...28

2.7 Summary of Literature Review……32

CHAPTER THREE: METHODOLOGY…….……...34

3.1 Research Design……...34

3.1.1 Research Variables……...34

3.2 Location of the Study……...37

3.3 Target Population…….37

3.4 Sampling Techniques and Sample Size……...38

3.4.1 Sampling Techniques……...38

3.4.2 Sample Size……..39

3.5 Research Instruments……...41

3.5.1 Demographic Questionnaire……41

3.5.2 Self-concealment Scale……41

3.5.3 Attitudes toward seeking Voluntary Counseling and Testing…….42

3.5.4 Family Systems Personality Profile…….44

3.6 Pilot Study……...45

3.6.1 Validity of the Research Instruments……...46

3.6.2 Reliability of the Research Instruments……...46

3.7 Data Collection Techniques……47

3.8 Data Analysis……...48

3.9 Logistical and Ethical Considerations……49

CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSION……...50

4.0 Introduction……..50

4.1 Descriptive statistics……50

4.1.1 Characteristics of Population..……..……...50

4.1.2 Self-concealment Scale analysis (SCS)……...……...54

4.1.3 Analysis of the Attitudes toward seeking Voluntary Counseling and Testing scale (ATSVCT)……...56

4.1.4 Family Systems Personality Profile scale analysis……..58

4.2 Inferential Statistical Analysis and Discussion of Results...……...60

4.2.1 Self-concealment and VCT Attitudes……..60

4.2.2 Self-concealment Levels and Actual VCT Testing……62

4.2.3 Age and VCT Attitudes……...……65

4.2.4 Marital Status and VCT Attitudes……66

4.2.5 Prior VCT Experience and Attitudes toward Seeking VCT Services……69

4.2.6 Sex and Self-concealment …… ……..70

4.2.7 Differentiation of Self and VCT Attitudes…….....72

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS…….....74

5.0 Introduction……..74

5.1 Summary of the Findings……74

5.2 Implications of Findings……..77

5.3 Conclusions……...……...79

5.4 Recommendations……80

5.5 Suggestions for Further Research...…82

References...…….84

Appendix A(Section1): Demographic Questionnaire……88

Appendix A(Section 2): Attitudes Toward Seeking Voluntary Counseling and Testing Scale……..89

Appendix B: Self-Concealment Scale..……...91

Appendix C: Family Systems Personality Profile……..……..……94

LIST OF TABLES

Table 3.1: Sampling Frame……..……...…….39

Table 3.2: Sample per School by Sex…….....40

Table 4.1: Participants and their Respective Schools….....50

Table 4.2: Sex of Respondents…….51

Table 4.3: Year of Study…….....51

Table 4.4: Participants' Age..……..52

Table 4.4b: Participants' Age Statistics…..…….52

Table 4.5: Marital Status…….....53

Table 4.6: Prior VCT Test……...53

Table 4.7: Self-concealment Scale Responses…….54

Table 4.8: Self-concealment Levels…….55

Table 4.9: Self-concealment Levels by Sex…….55

Table 4.10: ATSVCT Scale Responses……...56

Table 4.11: VCT Seeking Attitudes…….57

Table 4.12: Attitudes by Sex……57

Table 4.13: FSPP Responses…….....58

Table 4.14: Differentiation of Self Levels……...59

Table 4.15: Differentiation of Self by Sex.……..59

Table 4.16: Correlations of Attitudes, Self-concealment,
Differentiation of Self, Respondent's Age and
Sex of Respondent…….....60

Table 4.17a: Self-concealment Levels and Prior VCT Test ……63

Table 4.17b: Self-concealment Levels and Prior VCT Chi-square Tests……..63

Table 4.18a: Marital Status and VCT Attitudes Statistics.....67

Table 4.18b: Marital Status and VCT Attitudes *t*-test Results…….67

Table 4.19a: Prior VCT Experience and VCT Attitudes Statistics.……69

Table 4.19b: Prior VCT Experience and VCT Attitudes *t* test Results……...69

Table 4.20a: Sex and Self-concealment Statistics…….....71

Table 4.20b: Sex and Self-concealment *t*-test Results...….....71

LIST OF FIGURES

Figure 2.1 Interaction between Self-concealment and Attitudes Towards seeking VCT Services……..16

ABBREVIATIONS AND ACRONYMS

ACU	Aids Control Unit
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ATSVCT	Attitudes Toward Seeking Voluntary Counseling and Testing
FSPP	Family Systems Personality Profile
HIV	Human Immunodeficiency Virus
ICAP	International Center for AIDS Care and Treatment Programs
KU	Kenyatta University
LS	Law School
MoH	Ministry of Health
NACC	National AIDS Control Council
NASCOP	National AIDS/STD Control Programme
NGO	Non Governmental Organisation
PMCT	Prevention of Mother-to-Child Transmission
SB	School of Business
SCS	Self Concealment Scale
SE	School of Education
SESHS	School of Environmental Studies and Human Sciences
SHS	School of Health Sciences
SHSS	School of Humanities and Social sciences
SPAS	School of Pure and Applied Sciences
SPSS	Statistical Package for the Social Sciences

UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

ABSTRACT

Self-concealment is a tendency of withholding personal, sensitive information that is perceived as negative and/or upsetting. It controls a person's perception of his/her environment. The effects of self-concealment on attitudes toward seeking Voluntary Counseling and Testing (VCT) among university students has been understudied. The purpose of this study was to examine the extent to which self-concealment predicts students' attitudes toward seeking VCT services at Kenyatta University. In spite of availability of VCT services at Kenyatta University, few students go for testing at the VCT centre. This unfolding scenario was seen to be exposing students at the university to HIV/AIDS infection and re-infection. If more students get tested, it would assist in developing HIV/AIDS interventions specific to students of Kenyatta University thereby reducing prevalence rates. The highlight of this study was focused on the relationship between self-concealment and university students' attitudes toward seeking VCT in the realization of the following objectives: establishing the extent to which self-concealment predicts attitudes toward seeking VCT services; ascertaining the degree to which age, sex, marital status and prior VCT experience relate to attitudes toward seeking VCT services; verifying sex differences in self-concealment levels and determining the expanse to which differentiation of self relates to VCT seeking attitudes. The study was conducted at Kenyatta University. Three hundred and fourth seven undergraduate students were recruited in the sample. The researcher collected the information using the survey method where questionnaires were used. The data realized was analyzed using SPSS descriptive and inferential statistical methods. Results revealed that students' self-concealment had a relationship with attitudes toward seeking VCT services and students who had low self-concealment had a higher probability of actually getting tested for HIV/AIDS than students with high self-concealment. It was revealed that there was no difference between a student's sex and his/her self-concealment level. This study also revealed that marital status was related to attitudes toward seeking VCT and getting actual HIV/AIDS testing. Married students had a more favourable attitude toward VCT services than students who were unmarried. The study further revealed that age had a relationship with a student's attitude toward VCT. Older students had more positive attitude toward seeking VCT services than younger students. The findings also indicated that students who had an HIV/AIDS test (prior VCT experience) had more favourable VCT seeking attitudes than those who had not. Findings also indicated that students with low self differentiation had more preference of seeking VCT services than highly differentiated students. Implications of these findings and recommendations are discussed.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The Government of Kenya has classified HIV/AIDS a national disaster since 1999 as a way of acknowledging its challenges through its policy guidelines in Sessional Paper No. 4 of 1997. The establishment of the National AIDS Control Council (NACC) tasked with providing leadership and coordination of multisectoral response to the epidemic has yet to realize the scaling down of the prevalence rate of the pandemic because most infected people, including Kenyatta University students, are not aware of their status. UNAIDS (2004) reported that at least 6,000 youths of between 15 and 24 years of age get infected with the HIV virus each day worldwide. Kenya is no exception to this figure since HIV-prevalence in this age bracket – particularly among females – is extremely high (ACU, 2006) with ICAP (2007) noting that at least 5% of adult Kenyans are living with HIV/AIDS today.

Kenyatta University is a Kenyan public university located within the outskirts of the capital city of Nairobi. Its location places its students in the midst of a vibrant city life - a factor which has led to adjustment crisis in most students as they are experiencing city life for the first time in their lives. Campus life for many signifies freedom from a restricted life experienced at home and school. In adjusting to their new environment, these students, majority of who are emerging from adolescence, acquire new friends as they interact with each

other. With peer influence, these students risk getting infected with HIV/AIDS.

HIV testing is an important aspect in a person's life since it enables one to live with a clear conscience. One is aware of his/her status and can therefore go about his/her daily activities with a clear mind. However, there are some hindrances which pose a challenge when one wishes to have an HIV test. The most common ones are fear of discrimination, stigma and fear of an early death (NASCOP, 2004). These hindrances make people to conceal their desire of getting tested from significant others like relatives, spouses and friends who might give the necessary encouragement to undergo the test. Self-concealment therefore tends to be the sustaining force of these hindrances.

Self-concealment is a tendency of withholding personal, sensitive information that is perceived as negative, upsetting or embarrassing (Larson & Chastain, 1990). It is acquired, developed and perfected through the socialization process within a culture to maintain interpersonal harmony (Markus & Kitayama, 1991 and Kim & Omizo, 2003). Self-concealment controls a person's willingness to seek psychological help (Kelly & Achter, 1995). It is a continuum of guilt broken into two levels labeled as high self-concealment and low self-concealment (Kelly and Achter, 1995). It controls an individual's perception of issues in his/her environment. Kelly and Achter noted that self-concealment is related to depression which is a major inhibition in individual

HIV/AIDS disclosure. UNAIDS/WHO (2005) reports revealed that HIV stigma and the resulting actual or feared discrimination have proven to be perhaps the most difficult obstacles to seeking VCT services. The fear of discrimination and stigma are deeply rooted in self-concealment.

A student's self-concealment could well be determined by his or her level of self differentiation. According to Bowen (1976), differentiation of self is the psychological separation of the intellect and emotion and independence of the self from others. Psychological separation of the intellect and emotion entails one being able to make decisions without being influenced by circumstances touching on other people. The differentiation of the self is established in an individual within a family context. Lavery (1985) notes that children brought up by differentiated parents are able to develop a strong personality and seek help when confronted with a distressing situation.

Kenyatta University has a registered VCT centre (site 10203) where students are voluntarily counseled and then tested if they so wish. Records available at the VCT site indicate that the students who have been counseled and tested at the facility are interested in knowing their HIV/AIDS status in order to make new decisions and plans so as to minimize risk to infection or re-infection. The centre, however, has been recording few student clients since its inception in 2004. Statistics obtained at the VCT centre show that an average fraction of 0.043 students per year since 2004 to 2009 have sought VCT services at the

centre - this excludes statistics from Liverpool mobile sites in Kenyatta University. Compared to 24,484 registered students (statistics of student enrolment as at September, 2009 obtained from the registrar's records), this average is insignificant to make any impact in the fight against HIV/AIDS at the university. Statistics of students who prefer testing in other VCT centres are hard to come by. It is therefore logical to conclude that students are avoiding the VCT facility located within campus. Whether this avoidance is mitigated or a thoughtless oversight by students owing to their self-concealment is a subject of concern. The students' self disclosure about knowledge of their HIV/AIDS status is often of mixed feelings. This study was therefore interested in establishing whether there is a relationship between students' self-concealment and VCT seeking attitudes.

Kenyatta University recognizes the challenges posed by HIV/AIDS in realizing its mission. In its strategic and vision plan 2005-2015, the university lists the HIV/AIDS pandemic at the forefront of threats facing it. The Aids Control Unit of Kenyatta University's baseline survey (2006) reported that 'the don't care attitude', promiscuity and drug abuse are the main factors that predispose students to HIV. The survey failed to explore the possible compromising role of individual self-concealment alongside the acknowledged predisposing factors. Although the university provides VCT and peer education, majority of students are dissatisfied by alluding that the quality of services provided is low and that the facilities are few in relation to

the huge student population (ACU, 2006). If the students develop a more positive stance towards utilizing the available VCT intervention services, then the prevalence of HIV/AIDS at Kenyatta University will significantly reduce. Self-concealment as a variable probably has an active role in influencing students' attitudes toward seeking VCT services.

1.2 Statement of the Problem

In spite of the availability of VCT services at Kenyatta University, statistics available at the VCT facility, indicate that an average fraction of 0.043 students go for an HIV/AIDS test per year since the year 2004. With a student population of 21,150 (K.U, 2005), this number is significantly low than expected. This study therefore set out to elucidate the extent to which self-concealment relates to students' attitudes toward seeking Voluntary Counseling and Testing (VCT) at Kenyatta University. Little inroad has been made in this area both in terms of theoretical work and research. The studies available have focused on HIV knowledge, testing, prevalence, attitudes and determinants of uptake of VCT services among university students. Liku and Kioko (2010), on behalf of I Choose Life Organisation, conducted a survey at the University of Nairobi which revealed that up to 77 per cent of university students have been tested for HIV and that 57 per cent did not use condoms every time they had sex, meaning that most students know their HIV status and could be acting in full knowledge of where the risk lies. Mumah (2003), studied HIV attitudes and sexual practices among primary school teachers in

Rachuonyo District in Kenya and the study revealed that there is a significant positive correlation between the two such that teachers who had acknowledged the fatality of HIV had less extra marital affairs than those who acknowledged less. Wambui (2005), investigated factors that influence access to VCT services among students in post tertiary institutions in Nairobi. The study revealed that the institutions have VCT facilities and those that didn't at least were in close proximity to independent VCT facilities. The result pointed at stigma by fellow students if positive test results were disclosed. Kukulanga (2006), studied knowledge, attitudes and practices of nursing students towards VCT services at Kamuzu College in Zambia and the study revealed that those students who had an HIV test at a VCT failed to disclose the results to family and friends. A closely related study by Muriithi (2008) on evaluation of Christian leaders' knowledge and skills on HIV/AIDS advocacy in the full gospel churches of Kenya revealed that disclosure of personal fears and concerns continue to be a major setback in promoting utilization of VCT services. Muwanguzi, Mbonye and Maseruka (2008) revealed that more than a half of the students at Mbarara University in Uganda who had gone to a VCT, had a VCT test before.

This study therefore shifted its focus from the above studies to examine the role of self-concealment in influencing attitudes toward seeking VCT services among Kenyatta University students. In addition to the existing research findings, there was inconsistency in determining the response rates to seeking

counseling help between high and low self-concealers: while Kelly and Achter (1995) noted that even though high self-concealers reported negative attitudes toward professional help-seeking than low self-concealers, they had a higher probability of actually requesting counseling. In contrast Cepeda-Benito and Short (1998) argued that high self-concealers tended to avoid counseling and that there was no evidence of these individuals in comparison to low self-concealers showing a higher probability of seeking counseling. A study of self-concealment levels as they relate to VCT seeking attitudes was important as it could enable to clear the contradiction brought about by the two research findings and help to fill this gap in knowledge.

1.2.1 Purpose of the Study

Research on self-concealment levels and how they affect VCT seeking attitudes in HIV/AIDS testing was lacking in spite of the potential impact this relationship could have in the utilization of VCT services by students of Kenyatta University. This study therefore examined the relationship between self-concealment levels and VCT seeking attitudes among Kenyatta University students. The self-concealment levels were tested as predictors of VCT seeking attitudes and the participants were compared for sex differences, age, marital status, differentiation of self and prior VCT experience in VCT seeking attitudes.

1.3 Objectives of the Study

The study was guided by the following objectives;

1. To establish the extent to which self-concealment levels predict Kenyatta University students' attitudes toward seeking VCT services.
2. To ascertain the degree to which age, sex, marital status and prior VCT experience of Kenyatta University students influence attitudes toward seeking VCT services.
3. To verify if there are sex differences in self-concealment levels among Kenyatta University students.
4. To determine the expanse to which university students' level of differentiation of self influence VCT seeking attitudes.

1.4 Hypotheses

This study tested the following hypotheses.

H_{A1}: There is a significant relationship between students' levels of self-concealment and attitudes towards seeking VCT services such that students with high self-concealment levels may have a negative attitude toward VCT whereas those with low self-concealment levels may have a positive VCT seeking attitude.

H_{A2}: There is a significant difference between students' levels of self-concealment and actual VCT testing such that students with high self-concealment levels may not have had a VCT test while those with low self-concealment levels may have had a VCT test.

H_{A3}: There is a significant relationship between age and students' attitudes toward seeking VCT services whereby the older a student becomes, the more favourable his/her attitudes toward VCT services become.

H_{A4}: There is a significant difference between marital status and students' attitudes toward seeking VCT services such that married students are likely to have more favourable attitudes toward VCT services than students who are single.

H_{A5}: There is a significant difference between prior VCT experience and students' attitudes toward seeking VCT services such that students who have had a VCT test are likely to have a more favourable VCT seeking attitude than those who have not had a VCT test.

H_{A6}: There is a significant difference between students' sex and level of self-concealment such that female students are likely to have high self-

concealment levels than male students who may have low self-concealment levels.

H_{A7}: There is a significant relationship between the level of students' differentiation of self and VCT seeking attitudes such that highly self-differentiated students may have more favourable VCT seeking attitudes than lowly self-differentiated students.

1.5 Significance of the Study

The study findings may assist in developing HIV/AIDS interventions specific to students of Kenyatta University. The findings may provide new information to Kenyatta University AIDS Unit that will create interest in extending research into ways of lowering the vulnerability of students to new infection and re-infection of HIV/AIDS. Finally, the findings may enlighten counselors on the significance of understanding a client' self-concealment in the helping process.

1.6 Limitations and Delimitations of the Study

This study was carried out at Kenyatta University's main campus which is located in Nairobi city (the capital of Kenya). The study did not encompass the entire student populace as a significant fraction was out on vacation while others were on field practicum and teaching practice. However, not all students in session at the time of the study were drawn in the study sample

since this will have required more time and resources, but the findings gave a fair reflection across the student population of Kenyatta University. The study excluded postgraduate students due to their older age and their inclusion could have compromised the findings of this study. This study targeted students with an average age not exceeding 24 years who, according to ACU (2006) and UNAIDS (2004) are more vulnerable to HIV/AIDS with a high infection rate.

1.7 Basic Assumptions

The study was based on the following assumptions:

1. The participants gave accurate information to the research questions.
2. All participants had some knowledge about HIV/AIDS.
3. All participants had knowledge of VCT services.

1.8 Theoretical Framework

This study adopted Carl Rogers' person centred theory formulated in 1951 and Victor Frankl's logotherapy formulated in 1962 for its theoretical foundation. Carl Rogers' theory proposes that human beings have an inherent self-actualizing tendency in which health functioning is achieved if one is self-actualized while maladjustment occurs when one distorts reality about him/her self. Frankl's theory explains the importance of dealing with problems of spiritual or philosophical nature. It explains problems related to meaning of life and death, suffering and love thereby influencing an individual towards development of appropriate behavior.

1.8.1 Person -Centred Theory

This theory also referred to as client centred theory was developed by Carl Ransom Rogers. This theory generally views a human being as forward moving, constructive, realistic and trustworthy. A person is capable of directing his or herself if provided with an enabling environment. An individual develops a sense of self by interacting with his or her environment hence he or she interprets life in accordance to his or her self-concept. The self-concept or self-structure is defined by Rogers as 'an organized, fluid but consistent conceptual pattern of the characteristics of the ‘I’ or the ‘me’ which are admissible into awareness, together with the values attached to those concepts'. Since this theory presents itself as the criterion determining the 'repression' of awareness of experiences and as exerting a regulatory effect upon behavior, it was relevant in this study in which the role of self-concealment was under investigation to determine how it related to Kenyatta University students' attitude toward seeking Voluntary Counseling and Testing services (VCT).

According to Rogers, a health life will exist when life events and experiences are correctly perceived by the self. Maladjustment (in this case high self-concealment) in life occurs when life events and experiences are not correctly perceived by the self because of denial and distortions of reality. This could lead to students developing a negative attitude toward going for an HIV/AIDS test in the VCT centre within campus premises. The work of the counselor is

to help the students understand their self-concept in order to be aware of their self-concealment levels so that they can increase consumption of VCT services.

The client-centred theory is summarized into the following statements:

1. A person is the centre of a continually changing world of experiences such as age,

   environment, friends, marriage and many more.

2. Reality for each person is their perception of the world and experiences in it.

3. A person reacts as an organized whole to the perception of his/her experience in this

   world.

4. People intentionally make choices that they perceive as enhancing their potential to

   become what they want to become.

5. To understand an individual's behaviour, one must come as close as possible to viewing

   the world as the way the individual perceives it.

6. The self results in the eventual differentiation of the person from his/her perceptual field.

   This self will become compromised if the person agrees to other peoples' perceptual field resulting in conformity.

7. People usually act in ways that are consistent with the view of self they behold. If the

ways are inconsistent with the self-structure, there results a conflict in the individual. Maladjustment will exist when the person denies awareness to the sensory experiences (reality). A healthy functioning will occur when all the sensory and visceral experiences inside one's self (like love and hatred) are committed to be assimilated in symbolic level into consistent relationship with the self-structure.

In person centred therapy, the main aim of counseling is to create an environment in which the self-actualizing tendency can be re-activated. Students will develop positive attitudes in VCT services and thereby go for an HIV/AIDS test. For effective counseling, a counselor should have the following qualities:

- *Genuineness* – The counselor should be genuinely interested in helping the client

  seeking VCT services.
- *Unconditional positive regard* – The counselor should accept the VCT seeking client without any condition by caring and prizing the client.
- *Empathy* – The counselor should put him or herself into the VCT seeking client's shoes and try to understand the concern from the client's point of view.

Once KU students interact with counselors who have the above qualities, their self-actualization tendencies will be re-activated. In turn, a self-generated shift from high concealment to low concealment will occur thus giving way to a positive attitude in seeking HIV/AIDS testing.

In person-centred therapy, the goals of counseling are:

- To help the student develop more realistic view about him/herself within the context of

  the HIV/AIDS reality.
- Help the student to be more mature, better socialized and more adaptive in his/her

  behaviour within the university environment to avoid getting infected or re-infected with HIV/AIDS.
- Help the student build his/her self-confidence and become more self-directing in utilizing

  VCT services.

According to this theory, self-concealment will occur when an individual represses awareness of his or her experiences thereby failing to regulate his or her behaviour. If one's experience of HIV/AIDS is traumatizing like the death of a close relative or friend through HIV/AIDS, then he or she will repress this sad experience. However this repression might affect his or her behaviour regarding VCT. It was therefore expected that once the relationship between

self-concealment and VCT seeking attitudes was established, a strategy may be put in place that will enable Kenyatta University students to develop favourable attitudes toward VCT services: a factor that could see an upsurge in the uptake of VCT services provided by the university.

1.8.2 Logotherapy

Victor Frankl developed this theory in 1962. Earlier in his life, Frankl suffered as a prisoner during the Second World War in Nazi concentration camps. Life seemed to have lost meaning to him when his wife, parents and brother died in the concentration camps. To date, HIV/AIDS has claimed more lives than those lost in the Nazi concentration camps. All of us have lost at least a parent, spouse, brother, child or a close friend to AIDS. To Frankl, his experience in the Nazi concentration camps "stripped him naked". This helped him to understand Nietzcher's words; "He who has a why to live for can bear with almost anyhow". This formed the basis on which he developed Logotherapy.

This theory deals with problems of spiritual or philosophical nature – problems relating to life and death, suffering and love. Seeking VCT is an enormous step an individual makes: this decision is either spiritual, love or even a life and death matter. Frankl stresses that the will to meaning is basic to human motives. A human being struggles to know and understand the meaning of his/her life. If his/her search for the meaning of life is blocked, he/she will fail to see meaning in his/her life. A person who searches and finds

meaning in his/her life will have positive attitudes towards seeking VCT, but if he/she fails to find meaning in his/her life, then he/she will experience a state of meaningless in life which in essence is existential frustration.

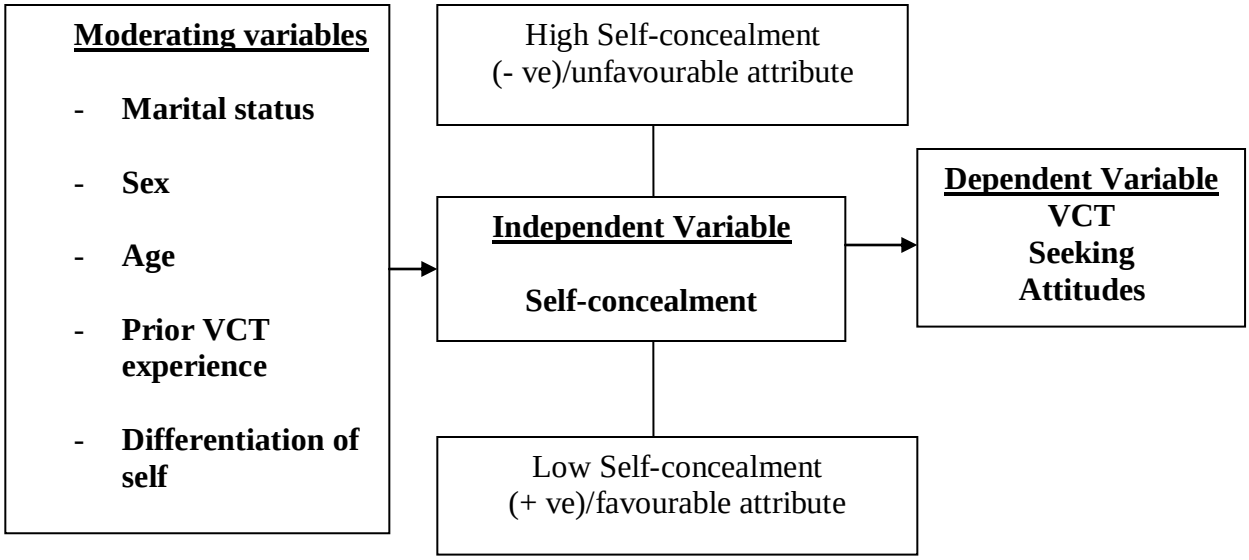
This existential vacuum is a clash of moral principles which may not necessarily lead to neuroses and psychoses but may result to noogenic neurosis if the condition becomes intense and widespread. A person who is experiencing an existential frustration will not seek VCT because he/she cares less whether he/she might be infected with the HIV virus or not. To him/her, life has no meaning. These people are not conscious of their actions and responsibilities due to their high secretiveness. Responsibilities are obligations that help us to understand the meaning of life. According to Frankl, death is very important in giving our lives meaning. Without death, life will be meaningless. He stresses that people should live as if they were living already for the second time and as if they had acted the first time as wrongly as they are about to act now!

This theory has a bearing in self-concealment. It stresses the value of having meaning in life. This meaning will not hold if one's life is shrouded in a labyrinth of closely guided secrets. The more one reveals his or her personal secrets, the more meaningful life will become. Openness will dispel fears and worries thus enable one to have a favourable view or attitude to life. - this is what Frankl projected as 'meaning'.

1.9 Conceptual Framework

From the above theories, self-concealment has a relationship to a student's attitude towards seeking VCT services. The above theoretical foundation therefore provided a useful framework for understanding the forces sustaining this relationship. Theoretically, this relationship is sustained by a student's self-concealment in comparably influencing his/her attitudes. A student's self-concealment influences his/her self worth. It affects the emotional well being of the student hence his/her willingness to seek VCT services. Therefore the rationale derived from this is that students with low self-concealment levels have positive attitudes towards seeking VCT services whereas high self-concealment students have negative attitudes towards seeking VCT services. This interaction is illustrated in figure 2.1.

Figure 2.1 The Interaction between Self-concealment and Attitudes towards Seeking VCT Services.



Source: Researcher (2010)

Key:

⟶ Leads to.

The conceptual framework indicates that self-concealment can either predispose one positively or negatively toward seeking VCT services. Self-concealment may vary with one's marital status, sex, differentiation of self level, age, prior VCT experience and differentiation of self.

1.10 Operational Definition of Terms

Acculturative stress: Stress caused by difficulties one experiences when settling in a new environment with a foreign culture.

AIDS: This is a group of serious illnesses and opportunistic infections that develop after more and more HIV develops in the body and the body is too weak to fight back.

Attitudes: Learned predispositions to respond in a favorable or unfavorable manner to a particular issue.

Client centred therapy: This is a theory that proposes that human beings have an inherent self-actualizing tendency. Focus is on the individual who is seen as having potential to direct his/her life if provided with an enabling environment. It was founded by Carl Rogers in 1951.

Counseling: Counseling is a two-way communication process that helps individuals examine personal issues, make decisions and plan how to take action.

Differentiation of self: This is the degree of integration of self which involves the psychological separation of the

intellect and emotion and independence of the self from others.

Discrimination: Negative acts that result from stigma and that serve to devalue and reduce the life chances of the stigmatized.

Existential frustration: Lack of moral purpose in life.

HIV: This is the virus that gets into the body.

Logotherapy: This is a theory that stresses the importance of solving one's spiritual and philosophical problems in order to attain mental health. It was founded by Victor Frankl in 1962.

Noogenic neurosis: Victor Frankl (1962) describes noogenic neurosis as a purposeless existence that is devoid of sanity.

Pandemic: Infectious disease.

Perception: The sorting out, interpretation, analysis and integration of stimuli from our sensory organs.

Prior VCT Experience: Having been tested for HIV in a VCT before the study.

Re-infection: Getting infected the second time of the same infection one already has.

Self-concealment:	Tendency to withhold personal, sensitive information that is perceived as negative and/or upsetting.
Sex:	Essence of being female or male.
Stigma:	Negative opinions or judgments made about persons before knowing facts about their HIV/AIDS status.
Vulnerability:	Predisposition.

CHAPTER TWO

LITERATURE REVIEW

This chapter analyses students' vulnerability to HIV/AIDS at Kenyatta University, self-concealment and attitudes toward counseling, differentiation of self and VCT attitudes, VCT services offered at Kenyatta University, HIV/AIDS prevalence across age and sex, HIV testing and counseling and summary.

2.1 Students' Vulnerability to HIV/AIDS at Kenyatta University

Students learning at Kenyatta University vary in maturity. Majority are those who have gained admission directly from high school and are therefore less mature compared to their counterparts who are pursuing school based courses when it comes to relationships. These students are most at risk of being infected with HIV/AIDS. Some of them take alcoholic drinks especially during weekends and are therefore reckless in their relationships like engaging in unprotected sex. In a survey conducted at the University of Nairobi by Liku and Kioko (Students courting HIV, says report, 2010), 77 percent of students at the university had been tested for HIV but only 36 per cent of the students used condoms each time they had sex. Even though they knew their status and the dangers of unprotected sex, it did not prevent them from exposing themselves to infection. According to Liku, students have an invicibility complex that they cannot get infected with HIV. This complex is rooted in self-concealment. The intense curriculum offered coupled with the fear of failing to pass examinations cause anxiety in the students. Cepedo-Benito (1998) noted that students with self-reported distress avoid psychological help and are likely to engage in immoral behaviour like drug abuse, alcoholism and sex. The latter is likely to dispose students to HIV infection if the partners are not aware of their HIV status.

The university has acknowledged the threat posed by HIV/AIDS to its staff and students (Kenyatta University, 2005). With a fast city life in the background, students at the university are at risk of getting infected.

2.2 Self-concealment and Attitudes toward Counseling

In a research investigating university students' self-concealment and attitudes toward counseling at Iowa State University, USA, results indicated that people who keep personal information private have little regard to counseling than those who routinely disclose (Kelly & Achter, 1995). Perhaps students who deny significant others personal information touching on their sexual experiences are less likely to seek VCT services than those who routinely disclose their sexual experiences because a VCT centre is a setting where they can share confidentially their secrets. An earlier study by Larson and Chastain (1990) strengthens this finding by asserting that people with secrets may remain skeptical about the counseling process because it requires them to reveal personal information

Research shows that individuals who keep secrets are frightened by the idea that counseling might require them to reveal their innermost thoughts (Kelly & Achter, 1995). In another research, it has been found that everybody purposely keeps secrets from others even in close relationships such as exists in long-term individual therapy where clients are known to keep secrets from their therapists (Hill, Thompson, Cogar & Denman, 1993). Hoyt (1978), noted that secret keeping is an important aspect in development of ego boundaries and the self-concept. However, it becomes pathogenic when actively and consistently concealing personal information from significant others yields a variety of psychological and physiological problems in an individual

(Mwangi, 1991, and Ndung'u, 2005). Concealing personal information makes a person to develop pre-conceived views on issues.

Ichiyama, Colbert, Laramore, Heim, Carone and Schmidt (1993) note that self-concealment causes psychological and physiological problems in students while adjusting to college life. In a paper presented at the annual meeting of the Midwestern Psychological Association, Ichiyama *et al* (1993) noted that the cost of keeping secrets is enormous because failure to seek psychological help in time will in the long run cause psychological maladjustment in a student - a factor that will affect his or her relationship. It is because of this that some students with this psychological maladjustment have in the recent past been known to publish lists of names of students purported to have been infected with HIV by them.

Kelly and Achter (1995) indicated that since secret keeping is associated with maladjustment and that it would potentially interfere with the counseling process, secret keeping may be a critical individual difference variable for counselors to consider when assessing clients, hence the applicability of Carl Rogers' genuineness, unconditional acceptance and empathy counselor qualities. Counselors should notice as Sandelowski (2004) posits, that clients do not want to spoil their identities by acknowledging their HIV infection and its association with sexual promiscuity hence they will conceal this

information from other people. This will adversely affect their attitudes toward seeking testing and counseling.

Constantine and Okazaki (2004) in their study found out that African international students in USA had high self-concealment and had more difficulties adjusting psychologically than other international students. They further revealed that African international students had high self-concealment because they relatively hold more communal or collective values. This partly accounted for their lack of interest in seeking psychological help. In Kenya, universities serve as cultural melting pots. The level of interaction among students is expected to extend beyond ethnicity. However, based on the above research findings, student ethnic groupings as evidenced by existence of political constituency associations which are ethnically constituted, has possibly contributed to students retaining their respective ethnic collective values. This may cause high self-concealment in students thus making them avoid seeking VCT services.

In an international meta-analysis of studies in which individualism and collectivism were assessed in college student samples (Oyserman, Coon & Kemmelmeier, 2002), regional analyses showed that Americans were lower in collectivism than people from all regions of the world that were non-English speaking. This relates positively to their high utilization of psychological services. This finding has an implication in the universality of a language of communication and self-concealment. Vernacular languages popular with

students who share a common ethnicity emphasizes interdependence and social obligations in an individual. Such languages tend to emphasize minimizing or forebearing personal problems or concerns in order not to burden significant others thus raising self-concealment (Markus & Kitayama, 1991).

Shavitt (1990) has defined attitudes as enduring mental representation of people, places or things that evoke feelings and influence behaviour whereas Snyder and DeBono (1989) see attitudes as general dispositions toward other people, objects, ideas, events, situations or concepts which include feelings, beliefs and behaviour tendencies that are relatively stable and enduring. Mumah (2003) attests that attitudes are value-loaded social judgments which possess a strong evaluative component. They can foster love or hatred, cause social conflict or conflict resolution and can result in creating a helping behaviour or mass destruction (Edwards and Milenkovic, 1999). Attitudes make a person react favourably or unfavourably to a more or less predictable degree to particular situations. Lefton and Valvatne (1996), note that, attitudes are neither innate nor hereditary but are learned and organized through experience. They can be acquired or changed according to one's will. Snyder and DeBono (1987) further noted that their acquisition is through external influences like exposure, mass media, peers, etc and internal influences due to personal conflicts such as fear.

A number of demographic factors have been related to attitudes towards seeking VCT services. Komiya, Good and Sherrod (2000) have found that women are more likely than men to seek help and have more favourable attitudes toward help-seeking. Individuals who originate from less differentiated families have high authoritarianism and their external locus of control tends to be associated with more negative attitudes toward revealing personal information (Fischer & Turner, 1970; Wallace & Madonna, 2005; Oliver et al, 1999). Yoo et al (2005) while studying the influence of gender, cultural variables and self-concealment on attitudes toward seeking counseling in Korea found out that gender and self-concealment significantly influenced attitudes toward seeking professional help. A study conducted with Korean college students (Jang, 1999) revealed that the personal perception of the seriousness of a problem rather than the nature of a problem influenced attitudes toward seeking counseling services. This suggests that people seek HIV/AIDS testing when they are experiencing great psychological discomfort thus collaborating Frankl's (1962) existential vacuum as prerequisite to seeking help.

The level of a person's self-concealment is also thought to influence attitudes toward seeking psychological help (Cepedo-Benito & short, 1998; Cramer, 1999; Kelly & Achter, 1995). Kelly and Achter (1995) note that high self-concealers reported more negative attitudes toward professional help-seeking than low self-concealers but high self-concealers reported a higher probability

of actually requesting counseling. These findings indicate that even though high self-concealers are afraid of seeking HIV/AIDS testing because it requires disclosing personal information, they are more likely to seek VCT because of their greater perception of the need for testing. This agrees with Logotherapists' "*he who has a why to live for can bear with almost any how"* (Frankl, 1962). These studies were done using samples obtained in other countries; a Kenyan situation using a Kenyatta University student sample may collaborate or disprove these study assertions.

Contrasting the above, Cepeda-Benito and Short (1998) argued that high self-concealers tend to avoid VCT counseling and that there is no evidence of these individuals in comparison to low self-concealers showing a higher probability of seeking HIV/AIDS counseling and testing. Therefore, persons who report favourable attitudes towards VCT may not actually seek HIV/AIDS testing at VCT centres.

2.3 Differentiation of Self and VCT Attitudes

Differentiation of the self is the main principle constituting the multigenerational theory developed by Murray Bowen in 1976 (Robert, 1992). The theory outlines the significance of family differentiation in building confidence in handling pertinent issues viewed as personal. Differentiation of self involves both the psychological separation of the intellect and emotion and independence of the self from others. We understand that making a choice of whether or not to seek VCT must foremost emanate from an individual's

own initiative. Differentiated individuals likewise can choose between disclosing their feelings and thoughts about their HIV status while undifferentiated people have difficulties in making decisions about being tested for HIV/AIDS because they have difficulties separating themselves from significant others, hence they tend to conceal issues that they feel will be unwelcome to the significant others (relatives and close friends). These less differentiated individuals have a low degree of autonomy, and in most cases they react emotionally, hence are unable to take clear positions on VCT. Differentiated individuals have trust which is related to more positive attitudes whereas emotional openness has been associated with more favourable help-seeking attitudes (Komiya, Good & Sherrod, 2000).

Individuals who are fused to their families of origin tend to agree with others whom they can be fused; it is quite common to find these individuals discouraging each other from knowing their HIV status for fear that knowledge will compound them with worries that may make life meaningless. As noted by Becuur & Becuur (1996) this fear of knowing one's HIV status propagates within families and friends therefore suppressing attitudes toward seeking VCT services. Relating family systems theory to Kenyatta University, the key to seeking VCT testing lies with a student who has a sense of belonging to the University family and a sense of separatedness and individuality devoid of peer influence. Differentiated individuals are thinkers rather than emotionally reactive and they experience themselves as having a

choice of possibly seeking VCT services and have a balanced assessment of what the results will do to others as envisioned by Papero (2000) that response to counseling is a recognition of feelings rather than dominance by them.

2.4 VCT Services Offered at Kenyatta University

Voluntary Counseling and Testing (VCT) is the process by which a person undergoes counseling enabling that person to make an informed choice about being tested for HIV. The Sessional Paper No.4 on HIV/AIDS, which was adopted by the Kenya Parliament for implementation in 1997, identifies VCT as a major tool for HIV/AIDS control. The university has one VCT facility located within the main campus. It has full-time counselors who offer counseling and testing services to both staff and students. The Aids Control Unit (ACU) supplements this facility with outreach (mobile) VCT services offered by Liverpool - a locally based international NGO during the red ribbon week (national week of HIV/AIDS testing when people are encouraged to take an HIV test to know their HIV status). Rapid HIV tests are used within these VCT sites where pre-counseling, testing and post-counseling takes place. The VCT counselors make direct referrals of clients to health services such as treatment for tuberculosis and other opportunistic infections and antiretroviral therapy (ICAP Kenya, 2007).

The VCT facility at Kenyatta University is registered with National AIDS/STD Control Programme (NASCOP) under site code 10203. The VCT

services are provided within the framework of voluntary attendance; informed consent; confidentiality; and clear policies on age of consent, partner notification and issuance of written test results (MoH, 2001). The goal of the VCT facility is to prevent the spread of HIV/AIDS and improve the quality and length of life for students, staff and other people living with HIV/AIDS through understanding and behaviour modification based on knowledge of their serostatus (NASCOP, 2004). University students need to be encouraged to assess their HIV risk behaviour, develop a risk-reduction plan and undergo HIV testing while adopting risk-reduction behaviour. NASCOP (2004) notes that 13% of Kenyans above 15 years of age know their HIV serostatus and approximately 74% of those who do not know their status are interested in having access to VCT. To scale up access, NASCOP (2004) proposes introducing and expanding VCT services on a large scale, a factor that the University management needs to consider by possibly integrating a second VCT within the university's health centre. This plan if adapted by the University might still overlook the target client's VCT seeking attitudes which are in turn influenced by self-concealment.

2.5 HIV/AIDS Prevalence across Age and Sex

HIV infection rate is increasing globally adding to the rising number of People Living with HIV (UNAIDS/WHO Press release, 2005). According to press release, Sub-Saharan Africa with only 10% of the world population has 60%

of all People Living with HIV – this translates to 29.4 million of the 40 million people infected with HIV worldwide.

NASCOP (2004) notes that Kenya ranks fourth in the number of HIV/AIDS cases in the world, and is seventh highest in the proportion of its population infected. According to NASCOP, women and especially adolescent girls are the most infected as compared to males of the same age. In Kenya, almost 1.3 million people are infected with HIV. Of those infected, about one million are adults of between the ages 15 and 49: 100,000 are over the age of 49 and 117,000 are children. Urban residents have a significantly higher risk of HIV infection (9.7%) than rural residents (5.2%). HIV prevalence in women of age 15-49 is 8.3%, while for men of age 15-49 the rate is 4.3%. This female-to-male ratio of 1.9 to 1 is higher than that found in other population-based studies in Africa. Young women are particularly vulnerable to HIV infection compared with young men. For example, 4.9% of women aged 15-24 are HIV infected, compared with 0.9% of men aged 15-24 (UNGASS, 2006). Most university students fall within this most vulnerable age group.

2.6 HIV Testing and Counseling

Counseling is a two-way communication process that helps individuals examine personal issues, make decisions and plan how to take action (ICAP Kenya, 2007). It helps people talk about, explore and understand their

thoughts and feelings besides helping people work out what they want to do and how they will do it.

In counseling, conversations are purposive with the aim of establishing a supportive relationship through attentive listening. A counselor helps the clients to tell their stories without fear of stigma or judgment by giving correct and appropriate information in order for them (clients) to make informed decisions. For effective counseling, the counselor should apply Carl Roger's principles of person centred therapy namely genuineness, unconditional positive regard and empathy (Baruth and Robinson, 1987) to re-activate the self-actualizing tendencies in clients. David (2008) notes that a counselor helps clients to explore options and alternatives so as to recognize and build on their strengths thereby enabling clients to develop a positive attitude to life by respecting other people's needs, values, culture, religion and lifestyle. In order for clients to trust the counselor with their feelings, it is important for them to know that their information will be kept confidential.

There are numerous skills a counselor can use in a VCT counseling session, however a counselor is at liberty to customize these skills to suit his/her situation. Common but key skills necessary are: asking questions, non verbal communication, active listening, reflection, goal setting and summarizing skills.

Asking questions is a useful skill when confronting or seeking clarification from the client. Closed-ended questions should be avoided because they elicit little information since they are answered with a one-word or short answer. A counselor should use open-ended questions because clients will answer them with explanations. They help clients explain their feelings and concerns and also help the counselor get more information he/she needs to help the clients. A closed-ended question like, 'Do you have more than one sex partner?' will elicit a yes or no answer but if asked in an open-ended manner like, ' How do you negotiate safer sex with your partner?', the client will explain his/her feelings and concerns freely.

Chaturvedi (2007 notes that non verbal communication and active listening skills help the counselor to build trust with a client. Non verbal communication includes making eye contact with the client, having a relaxed and open posture, neat and respectable dressing, good body language like nodding your head, leaning forward, etc, smiling, avoid looking at your watch, and turning off mobile phones to avoid taking calls during a session (ICAP Kenya, 2007, David, 2008, and Chaturvedi, 2007). Active listening entails listening with respect, interest and empathy, show the client that you are listening by saying "ok" or "mmmm mmm"; use a calm tone, listen to how they are saying (do they seem worried , happy, angry, etc), allow the client to express his/her emotions like crying; never judge the client; avoid performing other tasks while talking to the client; don't interrupt the client and finally but

not least, use open-ended questions to gently probe if you need more information.

The counselor should use reflecting skills by repeating back to the client the main themes and feeling of what the client said to him/her. This skill assures the client that he/she has been listened to, understood and accepted. It promotes discussion and enables the counselor to check on the clarity of his/her understanding. For example, after a client has talked for a while about his/her feelings and situation, after realizing that the condom had burst during a moment of passion, the counselor can say " I sense that you feel afraid because the condom burst."

Goal-setting skills are employed towards the end of a counseling session. The client works with the client to come up with "next steps" to solve his/her issues in the short- and long-term. This skill empowers the client to achieve what he/she wants by agreeing to realistic goals and actions. The goals must be result-oriented and should be clear to help the client measure his/her own progress. The counselor should start by saying "Fine, now let us think about the things you will do today based on what we have talked about."

Summarizing skills are used to recap what has been communicated during a counseling session and clarifies major ideas. It gives the counselor an opportunity to encourage the client to examine his/her feelings about the

session. The counselor should list the main points of the session and ask for clarification before ending the session.

About 5% (ICAP, 2007) of adults in Kenya are living with HIV/AIDS, but many people do not know their status and therefore can not access services and support necessary to stay healthy especially treatment and care. The HIV counseling and testing process includes three major steps: Pre-test counseling session, HIV testing and post-test counseling session. HIV counseling and testing is the entry point to care and treatment. In the pre-testing session, a counselor will introduce and orient the client to the session. He/she should explore with the client options for reducing risk and vulnerability or if a group discusses how HIV can be prevented, he/she then explains the meaning of a positive or negative result and then prepares the client for the HIV test (ICAP Kenya, 2007).

During an HIV testing, the counselor should explain the testing procedure. Only a small amount of blood is needed, so the client need not feel worried about becoming weak or tired because of losing blood. During the post-test counseling session, the counselor will counsel according to the test result. In case of a negative result, the counselor informs the client that the results are ready then show the results clearly and simply. He/she should explore the client's reaction to the test result. Review the meaning of the results and explain the window period and coming back for another test. Discuss risk

reduction plan and disclosure and partner referral. In case of a positive result, inform the client that the results are ready. Then show results clearly and simply. Review the meaning of the results and then allow the client time to absorb and react to the meaning of the result. Explore the client's understanding of the result and assess how the client is coping with the result then acknowledge the challenges of dealing with a positive result. When discussing positive living with the client, the counselor should identify sources of support. The client should assess whom the client would like to tell about his/her positive test results and when he/she should help the client identify a family member or close friend that can help the client through the processes of coping, planning, positive living and follow-up. The counselor should provide appropriate referrals to support groups, community resources and care and treatment services including ART.

2.7 Summary of Literature Review

From the above review, it is logical to highlight this summation:

1. A student's predisposed refusal to share personally distressing information with others makes him or her to develop preconceived views on issues. Knowledge of self-concealment will help to understand the extent to which students' of Kenyatta University would prefer seeking VCT services offered at the university.
2. The youth of Kenya have high HIV/AIDS prevalence rates compared to other population groups. Likewise, the female sex has a higher prevalence

rate than the male sex. As for marital status and prior VCT experience, little is known. An average of 917 students per year since 2004 to 2009 (as per statistics available at Kenyatta University VCT site 10203), have sought VCT services - this excludes statistics from Liverpool mobile sites in Kenyatta University and other unspecified VCTs. Compared to the current 24,484 registered students according to statistics available at the university, this average is too insignificant to make any impact in the fight against HIV/AIDS at the university.

3. Differentiation of self determines a student's confidence in handling pertinent issues that are viewed as personal such as HIV/AIDS testing. Deciding on an HIV/AIDS test emanates from the student's own initiative. Therefore, differentiation of self has an influence over seeking VCT services.

Finally, it is observable from the literature review that none of the studies reviewed specifically investigated self-concealment and VCT seeking attitudes as variables where Kenyatta University students were themselves the sample population. This is because such studies have not been done. As such, the researcher investigated the role of self-concealment in influencing Kenyatta university students' VCT seeking attitudes in order to provide further guidelines for the planning of VCT-friendly campaigns in Kenyatta University and to fill this gap in knowledge.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter describes the methods that were used in order to realize the objectives of this study. It contains the research design, research variables, location of the study, target population, sampling techniques and sample size. The chapter also presents research instruments, pilot study, validity and reliability of the research instruments. Data collection techniques, data analysis and logistical and ethical considerations are also discussed.

3.1 Research Design

A correlational design was used because the researcher wished to establish relationships among study variables. The design was appropriate because the researcher wished to establish whether self-concealment was related to students' VCT seeking attitudes. The researcher also wished to establish how well self-concealment predicts VCT seeking attitudes. In addition, the researcher also wished to establish the interrelationship between self-concealment, differentiation of self and VCT seeking attitudes.

3.1.1 Research Variables

The independent variable in this study was self-concealment. The students' self-concealment levels either high or low were expected to influence their attitude toward seeking an HIV/AIDS test in a VCT centre. This variable was measured using a self-concealment scale adopted from Larson and Chastain (1990) (see details in section 3.5.2). The scale has 10 statements that are scored on a five-point Likert scale e.g. *There are lots of things about me that I keep to myself: 1- Strongly disagree, 2- Disagree, 3- Neutral, 4- Agree, 5- Strongly agree.* The range of potential scores is from 10 to 50 where 10 is total self disclosure and 50 is total concealment in this study. Respondents who scored 30 and above (≥30) qualified as high-concealers while those who scored less than 30 (<30) qualified as low self-concealers. (See appendix B).

The dependent variable in this study was the VCT seeking attitudes. These are pre-conceived views on VCT. They are learned predispositions that encourage or discourage a student from going for an HIV/AIDS test at a VCT centre. They were measured using a 10-item attitudes toward seeking voluntary counseling and testing scale (ATSVCT) (see details in section3.5.3) modified from Fischer and Farina's (1995) attitudes toward seeking professional psychological help scale (ATSPPH). Example of items: *I would want to get psychological help if I were worried or upset for a long period of time* (in the ATSPPH scale) becomes *I would want to get counseling and testing help if I*

were worried and upset about my HIV/AIDS status for a long period of time (in the ATSVCT scale): *0- Disagree, 1- Partly disagree, 2- Partly agree, 3- Agree*. The ATSPPH was designed by Fischer and Turner in 1970 and had 29 items but it was later shortened to 10 by Fischer and Farina in 1995.The scale was designed to measure peoples' willingness to seek help from mental health professionals when one's personal-emotional state warrants it (Fischer & Turner, 1995). In this study, the ATSVCT scale was used to measure a student's willingness to be counseled and tested for HIV/AIDS at a VCT centre when his/her personal-emotional state was compromised by worries about his/her HIV/AIDS status. This modified scale has not been used by anybody in a context similar to the one employed in this study. The items were scored on a four-point Likert scale. Half of the items were reverse scored (item numbers 2, 4, 8, 9 & 10) and this prevented respondents from giving patterned responses. The range of potential scores was 0 to 30 where 0 meant rejection of seeking VCT and 30 meant absolute willingness to seek VCT. Respondents who scored 15 and above (≥15) were rated as having positive attitudes toward VCT and those with less than 15 (<15) were rated as having negative attitudes toward VCT. (See the full scale in appendix A).

The moderating variables of this study were differentiation of self, marital status, sex, age and prior VCT experience. These variables except differentiation of self were obtained using a demographic questionnaire contained in section 1 of appendix A. Differentiation of self is the degree of

integration of an individual's self which involves the psychological separation of the intellect and emotion and independence of the self from influence of others. The influence of a student's self-concealment level upon his/her VCT seeking attitudes will tend to vary with his/her level of self differentiation. This variable was measured using a family systems personality profile scale constructed by Howard Garfinkel in 1980 (Garfinkel, 1981) (see details in section3.5.4). It is a 30-item scale that measures the degree to which a person is differentiated or is emotionally mature (see appendix C). It has 30 statements that are scored on a four-point Likert scale e.g. *Members of my family expressed their anger by not speaking to each other: 0- Completely disagree, 1-Diagree, 2- Agree, 3- Completely agree*. The range of potential scores is from 0 to 90 where 0 means totally undifferentiated and 90 means totally differentiated. Respondents who scored above 45 and above (≥45) were rated as highly differentiated while those who scored less than 45 (<45) qualified as lowly differentiated.

3.2 Location of the Study

The study was carried out at Kenyatta University. The university has students from diverse social, cultural, political and religious origins – a factor that made the population a reservoir of rich information for psychological research.

Kenyatta University has a high student population approximating 24,484 as shown in records of 2009 available at the university admissions office (see Table 3.1). The university has partnered with other organizations such as I-Choose-Life, the National AIDS Control Council of Kenya [NACC-Kenya], and the Association of African Universities [AAU] to address HIV/AIDS issues in its community. The researcher therefore chose to carry out the study at Kenyatta University since its students were more likely to have been sensitized on issues related to HIV/AIDS.

3.3 Target Population

The 24,484 undergraduate students registered at Kenyatta University formed the population of this study. This number, however, excluded those away on holiday, those on teaching practice (TP) and other field attachment. Hence, the actual number of students in session on campus was much smaller than 24,484. The modalities of establishing the exact number away proved difficult. Majority of these students were youths whom according to NASCOP record the most prevalent rate among people living with HIV/AIDS in Kenya and were therefore more vulnerable to infection or re-infection with HIV/AIDS.

3.4 Sampling Techniques and Sample Size

Records from the university students' admission office indicated that the students' population stood at 24,484 by the year 2009; however, those sampled were much less (see 3.3).

3.4.1 Sampling Techniques

The study used stratified random sampling method to select a sample for study. At the time of study, the university constituted 14 schools. However two schools were not sampled: namely Graduate school and school of Hospitality and Tourism. Graduate School enrolls postgraduate students but this study focused on undergraduate students, while the School of Hospitality and Tourism had just been constituted and its students' records were not available at the time of the study. Hence, the study population was stratified into 12 strata. Each stratum was further broken into two strata: male students' stratum and female students' stratum totaling 24 strata representing schools. Undergraduate student enrollment by school and gender is outlined in sampling frame (Table 3.1). From each stratum, convenient sampling was used to select participants. Sampling was done at the respective schools.

Table 3.1 Sampling Frame

SCHOOL	MALE	FEMALE	TOTAL
EDUCATION	7,373	5,238	12,611
BUSINESS	1,915	993	2,908
PURE & APPLIED SCIENCE	1,569	480	2,049
HUMANITIES & SOCIAL SCIENCES	1,012	716	1,728
ENGINEERING & TECHNOLOGY	1,151	174	1,325
APPLIED HUMAN SCIENCES	493	684	1,177
ENVIRONMENTAL STUDIES	683	352	1,035
HEALTH SCIENCES	352	260	612
ECONOMICS	510	89	599
LAW	120	152	272
VISUAL & PERFORMING ARTS	92	36	128
AGRICULTURE &	26	14	40

ENTERPRISE			
TOTAL	**15,296**	**9,188**	**24,484**

Source: KU- Students Admission Office (2009)

NOTE: The total (24,484) excludes students from the School of Hospitality and Tourism.

3.4.2 Sample Size

A sample of 347 students who were in session at the time of this study were studied. The sample size in each stratum was qualified by its enrollment ratio. The distribution of the sample per teaching school and sex is outlined in table 3.2. There were 136 female participants and 211 male participants making a total of 347 participants. The distribution of the sample per school is shown in Table 3.2.

Table 3.2 Sample per school by sex

SCHOOL	MALE	FEMALE	TOTAL
EDUCATION	**84**	**73**	**157**
BUSINESS	**36**	**16**	**52**
PURE & APPLIED SCIENCE	**29**	**8**	**37**
HUMANITIES & SOCIAL SCIENCES	**13**	**13**	**26**
ENGINEERING & TECHNOLOGY	**19**	**2**	**21**

APPLIED HUMAN SCIENCES	**6**	**12**	**18**
ENVIRONMENTAL STUDIES	**7**	**5**	**12**
HEALTH SCIENCES	**2**	**4**	**6**
ECONOMICS	**8**	**0**	**8**
LAW	**0**	**0**	**0**
VISUAL & PERFORMING ARTS	**4**	**1**	**5**
AGRICULTURE & ENTERPRISE	**3**	**2**	**5**
TOTAL	**211**	**136**	**347**

The participants ranged in age from 19 to 30, with a mean age of 23.09. 327 participants were single and 20 were married. There were 125 single female participants and 203 single male participants. Of the married participants, 9 were females while 11 were males. The 347 participants who actually participated in this study accounted only 69.4% of the initial 500 target sample size.

3.5 Research Instruments

The researcher used a structured questionnaire and standard scales to elicit quantitative data from the sampled respondents who were meant to be consumers of the VCT services. Instruments included; demographic

questionnaire, self-concealment scale, attitudes toward seeking voluntary counseling and testing scale and family systems personality profile scale. These instruments are discussed below:

3.5.1 Demographic Questionnaire

The researcher used structured questions to elicit demographic information of respondents. The questionnaire consists of 5 items constructed by the researcher himself (see in appendix A section 1).

3.5.2 Self-concealment Scale (SCS)

The Self-concealment Scale was developed by Larson and Chastain in 1990 (Larson & Chastain, 1990). It is a 10 item scale designed to measure a person's tendency to conceal personal information that may be distressing or embarrassing. It measures the degree to which a person holds personal information confidential. It includes 10 items that are scaled on a five-point Likert scale ranging from *not at all true (1)* to *totally true of me (5)*. The range of potential scores is from 10 to 50, with higher scores indicating higher self-concealment. During validation, Larson and Chastain reported a Cronbach's alpha of .83 and a test – retest reliability coefficient of .81. Constatine and Okazaki (2004), computed a Cronbach's alpha of .87 for the scale score in their study.

Using SCS, studies have revealed that self-concealment is significantly positively correlated to psychological symptoms such as depression and anxiety (Larson & Chastain, 1990), less favourable attitudes toward counseling (Kelly & Achter, 1995), avoidance of psychological treatment (Cepedo-Benito & Short, 1998) and no correlation between stress experiences and depressive symptomatology (Constatine & Okazaki, 2004). This scale was validated in the USA and so far has not been used in a study in Africa, however, Constatine and Okazaki (2004) used Kenyan African students studying in U.S.A as a part of the 320 participants in their study examining self-concealment and social self-efficacy as potential mediators between acculturative stress and depression in a sample of African, Asian and Latin American international college students. From Okazaki's study, the researcher wanted to use the scale within an African context. A pilot study was conducted on 50 African students pursuing education courses at Kenyatta University's Ruiru Campus with the scale and a Cronbach's alpha of .80 was computed. The SCS was therefore validated for this study.

The researcher used this scale in the study. Scores of 30 inclusive (≥30) and above qualified for higher self-concealment while those less than 30 (<30) qualified as low self-concealment.

3.5.3 Attitudes Toward Seeking Voluntary Counseling and Testing (ATSVCT) Scale

The researcher modified the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale by Fischer and Farina (1995). The scale was originally designed by Fischer & Turner (1970) to measure willingness to seek help from mental health professionals when one's personal-emotional state warrants it. The original scale consists 29 items that are scored on a four-point Likert scale ranging from: agree (3) to disagree (0). Half the items are reverse-scored to prevent respondents from forming a response pattern. It was later shortened to 10 items in 1995 to make attitude research in colleges much easier by Fischer and Farina (1995). This instrument was used by Kelly and Achter (1995) in a study that investigated self-concealment and attitudes toward counseling in university students at Iowa state University in USA and was found to have a test-retest reliability coefficient of .86 over 5 days and .84 over 2 months while internal consistency estimates ranged from .83 to .86.

This instrument has been widely used in local research in correlational attitude studies. For example, Mwangi (1991) used the ATSPPH scale in an investigation into university students' problems, awareness and attitudes toward seeking help at Kenyatta University. Likewise, Ndung'u (2005) used this scale in a study examining attitudes of secondary school students toward seeking counseling help in Thika district.

This scale has a range of potential scores from 0 to 30. A score of 15 and above qualify as a positive attitude toward seeking VCT services while a score

of less than 15 indicate a negative attitude. The researcher himself adopted this scale and used it in this study. The adopted scale is contained in section 2 of appendix A. A pilot study was conducted on 50 students pursuing education courses at Kenyatta University's Ruiru Campus with the adopted scale and a Cronbach's alpha of .70 was computed. This reliability coefficient was satisfactorily deemed sufficient for this study.

3.5.4 Family Systems Personality Profile (FSPP)

Differentiation of self was measured by the Family Systems Personality Profile (FSPP) which was developed by Howard Garfinkel in 1980 (Garfinkel, 1981). The FSPP is a 30-item self report device that presents the items in a 4-point Likert scale ranging from (0) completely disagree to (3) completely agree. Scores range from 0 to 90. The higher the score, the more differentiated or emotionally mature the individual is. The first 20 items on the instrument are based on "behaviour, experiences and opinions throughout one's childhood and adolescence and NOT those that are more current" and the last 10 items reflect one's behaviour, experiences and opinions of only the last two years (Garfinkel, 1981). Garfinkel developed 125 initial items that reflect the content of Bowen's eight theoretical concepts. These concepts are: differentiation of self, triangulation, nuclear family emotional system, family projection process, emotional cut-off, multigenerational transmission process, sibling position and societal regression. Four psychologists with expertise in the Bowen theory judged these items for quality and accuracy of fit. This resulted in 50 items that represented the differentiation of self scale. The test-

retest reliability of each item was measured using the Pearson correlational analysis. This further resulted in the final 30 items. The instrument was tested on a sample size of 200 Caucasian and Mexican-American participants whose age ranged between18 and 68 years. Its reliability was tested by Lavery (1985) who reported that the internal consistency coefficient for the FSPP using the Kuder-Richardson formula 20 (K-R20) was .88 while Garfinkel (1981) reported a Pearson correlation coefficient for the test –retest reliability for the FSPP total score of .76 using a three week interval between tests. The content validity of the FSPP was verified by four psychological experts on Bowen theory who rated potential FSPP items in terms of their quality and consistency with the Bowen theory. Garfinkel (1980) measured the construct validity of the FSPP using Pearson correlations and decided that a minimum correlation of .42 to .80 is required in order to keep the scale with 30 items. Bhat (2001) used this scale in a study investigating differentiation of self and marital adjustment within the Asian Indian American population with results revealing that couples with higher scores in the FSPP interpreted as high differentiation of self enjoyed more holidays than those with less FSPP scores. The FSPP therefore is a psychometrically sound instrument and was used in this study to measure the students' level of differentiation of self as it relates to self-concealment and VCT seeking attitudes. This scale is in appendix C. The FSPP has been demonstrated through factor analysis to reflect a theoretically sound factor structure consistent with the Bowen theory.

This instrument had not been used on African participants in an African setting. Therefore the researcher used this instrument in an African study. The researcher conducted a pilot study using the scale on 50 African students taking education courses at Kenyatta University's Ruiru Campus and a Cronbach's alpha of .63 was computed. The FSPP was psychometrically passed as being reliable and valid in this study.

3.6 Pilot Study

A pilot study was conducted to check on the reliability and validity of the instruments especially the 3 scales. The instruments were pre-tested on 50 randomly selected students at Kenyatta University. 25 male and 25 female students participated in the pilot study. The pilot study subjects were not included in the actual study. Their responses and comments were used to make adjustments in the instruments. The pilot study helped to identify instrument deficiencies and ensured that the instruments generated expected data which was analyzed meaningfully. It also checked the appropriateness of the language used in the instruments by removing incidences of ambiguity and making relevant corrections without compromising the accuracy and relevancy of the instruments.

3.6.1 Validity of the Research Instruments

Coolican (1994) defines validity as referring to whether a measure is really measuring what it is intended to measure. The research instruments were

given to the supervisors and fellow colleagues to help check the content against study objectives. After piloting, necessary adjustments were made in the questionnaire items for improvement. In an open discussion after piloting, subjects were in agreement that the attitude questionnaire and the family systems personality profile sensitized them about VCT issues and personal independence devoid of family influence. They also agreed that the statements contained in the self-concealment scale were in line with what goes on in their thoughts thus ascertaining the content validity of the SCS.

3.6.2 Reliability of the Research Instruments

Reliability is a measure's consistency in producing similar results on different but comparable occasions (Coolican, 1994). The researcher used the Alpha (Cronbach) model of internal consistency based on the average inter-item correlation to calculate the reliability of the self-concealment scale based on scores from the pilot study. Though the scale has been used by several researchers including its developer-Larson and Chastain in 1990 who recorded a Cronbach's alpha of .83, a reliability analysis test was necessary in order to determine the extent to which the questionnaire items were related to each other since the scale was being used in Kenya for the first time. An overall index of internal consistency of the scale as a whole was realized. The calculated reliability coefficient for the data collected from the 10-item self-concealment scale of 50 respondents in the pilot study was a Cronbach alpha .80. The scale was passed as stable and was therefore used in this study.

The researcher employed an Alpha (Cronbach) model to test the internal consistency based on the average inter-item correlation on scores generated in the attitudes toward seeking voluntary counseling and testing (ATSVCT). A Cronbach's alpha of .70 was realized.

An Alpha (Cronbach) model was used to test the family systems personality profile (FSPP)'s internal consistency based on the average inter-item correlation on scores realized from the pilot study. The FSPP scale had a computed Cronbach's alpha of .63.

3.7 Data Collection Techniques

The researcher sought permission from the university to conduct the study. The research instruments were individually administered. The researcher used contact persons at each school to give each participant a copy of the research instruments. To ensure a higher questionnaire return, 550 questionnaires were administered to participants. Participants were asked to fill the research instruments and return them to the contact persons. The researcher collected the filled questionnaires from the contact persons within 24 hours from the time of administration. A total of 347 questionnaires were returned out of the 550 given out signifying a return rate of 63.09%.

3.8 Data Analysis

In this study, both descriptive and inferential statistics were used. Descriptive statistics such as means, standard deviations and percentages were used. Data was presented in frequency tables and histograms. Inferential statistics such as correlation, chi-square test and *t* test were used to test the hypotheses at $p \leq .05$. This analysis was done using the SPSS computer software program. The following hypotheses were tested at significance level of .05.

H_{01}: There is no significant relationship between students' levels of self-concealment and attitudes towards seeking VCT services. A Pearson product moment correlation was used to test this hypothesis.

H_{02}: There is no significant difference between students' levels of self-concealment and actual VCT testing. A chi-square test was used to test this hypothesis.

H_{03}: There is no significant relationship between age and students' attitudes toward seeking VCT services. A Pearson product moment correlation was used to test this hypothesis.

H_{04}: There is no significant difference between marital status and students' attitudes toward seeking VCT services. A *t* test was used to test this hypothesis.

H_{05}: There is no significant difference between prior VCT experience and students' attitudes toward seeking VCT services. A *t* test was used to test this hypothesis.

H_{06}: There is no significant difference between students' sex and self-concealment level. A *t* test was used to test this hypothesis.

H_{07}: There is no significant relationship between the level of students' differentiation of self and VCT seeking attitudes. A Pearson product moment correlation was used to test this hypothesis.

3.9 Logistical and Ethical Considerations

The researcher sought permit to carry out the study from Kenyatta University. Consent to participate in the study was sought from respondents. Participation was voluntary. To ensure anonymity and secure privacy of the participants, the researcher did not require names or any other means of identification from participants during the research. Participants were given clear, accurate information about the meaning and limits of confidentiality during data collection. Finally, the researcher kept all information obtained in strict confidence and used it only for the purposes of this study.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents and explains the findings with regard to the stated hypotheses. The first part presents descriptive statistics of the variables under study. The second part presents inferential statistical analysis and discussion of results obtained from data collected from 347 students at Kenyatta University.

4.1 Descriptive Statistics

Data is presented in frequencies and percentages.

4.1.1 Characteristics of Population

Table 4.1 presents the distribution of participants who took part in this study and their respective schools at Kenyatta University.

TABLE 4.1: PARTICIPANTS AND THEIR RESPECTIVE SCHOOLS

	Frequency	Percentage
EDUCATION	157	45.2
BUSINESS	52	15.0
PURE AND APPLIED SCIENCE	37	10.7
HUMANITIES & SOCIAL SCIENCES	26	7.5
ENGINEERING & TECHNOLOGY	21	6.1

APPLIED HUMAN SCIENCES	18	5.2
ENVIRONMENTAL STUDIES	12	3.5
HEALTH SCIENCES	6	1.7
ECONOMICS	8	2.3
VISUAL & PERFORMING ARTS	5	1.4
AGRICULTURE & ENTERPRISE	5	1.4
Total		

Table 4.1 shows that about 45% of the study participants were from the school of Education. This high percentage is attributed to the high student enrolment in that school compared to other schools. It also envisions the popularity of the school among students at Kenyatta University. The school of Business was second with 15% while the schools of Visual and Performing Arts and Agriculture and Enterprise provided 5% each. The study incorporated both female and male respondents as shown in Table 4.2.

TABLE 4.2: SEX OF RESPONDENTS

	Frequency	Percentage
FEMALE	136	39.2
MALE	211	60.8
Total	347	100.0

Table 4.2 indicates that 60.8% of the participants were male while 39.2% were female. This was a great gender disparity of the participants in the study. The disparity was occasioned by the student enrolment ratio at the time of the study. The study participants exhibited differences in their academic year of study as indicated in Table 4.3.

TABLE 4.3: YEAR OF STUDY

	Frequency	Percentage
1.00	75	21.6
2.00	26	7.5
3.00	95	27.4
4.00	151	43.5
Total	347	100.0

Table 4.3 postulates that 43.5% of the participants were in their 4th year of study. In most schools at Kenyatta University, this is the final year of the courses offered implying that most 4th year students were focused in life beyond college. The percentage of participants progressively declined through the 3rd and 2nd year of study except participants in their 1st year of study (21.6%). The age distribution of the participants is shown in Tables 4.4a and 4.4b.

TABLE 4.4a: PARTICIPANTS' AGE

	Frequency	Percentage
19.00	24	6.9
20.00	29	8.4
21.00	15	4.3
22.00	31	8.9
23.00	101	29.1
24.00	108	31.1
25.00	32	9.2
26.00	4	1.2
30.00	3	.9
Total	347	100.0

TABLE.4.4B: PARTICIPANTS' AGE STATISTICS

Mean	22.8876
Median	23.0000
Mode	24.00
Std. Deviation	1.82359
Variance	3.325
Skewness	-.278
Kurtosis	1.378
Range	11.00
Minimum	19.00
Maximum	30.00

N=347

From the frequency statistics there is a small difference between the mean and the median, with the median being merely 0.11 greater than the mean. The youngest participant at the time of the study was 19 years with the oldest participant being 30. The small standard deviation (1.8) indicated that ages of the participants were clustered around the mean implying that the ages of the participants were normally distributed as exemplified by a skewness of -.278. The kurtosis (1.378) indicates that majority of the ages are clustered around the mean with a variance of 3.325.

The distribution of the participants by marital status is shown in Table 4.5.

TABLE 4.5: MARITAL STATUS

	Frequency	Percentage
SINGLE	318	91.6
MARRIED	29	8.4
Total	347	100.0

As indicated in Table 4.5, (8.4%) of the participants were married while majority (91.6%), were single at the time of the study. This revelation wasn't surprising although it might be interesting to find out more about the small group of students who were married.

The distribution of the participants' prior VCT experience is displayed in Table 4.6.

TABLE 4.6: PRIOR VCT TEST

	Frequency	Percentage
YES	211	60.8
NO	136	39.2
Total	347	100.0

The display in Table 4.6 indicates that 60.8% of the participants had had a HIV test but 39.2% had not been tested at the time of the study.

4.1.2 Self-concealment scale analysis (SCS)

Participants' response to the 10 items on the self-concealment scale (Appendix B) is presented on Table 4.7.

TABLE 4.7: SELF-CONCEALMENT SCALE RESPONSES

	1	2	3	4	5	Total
Q1 I have an important secret that I haven't shared with Anyone	41	59	41	125	81	**347**
Q2 If I shared all my secrets with my friends, they may not like me as much	44	78	70	106	49	**347**
Q3 There are lots of things about me that I keep to myself	25	59	59	131	73	**347**
Q4 Some of my secrets have really tormented me	35	116	55	102	39	**347**

Q5 There are lots of things about me that I keep to myself	49	99	46	125	28	**347**
Q6 I am often afraid I will reveal something I don't want to	52	111	60	87	37	**347**
Q7 Telling a secret often backfires and I wish I hadn't told it	33	99	57	107	51	**347**
Q8 I have a secret that is so private I would lie if anybody asked me about it	28	65	52	129	73	**347**
Q9 My secrets are too embarrassing to share with others	77	134	54	54	28	**347**
Q10 I have a negative thought about myself that I never share with anyone	130	110	44	47	16	**347**
Total	**515**	**932**	**541**	**1017**	**480**	

Key: 1- Strongly disagree 2- Disagree 3- Neutral
4- Agree
5- Strongly agree

Frequencies reflected in Table 4.7 indicate that when responding to the self-concealment scale items, majority of the participants equivocally chose 'Agree' as an appropriate response with 'Strongly Disagree' being the least preferred response except for items 9 and 10. A total aggregate on the 10 questions was calculated to arrive at the overall self-concealment level of participants. Results are presented in Table 4.8.

TABLE 4.8: SELF-CONCEALMENT LEVELS

	Frequency	Percentage
HIGH	193	55.6
LOW	154	44.4
Total	347	100.0

Table 4.8 shows that 193 representing 55.6% of the participants had a high self-concealment level compared to 154 (44.4%) who had a low self-concealment level. The overall concealment by sex is presented in 4.9.

Table 4.9: Self-concealment levels by sex

	SEX OF RESPONDENT				Total
	FEMALE		MALE		
	Freq.	%	Freq.	%	
HIGH	80	58.82	113	53.55	193
LOW	56	41.18	98	46.45	154
Total	136	100	211	100	347

Results in Table 4.9 indicate that 58.82% female and 53.55% male of the participants in the study had a high self-concealment level whereas 41.18% female and 48.45% male had a low self-concealment. This was an indication that more females had a high self-concealment than their male counterparts while more males had a low self-concealment than females.

4.1.3 Analysis of the Attitudes toward Seeking Voluntary Counseling and Testing scale (ATSVCT)

Participants' response to the 10 items on the ATSVCT scale is presented in Table 4.10.

TABLE 4.10: ATSVCT SCALE RESPONSES

	0	1	2	3	Total
Q1 If I believed I was having a mental breakdown about my HIV/AIDS status, my first inclination would be to get professional counseling and testing at a VCT centre	36	17	90	204	**347**
Q2* The idea of talking about my HIV/AIDS status with a VCT counselor strikes me as a good way to get rid of emotional Problems	78	49	46	174	**347**
Q3 If I were experiencing a serious emotional crisis due to my HIV/AIDS status at this point in my life, I would be confident that I could get relief from a VCT counselor	51	16	126	154	**347**
Q4* There is something admirable in the attitude of a person who is willing to cope with his/her fears by resorting to seeking VCT help	103	41	50	153	**347**
Q5 I would want to get counseling and testing help if I were worried or upset about my HIV/AIDS status for a long period of time	36	13	38	260	**347**
Q6 I might want to have an HIV/AIDS counseling and testing at a VCT in the future	26	6	34	281	**347**
Q7 A person with an emotional problem due to his/her HIV/AIDS status is not likely to solve it alone; he/she is likely to solve it with a VCT help	36	22	78	211	**347**
Q8* Considering the time involved in a VCT, it would have great value for a person like me	69	60	52	166	**347**
Q9* A person should mind about his/her own HIV/AIDS status; getting tested at a VCT should not be a last resort	81	29	21	216	**347**
Q10* Personal and emotional HIV/AIDS related troubles, like many things, tend to be solved by resorting to VCT	58	51	38	200	**347**
Total	**574**	**305**	**575**	**2022**	

Questions with an asterisk (*) have been reversed to cancel their reverse scoring effect. See Appendix A section 2.

Key:

0- Disagree
1- Partly disagree
2- Partly agree
3- Agree

As Table 4.10 highlights, most participants chose 'Agree' as the most favourable response to the items on the ATSVCT scale with 'Partly disagree' being the least favourable response while a similar number chose 'Disagree' and 'Partly Agree' however they were a handful. An aggregate on the 10 questions was calculated to arrive at the overall VCT seeking attitude of participants. Results are presented in Table 4.11.

TABLE 4.11: VCT SEEKING ATTITUDES

	Frequency	Percentage
POSITIVE	320	92.2
NEGATIVE	27	7.8
Total	347	100.0

In Table 4.11, (92.2%) of the participants had a positive attitude toward seeking VCT services at the time of the study compared to 7.8% with a negative VCT seeking attitude. However this distribution varied with the sex of the participants as shown in Table 4.12.

TABLE 4.12: ATTITUDES BY SEX

	VCT SEEKING ATTITUDES	Total

	POSITIVE		NEGATIVE			
	Freq.	%	Freq.	%	Freq.	%
FEMALE	128	94.12	8	5.88	136	100
MALE	192	91	19	9	211	100
Total	320	92.22	27	7.78	347	100

Table 4.12 indicates that 94.12% female participants and 91% male participants had a positive attitude toward seeking VCT while 5.88% female participants and 9% male participants had a negative attitude toward seeking VCT services at the time of the study.

4.1.4 Family Systems Personality Profile Scale analysis

Participants' response to the 30 items on the Family Systems Personality Profile scale is presented on Table 4.13.

TABLE 4.13: FSPP RESPONSES

	COMPLETELY DISAGREE	DISAGREE	AGREE	COMPLETELY AGREE	Total
Q1	64	113	135	35	347
Q2	92	188	53	14	347
Q3	126	153	58	10	347
Q4	151	115	67	14	347
Q5	26	73	173	75	347
Q6	36	91	147	73	347
Q7	34	48	133	132	347
Q8	77	142	107	21	347
Q9	54	138	96	59	347
Q10	54	83	164	46	347
Q11	49	147	123	28	347
Q12	32	146	111	58	347
Q13	56	98	122	71	347
Q14	66	97	109	75	347
Q15	110	70	96	71	347
Q16	124	78	82	63	347
Q17	134	111	72	30	347
Q18	110	116	74	47	347
Q19	80	112	116	39	347
Q20	40	123	131	53	347

Q21	35	71	196	45	347
Q22	24	120	175	28	347
Q23	31	136	155	25	347
Q24	62	135	122	28	347
Q25	37	96	138	76	347
Q26	112	142	62	31	347
Q27	9	15	170	153	347
Q28	40	140	122	45	347
Q29	72	147	104	24	347
Q30	10	32	170	135	347
Total	1947	3276	3583	1604	

Key:

Q1-Q30- represent FSPP scale items (see Appendix C)

Table 4.13 shows that participants in the study responded with 'Agree' and 'Disagree' more frequently as compared to 'Completely Disagree' and 'Completely Agree' to the items in the FSPP scale. This shows that the participants were overtly guided in their responses thereby highlighting the

sensibility of the items which seemed to have invaded their family niche. A total sum of the 30-item scores was computed and an overall differentiation of self level was reached. Results are presented in Table 4.14.

TABLE 4.14: DIFFERENTIATION OF SELF LEVELS

	Frequency	Percentage
HIGHLY DIFFERENTIATED	166	47.8
LOWLY DIFFERENTIATED	181	52.2
Total	347	100.0

At the time of the study, 47.8% participants were highly self-differentiated while 52.2% were lowly self-differentiated meaning that a slightly higher number of participants were fused to their families of origin as shown in Table 4.14. This distribution however varied with the sex of the participants as indicated in Table 4.15.

TABLE 4.15: DIFFERENTIATION OF SELF BY SEX

	DIFERENTIATION OF SELF LEVEL				**Total**	
	HIGHLY DIFFERENTIATED		**LOWLY DIFFERENTIATED**			
	Freq.	%	Freq.	%	Freq.	%
FEMALE	68	50	68	50	136	100
MALE	98	46.45	113	53.55	211	100
Total	166	47.84	181	52.16	347	100

Table 4.15 shows that 50% female and 46.45% male participants were highly self-differentiated while 50% female and 53.55% male participants were lowly self-differentiated.

4.2 Inferential Statistical Analysis and Discussion of Results

4.2.1 Self-concealment and VCT Attitudes

It was hypothesized that there was a significant relationship between students' levels of self-concealment and attitudes towards seeking VCT services. The following hypothesis was forwarded to test this relationship:

H_{01}: There is no significant relationship between students' levels of self-concealment and attitudes towards seeking VCT services.

A Pearson correlation coefficient was calculated for the relationship between the participants' level of self-concealment and attitudes toward seeking VCT. A weak negative correlation that was not statistically significant was found ($r(345) = -.068$, $P>.05$). The null hypothesis that there is no significant relationship between students' levels of self-concealment and attitudes towards seeking VCT services was therefore retained. The results are presented in Table 4.16.

TABLE 4.16: CORRELATIONS OF ATTITUDES, SELF-CONCEALMENT, DIFFERENTIATION OF SELF, RESPONDENT'S AGE AND SEX OF RESPONDENT

	ATTITUDES	SELF-CONCEALMENT	DIFFERENTIATION OF SELF	RESPONDENT'S AGE	SEX OF RESPONDENT
ATTITUDES	1				
SELF-CONCEALMENT	-.068	1			
DIFFERENTIATION OF SELF	-.130*	.267**	1		

RESPONDENT'S AGE	.043	.022	.001	1	
SEX OF RESPONDENT	.006	-.049	.046	.252**	1

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

N = 347

The weak negative correlation between self-concealment and VCT seeking attitudes however showed that the scores in self-concealment were increasing as the scores of VCT seeking attitudes decreased. These results indicate that the higher the score in self-concealment, the lower the score in attitudes toward seeking VCT and vice versa implying that students who had a high self-concealment level had a less favourable (negative) attitude toward seeking VCT services while students who had a low self-concealment level had a more favourable attitude toward seeking VCT services .

This finding is consistent with the study carried out by Kelly and Achter in 1995 which found that students with a high self-concealment level had a positive attitude toward seeking counseling help while those with low self-concealment had negative attitude toward seeking counseling help. It is probable that this consistency overlooks racial and cultural differences exhibited by the population studied in the two studies. Kelly and Achter studied Caucasian students in a university in USA while this study studied African students in a university in Kenya. Caucasian students are highly individualized compared to a collective culture shared among Africans. In a study by Ichiyama et al (1993), findings indicated that Negro African students newly arrived in universities in the USA avoided seeking counseling help due to cultural shock unlike their Caucasian students newly arrived from Europe.

Their findings were consistent with Kim and Omizo (2003) who found that Asian cultural values negate attitudes toward seeking professional help and hinder ones' willingness to see a counselor among oriental people. This study therefore ascertains that self-concealment plays a determining role in attitude formation toward seeking counseling help in students regardless of whether they originate from collective societies like Africa and Asia or the individualized western cultures. In this context therefore, the findings by Kelly and Achter (1995) that self-concealment levels determine students' attitude toward seeking counseling help is applicable to both Caucasian and Negro students resident in both industrialized societies where counseling services are highly developed and regarded and in developing countrieshg where counseling services are struggling to be professional.

4.2.2 Self-concealment Levels and Actual VCT testing

It was hypothesized that there was a difference between students' levels of self-concealment and actual VCT testing. The following hypothesis was forwarded to investigate this difference:

H_{02}: There is no significant difference between students' levels of self-concealment and
actual VCT testing.

A chi-square test of independence was calculated comparing the frequency of *yes* for high and low self-concealers and *no* for high and low self-concealers. A weak interaction that was not statistically significant was found (χ^2 (1) = .064, p>.05). The null hypothesis that there was no significant difference

between students' levels of self-concealment and actual VCT testing was retained. A higher percentage (65.58%) of the participants who had a low self-concealment level had gone for a VCT test than students who had a high self-concealment level (56.99%). These results are presented in Tables 4.17a and 4.17b.

TABLE 4.17a: SELF-CONCEALMENT LEVELS AND PRIOR VCT TEST

	PRIOR VCT TEST				Total	
	YES		NO			
	Freq.	%	Freq.	%	Freq.	%
HIGH	110	56.99	83	43.01	193	100
LOW	101	65.58	53	34.42	154	100
Total	211	60.81	136	39.19	347	100

TABLE 4.17b: SELF-CONCEALMENT LEVELS AND PRIOR VCT CHI-SQUARE TESTS

	Value	df	Exact Sig. (1-sided)
Pearson Chi-Square	2.652(b)	1	
Continuity Correction(a)	2.304	1	
Likelihood Ratio	2.664	1	
Fisher's Exact Test			.064
Linear-by-Linear Association	2.644	1	
N of Valid Cases	347		

These findings are consistent with other research findings by Cepeda-Benito and Short (1998) and Constantine and Okazaki (2004) that high self-concealers tended to avoid counseling help and that low self-concealers indicated a higher probability of seeking counseling. However the finding contrasts findings by Kelly and Achter (1995) that high self-concealers had a higher probability of getting actual counseling than low self-concealers. Larson and Chastain (1990) in a study on the conceptualization, measurement and health implications on self-concealment found out that people with secrets may be skeptical about the counseling process because of their fear to disclose personal information. The finding of this study however disagrees with findings by Kelly and Achter (1995) that students who keep secrets (high self-concealers) had sought VCT help. Low self-concealers find it easy to interact with other people because they have a carefree conscience unlike high self-concealers who have a guarded conscience.

HIV/AIDS is a grave issue in the world we live today. Students' approach to this issue is likely to be totally different to the way they may respond to other psycho-social issues they might be facing. The society is putting a spirited awareness campaign to demystify HIV/AIDS. At Kenyatta University, this awareness campaign is spearheaded by the Aids Control Unit (ACU) which is in charge of coordinating efforts to reducing the prevalence of HIV/AIDS among students and staff at the university. The participation of Liverpool mobile VCT centres has greatly sensitized students on the importance of

knowing their HIV status. This has relatively reduced the high self-concealers' psychological resistance toward seeking VCT services because the severity of the stigma associated with HIV/AIDS has gone down.

According to Constantine and Okazaki (2004), African international students recorded high self-concealment because they relatively hold more communal or collective values. These findings have been disputed by findings of this study which have revealed that the distribution of self-concealment levels in an African population is normal regardless of their collective values. This study revealed that 55.62% students had high self-concealment while 44.38% students had low self-concealment. According to this study a higher percentage of students at Kenyatta University had high self-concealment but not all of them as concluded by the findings of Constantine and Okazaki (2004). However this high percentage can be attributed to the students' cultural values that encourage collective responsibility within a group as per the earlier findings of these researchers.

4.2.3 Age and VCT Attitudes

In the study, it was hypothesized that there was a relationship between age and students' attitudes toward seeking VCT services. The following hypothesis was put forward to test this relationship:

H_{03}: There is no significant relationship between age and students' attitudes toward seeking VCT services.

A Pearson correlation coefficient was calculated for the relation between the participants' age and attitudes toward seeking VCT services. A positive correlation that was statistically significant was found ($r(345) = .043$, $P<.05$). The null hypothesis was rejected. The results are presented in Table 4.16.

Even though the finding showed a positive correlation, the results were not statistically therefore it is logical to conclude that that age was correlated to students' attitudes toward seeking VCT services. Students' VCT seeking attitudes increased with age. This can be attributed to the emotional maturity that comes with age. This finding translates that age is an issue in decisions touching on life and death. Carl Rogers' client centred theory places a person as the centre of a continually changing world of experiences such as age, environment, friends and marriage. Emotional responsiveness therefore has taken a niche in man's present complex socio-economic environment in which at least each family in sub-Saharan Africa has had a first hand experience of death and suffering due to HIV/AIDS (Mbulaiteye, 2002 and Muriithi, 2008).

This finding is consistent with the client centred theory where age determines the changing experience in a counseling process. This implies that VCT services and age of help seekers are significant in determining the rate of success of the counseling process. This finding is consistent with a study by Kim and Omizo (2002) which revealed that age predicted intentions to seek counseling among Asian students when faced with issues touching on sex.

The findings are also consistent with earlier findings that the youth are more afflicted with HIV/AIDS than older age groups (UNAIDS, 2004) and ICAP, 2006). The study findings therefore revealed that students who were younger had less favourable attitudes toward seeking VCT services. Individuals within this age range (youths) are actively involved in sex activities. In his findings, Cepedo-Benito (1998) noted that students with self-reported distress engage in abstractive behaviour like sex; therefore to avoid contracting HIV/AIDS, 70% students who participated in this study had sought VCT help to establish their HIV/AIDS status. This was done across age. One possible explanation is that these students fear contracting HIV/AIDS which might expose them to stigma and discrimination in society.

4.2.4 Marital Status and VCT Attitudes

It was hypothesized in the study that there was a difference between marital status and students' attitudes toward seeking VCT services. The following hypothesis was generated to investigate this difference:

H_{04}: There is no significant difference between marital status and students' attitudes toward seeking VCT services.

An independent-samples *t* test comparing the mean scores of the married and single students found a significant difference between the means of the two groups ($t(345) = -2.335$, $p < .05$). The mean attitude towards VCT of the married students was significantly higher ($m = 23.21$, $sd = 3.62$) than the mean attitude towards VCT of the single students ($m = 21.49$, $sd = 5.30$). The

null hypothesis that there is no significant difference between marital status and students' attitudes toward seeking VCT services was rejected. The results are presented in Tables 4.18a and 4.18b.

Table 4.18a: Marital Status and VCT Attitudes Statistics

	MARITAL STATUS	N	Mean	Std. Deviation	Std. Error Mean
ATTITUDES	SINGLE	318	21.4906	5.30266	.29736
	MARRIED	29	23.2069	3.61919	.67207

Table 4.18b: Marital Status and VCT attitudes *t*- test results

	t-test for Equality of Means					
	t	df	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
					Lower	Upper
ATTITUDE	-2.335	39.901	-1.71633	.73491	-3.20176	-.23090

The findings show that marital status was significantly correlated to students' attitude towards seeking VCT services – implying that students' VCT seeking attitudes are influenced by their marital status. Married students have more favourable (positive) attitudes toward seeking VCT services than unmarried students. One possible explanation is that these individuals have acquired a sense of family protectiveness because they care for their families therefore knowing their HIV/AIDS status becomes a central pillar to family health. This explanation is directed by Frankl's (1969) philosophical theory that explains the meaning of life amidst death, suffering and love. Frankl stresses that a person will find a reason to live within adversity if only he/she attaches a

meaning to that life. Married students have probably embraced family as a 'meaning' link to their lives therefore to protect this 'meaning' (family), knowing their HIV/AIDS status is consciously engraved within them. Another possible explanation is that these individuals have been well sensitized by anti HIV/AIDS campaigns. According to NASCOP (2004) and Mateo (2003), most married men who have previously shied off from taking an HIV/AIDS test eventually voluntarily seek testing once their expectant spouses have gone through PMCT and revealed results to them.

This revelation is a worrying indication that students who are single have acknowledged less their vulnerability to HIV/AIDS and lack appreciative efforts to curb it. This finding is consistent with an earlier research finding by Liku and Kioko (2010), that many university students have been tested for HIV but only a few used condoms each time they had sex. Even though they know their status and the dangers of unprotected sex, it has not prevented them from exposing themselves to infection. A possible explanation is that unlike their married counterparts, these students though they had a high level of HIV/AIDS awareness had a risk taking behavior common with the youth. Besides the anti HIV/AIDS campaigns through the electronic media and print media that stakeholders seem to prefer most, single students need to be involved in numerous workshops, seminars and real life experiences. Although Wambui (2005) found that students whose institutions had access to VCT facilities recorded more favourable attitudes toward VCT services than

those who had none, the numerous VCT camps at Kenyatta University by Liverpool have so far not tilted the scales in favour of VCT services since only 60.8% of the students had been tested as revealed in this study.

4.2.5 Prior VCT Experience and Attitudes toward Seeking VCT Services

The study hypothesized that there was a difference between prior VCT experience and students' attitudes toward seeking VCT services. The following hypothesis was put forward to investigate this difference:

H_{05}: There is no significant difference between prior VCT experience and students' attitude toward seeking VCT services.

An independent-samples *t* test comparing the mean scores of students who had had a VCT test and students who had not had a VCT test found a significant difference between the means of the two groups ($t(345) = 3.682$, $p < .05$). The mean of the students who had a VCT test was significantly higher ($m = 22.48$, $sd = 4.67$) than the mean of the students who had not had a VCT test ($m = 20.32$, $sd = 5.70$). The null hypothesis that there is no significant difference between prior VCT experience and students' attitudes toward seeking VCT services was rejected. The results are presented in Tables 4.19a and 4.19b.

Table 4.19a: Prior VCT experience and VCT Attitudes Statistics

	PRIOR VCT TEST	N	Mean	Std. Deviation	Std. Error Mean
ATTITUDES	YES	211	22.4787	4.67142	.32159
	NO	136	20.3235	5.70365	.48908

Table 4.19b: Prior VCT experience and VCT Attitudes *t*- test results

	t-test for Equality of Means					
	t	df	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
					Lower	Upper
ATTITUDE	3.682	345	2.15514	.58534	1.00225	3.30804

The finding reveals that students who had sought VCT service had a favourable attitude toward VCT while students who had no prior VCT experience had a less favourable attitude toward VCT. This finding is in agreement with NASCOP (2004) which noted that 13% of Kenyans aged above 15 years of age knew their status and 74% who had not been tested were interested in accessing VCT. With the upscale of VCT centres at Kenyatta University, more students have been tested. This study revealed that once an individual has had an HIV/AIDS test, then he/she develops a positive regard to VCT than one who has not had the test. Frankl (1969) noted that death which is a prerequisite to 'meaning of life' constantly reinvents itself anew – death does not take a life a second time (a person dies only once). Each death is as painful as the other. However, a person who has experienced death of a family member learns to accept another occurrence more easily than one who is experiencing death of a loved one for the first time. Students who had been tested before are therefore less apprehensive each time they go

for an HIV/AIDS test because they are encouraged by earlier results whether negative or positive unlike those who have not had a test and are therefore rueful of the uncertain results. A possible explanation to this finding is that students trust their sexual partners – there is no fear that their sexual partners might be cheating on them therefore a previous test result will act as a predicator of the next test results.

4.2.6 Sex and Self-concealment

It was hypothesized in the study that there was a difference between students' sex and level of self-concealment. The following hypothesis was forwarded to test this difference:

H_{06}: There is no significant difference between students' sex and self-concealment level.

An independent-samples *t* test was calculated comparing the mean score of self-concealment of female participants to the mean score of self-concealment of male participants. No significant difference was found ($t(345) = .943$, $p > .05$). The mean of the self-concealment of female participants ($m = 30.45$, $sd = 6.56$) was not significantly different from the mean of self-concealment of male participants ($m = 29.73$, $sd = 7.36$). The null hypothesis that there is no significant relationship between students' sex and self-concealment level was therefore retained. The results are presented in Tables 4.20a and 4.20b.

Table 4.20a: Sex and Self-concealment Statistics

	SEX OF RESPONDENT	N	Mean	Std. Deviation	Std. Error Mean
SELF-CONCEALMENT	FEMALE	136	30.4485	6.56345	.56281
	MALE	211	29.7346	7.36373	.50694

Table 4.20b: Sex and Self-concealment *t* - test results

	t-test for Equality of Means					
	t	df	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
					Lower	Upper
SELF-CONCEALMENT	.943	345	.71393	.75746	-.77646	2.20432

The study revealed that there is no relationship between a student's sex and his/her self-concealment level therefore an individual's self-concealment level is not determined by sex. According to Rogerian counselors, openness in a counseling process is not dependent on a client's sex but on the counselor's skills of genuineness, empathy and unconditional positive regard upon the client. A counsellor who regards the sex of the client will end up being judgmental thus laying to waste the entire helping process. The popular belief that women are usually more secretive in their affairs than men as one's self-concealment level is controlled by factors beyond sex as revealed by findings in this study.

4.2.7 Differentiation of Self and VCT Attitudes

It was hypothesized in the study that there was a relationship between the level of student's differentiation of self and VCT seeking attitudes. The following hypothesis was put forward to investigate this relationship:

H_{07}: There is no significant relationship between the levels of students' differentiation of self and VCT seeking attitudes.

A Pearson correlation coefficient was computed for the relationship between the students' differentiation of self and attitudes towards seeking VCT services. A negative correlation that was statistically significant was found ($r(345) = -.130$, $p < .05$). The null hypothesis was rejected. The results are presented in Table 4.16.

The result indicate that the higher the score in differentiation of self, the lower the score in attitudes toward seeking VCT and vice versa implying that students who had higher differentiation of self scores (Highly differentiated) had a less favourable (negative) attitude toward seeking VCT services while students who had low differentiation of self scores (Lowly differentiated) had a more favourable (positive) attitude toward seeking VCT services. The null hypothesis that there is no significant relationship between the level of students' differentiation of self and VCT seeking attitudes was therefore rejected.

This study revealed that there is a relationship between the level of a student's differentiation of self and his/her VCT seeking attitudes. This highlights that

students who had a low level of differentiation of self were more favourable to seeking VCT services. This study contrasts with other research findings by Komiya, Good & Sherrod (1996) that revealed that individuals with high differentiation of self have trust and emotional openness predisposing them to more favourable help-seeking attitudes. This study reveals that the strong emotional attachment less differentiated individuals have on members of their families makes them to acquire family protective instincts which in agreement with Papero (2000) makes counseling, a response recognizing feelings rather than dominance by them. Less differentiated students will rather seek HIV/AIDS testing in order to preserve their collective family cohesion because if the test turns positive, then support will come from within the family.

Students with high differentiation of self were less inclined to seeking VCT services. One possible explanation is that they feared eroding their confidence which according to Murray Bowen (Robert, 1992) is essential in handling pertinent issues viewed as personal. These individuals are independent minded and thus they may view seeking an HIV/AIDS test as intruding their privacy.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes the findings. It logically and systematically explains the conclusions and recommendations from each objective and hypothesis of the study. It also explains the implications of the findings and suggests possible future research areas.

5.1 Summary of the Findings

This study sought to establish the relationship between self-concealment and attitudes toward seeking Voluntary Counseling and Testing among students at Kenyatta University in Kenya. The following findings were realized.

- The first objective of this study was to establish the extent to which self-concealment levels predict Kenyatta University students' attitudes toward seeking VCT services. This objective gave rise to two hypotheses which were tested in this study. The first hypothesis generated and tested was: There is a significant relationship between students' levels of self-concealment and attitudes towards seeking VCT services such that students with high self-concealment levels may have a negative attitude toward VCT whereas those with low self-concealment levels may have a positive VCT seeking attitude. The study established a weak relationship between students' levels of self-concealment and their attitudes towards

seeking VCT services. Students who had a high self-concealment level had less favourable VCT seeking attitudes than students who had a low self-concealment level. High self-concealers are fearful of stigma and discrimination from friends once their VCT visitation is known. This makes them to have unfavourable perceptions toward VCT services. This finding highlights that if a student's level of self-concealment is high, then it will be likely that his/her perception on VCT services will be less favourable. The second hypothesis generated and tested was: There is a significant difference between students' levels of self-concealment and actual VCT testing such that students with high self-concealment levels may not have had a VCT test while those with low self-concealment levels may have had a VCT test. The findings disclosed a weak interaction between students' levels of self-concealment and actual VCT testing - that students with a low self-concealment level were more likely to have an HIV test than students with high self-concealment. This revelation was consistent with earlier findings by Larson and Chastain (1990) that low self-concealers have a higher probability of actually requesting counseling.

- The second objective of this study was to ascertain the degree to which age, sex, marital status and prior VCT experience of Kenyatta University students influence attitudes toward seeking VCT services. This objective generated three hypotheses. The first hypothesis tested was: There is a

significant relationship between age and students' attitudes toward seeking VCT services whereby as a student becomes older, the more favourable his/her attitudes toward VCT services become. The study found out that age had a positive relationship with a student's attitude toward VCT. Older students had more favourable VCT seeking attitudes than younger students. The older students had matured with age and therefore they had a broader perspective on the merits of VCT services than the young students who are sometimes experimental and less serious in approach to life threatening issues. The second hypothesis tested was: There is a significant difference between marital status and students' attitudes toward seeking VCT services such that married students are likely to have more favourable attitudes toward VCT services than students who are single. The study revealed that married students had more favourable VCT seeking attitudes than students who indicated that they were single. This finding collaborates the finding that older students had more favourable VCT seeking attitudes than young students because the same students were married while the young students were single. A marriage is sustained by couples who trust, love and appreciate each other unconditionally. The determination between couples to fulfill responsibilities in marriage is given by constant assurances of good health. The good health is boosted when couples are aware of their HIV status. The third hypothesis tested was: There is a significant difference between prior VCT experience and students' attitudes toward seeking VCT

services such that students who have had a VCT test are likely to have a more favourable VCT seeking attitude than those who have not had a VCT test. The study found out that students who had had a VCT test had a favourable attitude toward VCT while students who had not been tested had a less favourable attitude toward VCT. Going for a VCT test for the first time is unnerving and is a frightful experience. Those who have been tested know their HIV status. The pre-counseling and post-counseling sessions they hold with the VCT counselors prepares them to accept their status regardless of the test outcome. They are able to overcome personal fears regarding knowledge of their HIV status. They consequently develop a positive regard about VCT services.

- The third objective of this study was to verify if there are sex differences in self-concealment levels among Kenyatta University students. This objective gave rise to the following hypothesis: There is a significant difference between students' sex and level of self-concealment such that female students are likely to have high self-concealment levels than male students who may have low self-concealment levels. The study divulged that there was no relationship between a student's sex and his/her self-concealment level. Sex orientation did not determine a student's self-concealment level. The level of a person's self-concealment may be a result of his/her socialization process.

- The fourth and final objective of this study was to determine the expanse to which university students' level of differentiation of self influence VCT seeking attitudes. The hypothesis generated and tested was: There is a significant relationship between the level of students' differentiation of self and VCT seeking attitudes such that highly self-differentiated students may have more favourable VCT seeking attitudes than lowly self-differentiated students. The study revealed that students with low self differentiation had more preference of seeking VCT services than highly differentiated students. People who are psychologically and emotionally independent (highly differentiated) shy away from seeking help out of concern that they will be considered weak. Those who are psychologically and emotionally dependent on others (lowly differentiated), feel secure and loved whenever they get help even at a VCT centre.

5.2 Implications of Findings

The findings of this study have implications on the following groups: unmarried students, married students, VCT counselors, parents, and Kenyatta University AIDS Control Unit (ACU). Students who were unmarried had a low inclination toward seeking VCT services. This finding is worrying as it is a drawback in the fight against the spread of HIV/AIDS among this group who happen to be the majority in campus. This group stands vulnerable to HIV/AIDS infection and/or re-infection.

Although the percentage of undergraduate students who are married is minimal (8.4%), and that they have more favourable attitudes toward seeking VCT services, they are likely to be exposed to HIV/AIDS infection or re-infection as research as shown (MOH, 2000a, NASCOP, 2000a, Mumah, 2003 and Cheluget, 2004).

VCT counselors occupy a central role in curbing HIV/AIDS prevalence within Kenyatta Univesity. However they face a challenge of getting truthful information from the student clientele since many students are high self-concealers for example some students will not disclose that they are married for fear of stigma owing to their tender age however they should assure them confidentiality and show them empathy whenever they exhibit resistance during the pre- test counseling process for example when they portray impatience.

Students who have been raised in families that encourage collective responsibility among their members are more responsive to anti HIV/AIDS campaigns. The fight against the spread of HIV/AIDS should be advocated as a collective responsibility. Students should be introduced to programs that give a collective angle towards fighting the spread of HIV/AIDS.

Kenyatta University AIDS Control Unit has made the anti HIV/AIDS campaign among students successful. Its strategies have overcome self-

concealment and differentiation of self which are socio-psychological barriers to seeking HIV/AIDS testing. To achieve 60.8% positive responsiveness to seeking VCT services among undergraduate students is not a mean feat however it needs to consider setting up student outreach groups who should be occasionally assigned to provide community services to HIV/AIDS infected communities in the urban slums of Nairobi. The first hand experience gained by these outreach groups will be shared among students at the university owing to their low degree of self-differentiation.

5.3 Conclusions

This study set out to establish the relationship between self-concealment and attitudes toward seeking Voluntary Counseling and Testing among students at Kenyatta University in Kenya. The study sought to achieve this through a number of ways. First and foremost, the study investigated the correlation between students' levels of self-concealment and their attitude toward seeking VCT services. The study analyzed the attitude of high and low self-concealers when it concerns HIV/AIDS self preservation. Withstanding the fact that there was a weak relationship between self-concealment and VCT seeking attitude in spite of the high level of HIV/AIDS sensitization, students with low self-concealment are at the forefront of fighting HIV/AIDS.

The study analyzed the extent to which age, sex, marital status and prior VCT experience influence students' VCT seeking attitude. The study considered

how these variables manipulate the students' willingness to fight the spread of HIV/AIDS and whether such manipulation is able to bring out a new strategy to combat this scourge. Sex differences thought to be exhibited in self-concealment levels was considered as was differentiation of self levels in determining university students' attitude toward seeking VCT services.

5.4 Recommendations

Given the findings that students with high self-concealment had less favourable attitudes toward seeking VCT services and a low percentage had received HIV/AIDS testing than students with low self-concealment who had more favourable attitudes toward seeking VCT services with a high percentage having received HIV/AIDS testing, self-concealment as a client variable determinant of VCT uptake could be useful to VCT counselors. The VCT counselors and relevant stakeholders in the fight against HIV/AIDS like public educational institutions, NGOs, MoH, NACC and more so the Aids Control Unit at Kenyatta University should be keen to implement the findings of this study. This study recommends implementation of the following:

- Encourage disclosure of VCT test results. VCT clients (students) should be encouraged to inform their family and friends about their VCT test results in order to get support to enable them live a positive life. This study has shown that lowly differentiated individuals have more preference of seeking VCT services. Holding VCT test results confidential helps to perpetuate high self-concealment thereby

instigating fear in people who have not been tested. Prominent personalities like political leaders, church ministers, artists, and managers of companies and educational institutions and more so NACC should take HIV test openly and let the public see their test results (HIV status). This can be done through the mass media and sustained poster advertisements. This campaign will deal a great blow to HIV/AIDS stigma.

- Prevention campaigns should clearly target the youth because they are sexually active. Taking the abstinence approach to the youth has little impact on their sexual liaisons. The youth should be offered incentives in order to get tested. Simple incentives like caps, tee shirts, folders, bags, etc should be placed at VCT centres to be handed to VCT clients alongside condoms. These incentives should be inscribed with soul searching messages.

- Student counselors and lecturers at Kenyatta University should inculcate the implications of self-concealment and self-differentiation in VCT uptake seminars since this study has shown that students who had a low self-concealment and low self-differentiation had a higher probability of actually getting tested for HIV/AIDS and had more preference of seeking VCT services respectively.

- NASCOP should consider starting special mobile VCT units to carter for couples in their homes. Married students had favourable VCT seeking attitudes and had a high VCT uptake. Taking VCT services to their homes will help this group to know their HIV status. In our traditional cultures, the youth who are largely single take married couples as role models in marital matters. The testing culture will naturally twinkle down to the youth. Parents who will get tested through this campaign will counsel the youth in their village to get tested also.
- VCT providers should take camp at venues hosting cultural events such as community get-togethers where music, dance, traditional food recipes and dress are paraded. Revelers in such events are likely to prefer getting tested as this study has revealed. Lowly self-differentiated students (students attached and dependent on their kin and community) had a favourable attitude toward VCT services. This group is likely to turn out in large numbers in such events.

- The staff manning the VCT centre (site 10203) has less than five VCT counselors and cannot effectively carter for a student population of 24,484 which is increasing steadily. More VCT counselors should be posted at the centre and service hours should be extended into the night since some students will prefer to seek VCT services under the cover of darkness to avoid recognition from fellow students since this

study has shown that 56.6 percent of students at the university had high self-concealment.

5.5 Suggestions for Further Research

This study has exposed gaps which warrant further investigation. Since sex orientation has no relationship with one's self-concealment, further research is necessary to determine whether the socialization process is responsible in nurturing self-concealment in individuals. Future research could also extent the findings of differentiation of self to actual HIV/AIDS testing by assessing whether married students with high self-concealment indulge in sex with multiple partners than do single students with high self-concealment in order to determine vulnerability within marital status.

Another area likely for future research is the relationship between self-concealment and subsequent VCT counseling and testing. The findings of such a study may shed light to the significance of self-concealment during a counseling process.

A similar study needs to be carried out in other universities in Kenya to ascertain the findings of this study.

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APPENDIX A

Questionnaire for Students

The researcher is engaged in a study to determine the relationship between self-concealment and attitudes toward seeking Voluntary Counseling and Testing among students at Kenyatta University. T**e**his questionnaire is aimed at generating a respondent's demographic information and attitudes toward VCT services. The information collected will be confidential and will be used for this study only.

SECTION 1: Demographic Questionnaire

Please answer the following statements as truthfully as possible. Tick the appropriate response.

1. Age in years.	≤18	□ (Please specify)
	19	□
	20	□
	21	□
	22	□
	23	□
	24	□
	25	□
	26	□
	≥26	□ (Please specify)

2. Sex:	Male	□
	Female	□

3. Year of study:	First	□
	Second	□
	Third	□
	Fourth	□

4. Relationship status:	Single	□
	Married	□
	Divorced	□
	Widowed	□

5. Have you ever sought VCT services for personal use?

Yes □

No □

SECTION 2: Attitudes Toward Seeking Voluntary Counseling and Testing (ATSVCT) Scale

Each of the 10 statements below expresses a feeling which you have about the issues presented. You have to circle the number which best indicates how closely you agree or disagree with the feeling expressed in the statement. There is no right or wrong answer.

1. If I believed I was having a mental breakdown about my HIV/AIDS status, my first inclination would be to get professional counseling and testing at a VCT centre.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

2. The idea of talking about my HIV/AIDS status with a VCT counselor strikes me as a poor way to get rid of emotional problems.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

3. If I were experiencing a serious emotional crisis due to my HIV/AIDS status at this point in my life, I would be confident that I could get relief from a VCT counselor.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

4. There is something admirable in the attitude of a person who is willing to cope with
his/her fears without resorting to seeking VCT help.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

5. I would want to get counseling and testing help if I were worried or upset about my
HIV/AIDS status for a long period of time.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

6. I might want to have an HIV/AIDS counseling and testing at a VCT in the future.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

7. A person with an emotional problem due to his/her HIV/AIDS status is not likely to
solve it alone; he/she is likely to solve it with a VCT help.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

8. Considering the time involved in a VCT, it would have doubtful value for a person
like me.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

9. A person should not mind about his/her own HIV/AIDS status; getting tested at a
VCT could be a last resort.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

10. Personal and emotional HIV/AIDS related troubles, like many things, tend to work
out by themselves without resorting to VCT.

0 - Disagree
1 - Partly Disagree
2 - Partly Agree
3 - Agree

Thank you for your co-operation

APPENDIX B

Self-Concealment Scale (SCS) for Students

The researcher is engaged in a study to determine the relationship between self-concealment and attitudes toward seeking Voluntary Counseling and Testing among students at Kenyatta University. This questionnaire is aimed at generating a respondent's self-concealment level. The information collected will be confidential and will be used for this study only.

Please indicate by circling one option that shows your stance about each statement below:

1. I have an important secret that I haven't shared with anyone.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

2. If I shared all my secrets with my friends, they may not like me as much.

1 - Strongly Disagree

2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

3. There are lots of things about me that I keep to myself.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

4. Some of my secrets have really tormented me.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

5. When something bad happens to me, I tend to keep it to myself.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

6. I am often afraid I will reveal something I don't want to.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

7. Telling a secret often backfires and I wish I hadn't told it.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

8. I have a secret that is so private I would lie if anybody asked me about it.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

9. My secrets are too embarrassing to share with others.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

10. I have a negative thought about myself that I never share with anyone.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

Thank you for your cooperation

APPENDIX C

Family Systems Personality Profile (FSPP)

The researcher is engaged in a study to determine the relationship between self-concealment and attitudes toward seeking Voluntary Counseling and Testing among students at Kenyatta University. This questionnaire is aimed at generating a respondent's level of self-differentiation. The information collected will be confidential and will be used for this study only.

Instructions:

Below are statements describing childhood and adolescent behaviour. Read each statement carefully, circle the number that represents the extent to which you agree or disagree with each statement as it pertains to your childhood and adolescence. REMEMBER, these statements reflect your behaviours, experiences and opinions throughout your childhood and adolescence and NOT those that are more current. There is no right or wrong answers. PLEASE do not leave any statements unanswered.

1. When I was a child, there was another family whose house I felt was like my second
   home.

   0 – Completely Disagree

1 – Disagree
2 – Agree
3 – Completely Agree

2. I felt helpless as I was growing up.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

3. I was never very attached to my parents.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

4. It seemed like running away from home could have been the only means of becoming
independent as I grew up.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

5. As I was growing up, each member of my family clearly had their own responsibilities.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

6. I became interested in the opposite sex about the same time most of my friends did.

0 – Completely Disagree
1 – Disagree

2 – Agree
3 – Completely Agree

7. When I was growing up, I never ran away from home.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

8. Members of my family expressed their anger by not speaking to each other.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

9. There was never any violence in my parental home.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

10. I sometimes feel guilty about how I acted to my parent(s) as I grew up.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

11. My parent(s) would have preferred a child of the opposite sex in my place.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

12. I felt (or feel it would be) better to leave my parental home than argue with my parent(s)
about leaving.

0 – Completely Disagree

1 – Disagree
2 – Agree
3 – Completely Agree

13. As a child, I was taught that problems and worries disappear if I did not think about them.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

14. My parent(s) seemed to be satisfied with me.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

15. My family seemed closest when major problems affected one or more of us.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

16. I can remember waiting for the day that I would move out of my parent(s)' house.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

17. The easiest way to gain independence is to live at a distance from one's parent(s).

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

18. I had sexual relations for the first time before I was 17 years old.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

19. My parent(s) used to openly share their problems and worries with me.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

20. The relationships in my family did not seem to change when problems arose.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

Instructions:
Your responses to each of the statements that follow reflect your behaviour, experiences and opinions of only the last TWO years. Please answer all the statements.

21. I feel more comfortable when my opinions are similar to those of my friends.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

22. My emotional life is satisfying.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

23. It is easy for me to express my feelings to others.

0 – Completely Disagree
1 – Disagree

2 – Agree
3 – Completely Agree

24. I say things to people that I later regret.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

25. Being liked by others is less important than liking myself.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

26. Children should grow up to carry on their parent(s)' beliefs.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

27. I prefer to maintain and defend my own position rather than to conform to the majority.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

28. When I become angry, the feeling lasts longer than I would like.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

29. I find it uncomfortable to oppose the opinions of others.

0 – Completely Disagree

1 – Disagree
2 – Agree
3 – Completely Agree

30. I will change my opinions more on the basis of new knowledge than on the basis of the
opinion of others.

0 – Completely Disagree
1 – Disagree
2 – Agree
3 – Completely Agree

Thank you for your cooperation