

**A STUDY TO DETERMINE FACTORS AFFECTING
PARTICIPATION OF TEACHERS IN VOLUNTARY COUNSELLING
AND TESTING IN LUSAKA CENTRAL ZONE SCHOOLS.**

BY

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**THE UNIVERSITY OF ZAMBIA
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***DEPARTMENT OF ADULT EDUCATION AND EXTENSION
STUDIES***

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***A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT FOR THE
AWARD OF THE DEGREE IN ADULT EDUCATION***

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TABLE OF CONTENTS

	PAGE
Acknowledgement	i
Dedication	ii
Abstract	iii
List of tables and figures	iv
 <u>CHAPTER ONE</u>	
INTRODUCTION	
1.0 Background	1
1.1 Problem Statement	5
1.2 Purpose of Study	6
1.3 Research Objectives	6
1.4 Assumptions of the Study	7
1.5 Significance of the Study	7
1.6 Limitations of the Study	8
1.7 Definition of Terms	9
 <u>CHAPTER TWO</u>	
2.0 LITERATURE REVIEW	10
 <u>CHAPTER THREE</u>	
3.0 METHODOLOGY	17
3.1 Research Design	17
3.2 Population	17
3.3 Sample size and sampling procedure	18
3.4 Instruments	19
3.5 Data Analysis	19
 <u>CHAPTER FOUR</u>	
4.0 DATA ANALYSIS	20
 <u>CHAPTER FIVE</u>	
5.0 DISCUSSION	31
5.1 Conclusion	34
5.2 Recommendations	35

APPENDICES

APPENDIX 1	Introductory Letter
APPENDIX 2	Teacher Questionnaire
APPENDIX 3	Checklist

ACKNOWLEDGEMENT

This study is a product of the efforts of individuals and institutions too numerous to mention. Nevertheless, I must endeavour to mention but a few.

Firstly, my heartfelt thanks to my supervisor, Mr. P.S. Ngoma for his untiring efforts and encouragement. He gave my study focus and academic guidance.

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DEDICATION

To the Almighty God who makes everything possible under the sun.

Special dedication to my wife Sylvia, my sons Kumbukani and Mwiza who have always inspired and supported me materially and spiritually throughout my studies at the University of Zambia.

ABSTRACT

The study was undertaken to determine factors affecting participation of teachers in Voluntary Counselling and Testing (VCT) in Lusaka Central Zone Schools.

The study utilized a survey research design and had a total population of 1,112 teachers. The sample included 100 teachers drawn using simple random sampling and data was collected using a self-administered questionnaire which had open and closed ended questions. Data was analysed quantitatively using tables, pie-charts and graphs.

Among the findings of the study were factors like; stigmatization and discrimination of HIV positive people as causes of low participation in VCT. Most teachers do acknowledge the seriousness of the problem of the HIV/AIDS problem; and that VCT Centres were mostly located far from most teachers' location.

The study also revealed that most teachers in Lusaka Central Zone were between 25-45 years, which is the most sexually active group and economically active; so the need to encourage them to go for VCT to protect them.

Finally, the study also came up with some recommendations like:

- (i) Government must establish more VCT Centres;
- (ii) There must be mass education for people to help remove the stigmatization and discrimination of HIV positive people;
- (iii) Counselors must safeguard the secrets and identity of people who pass through VCT; and
- (iv) Further studies on VCT should be conducted.

LIST OF TABLES AND FIGURES

	PAGE
Table 1: Institutions offering VCT in Zambia	3
Table 2: List of Sampled Schools	18
Figure 1: Gender of Respondents	20
Figure 2: Age of Respondents	21
Figure 3: Perception of HIV/AIDS	22
Figure 4: Knowledge on VCT	23
Figure 5: Media used to know VCT	24
Figure 6: Presence of VCT Centres	25
Figure 7: Utilisation of VCT Centres	25
Figure 8: Knowledge on Antiretroviral Drugs	26
Figure 9: Why people shun VCT	28
Figure 10: Willingness to know HIV status	29

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND

Education is one sector of the Zambian society which is likely to suffer serious consequences from HIV/AIDS epidemic. For almost 20 years now, since the first AIDS diagnosis was made in Zambia in 1984, the country has been losing, as part of the general population, teachers to the epidemic. According to UNAIDS (2000) most countries in Africa lack reliable data concerning the number of teachers who are dying from AIDS. However, the World Bank estimates that in the worst affected countries in Africa, about 10 percent of teachers will die over the next five years. Annual death rates range from 0.5% in Uganda to 1.4% in Kenya and up to 2.1% in Zimbabwe. AIDS can directly affect teacher supply through other sectors: in some countries, the reduction in teacher numbers is reinforced by the additional loss of teachers who take up non-teaching jobs vacated because of AIDS mortality in other sectors of the economy or to take up administrative roles in the Ministry of Education itself. (World Bank, 2000).

Kelly (2000) reports that the HIV/AIDS prevalence and incidence rate of infection in primary school teachers is very high. This is attributed to the fact that teachers are at risk due to their greater mobility and socio-economic standards. Zambia is ranked one of the countries in sub-

saharan Africa most severely affected by the HIV/AIDS epidemic.

The international efforts to prevent and control HIV/AIDS have called upon the entire range of health and social services in Zambia. Many strategies have been implemented among which Voluntary HIV Counselling and Testing (VCT) has been promoted as an intervention for research since the mid-1990s and as a behaviour change strategy since 1999. Since its inception, however, the emphasis of the VCT strategy has been placed on the “voluntary” factor, suggesting that people choose to come for counseling and testing for HIV infection on their own volition. The word “voluntary” is implied to mean, in this context, ability to act of one’s own free will, i.e. controlled by the will. This interpretation was more appealing in the 1990’s when the intervention was predominantly used as a research tool and there was a strong opinion in favour of mandatory testing as a measure to quickly stop AIDS(Zambia Counselling Council, 2003). It is now evident that there are no quick solutions to stop AIDS, but rather gradual efforts to reduce HIV prevalence rates.

In all the nine provinces of Zambia, VCT services are available to interested people upon inquiry at any district health office. Apart from government offering VCT services in Zambia, there are also non-governmental and mission institutions offering VCT services. The

following table shows the VCT centers per province.

Table 1: Institutions Offering VCT Services In Zambia

PROVINCE	NO. OF GOVERNMENT INSTITUTIONS	NO. OF MISSION INSTITUTIONS	NO. OF NON-GOVERNMENTAL INSTITUTIONS
LUSAKA	11	1	7
SOUTHERN	10	2	1
LUAPULA	4	2	-
WESTERN	7	-	-
NORTHWESTERN	6	-	1
EASTERN	11	-	-
COPPERBELT	10	1	1
CENTRAL	8	1	1
NORTHERN	10	1	-
TOTAL	77	8	11
GRAND TOTAL 96 VCT CENTRES IN ZAMBIA			

Source: (Zambia Counselling Council, 2003)

The goals of VCT as set out by Zambia Counselling Council are to:

- provide information on facts about HIV/AIDS.
- provide counseling as a routine service.
- provide testing for HIV to individuals, couples and families.
- provide information on sexually transmitted infections (STI) associated with HIV transmission.
- provide information on opportunistic infections associated with HIV/AIDS.
- provide reproductive health information.
- provide quality preventive and supportive care services.
- Promote risk-reduction and behaviour change.
- service an entry point to multiple intervention and care programmes.

Benefits of VCT

There are several benefits of VCT. However, most common are:

- Improved health and medical treatment
 - Anti-retroviral treatment, where applicable
- Informed decision making
 - Promotes safer sex practices, i.e. condom use, abstinence and fidelity
- Psychological support
 - Improves social, moral and psychological support
 - Supportive care
- Shared confidentiality
 - Helps reduce AIDS stigma
 - Promotes partner notification
- Prevention of HIV transmission
 - Promotes positive living
 - Promotes risk-reduction behaviour. (UNAIDS, 2000)

Although VCT centers in Zambia have grown, the limitations of VCT concept are obvious. Firstly, HIV infection is not acquired at will. Nobody desires to get infected with HIV let alone to suffer and die from AIDS. According to Balley (1993), HIV infection knows no borders and transcends race, culture, occupation, gender and age. In other words,

everybody is at risk and vulnerable to the ravages occasioned by HIV/AIDS. Secondly, the emphasis placed on the secrecy to testing and sharing the test result has partly contributed to the mystification and stigmatisation of HIV/AIDS. Given that the prevalence rates of HIV infection have continued to rise in close to twenty years of the HIV/AIDS epidemic era, it is important that we no longer maintain secrecy about the testing process and the results thereof. The need to find answers to these problems provided a basis for this study.

1.1 Statement of the Problem

The sentiments that HIV/AIDS is a major threat to the development of the country have been repeated time and again. The largest percentage of HIV/AIDS victims are the productive members of society such as teachers. The economic implications are dire: loss of productivity, the loss of benefits of education and training and the diversion of resources from investment to health, orphan care and funerals.

Despite all the combined efforts by the government and non-governmental organisations to set up 96 HIV/AIDS Voluntary Counselling and Testing centers countrywide, statistics still show that from October 1999 to February, 2002, the total number of clients attending VCT in the entire country was 185,892 out of an estimated 11 million Zambians.

(Hamavhwa, 2002). This is a very minute number compared to Zambia's total population. This implies that there is low participation in VCT.

It is more important that more people go for VCT willingly because it will provide information on HIV/AIDS prevalence in Zambia.

1.2 Purpose of the Study

The aim of the study was to establish factors that led to low participation in Voluntary Counselling and Testing (VCT) by teachers despite the increased VCT centers and the possibility of accessing cheap Anti retroviral drugs. The more teachers going for VCT, the more responsible and less likely they would indulge in risk behaviours which in turn reduced the infection rates in teachers and the country at large.

1.3 Research Objectives

General objective

The main objective of the study was to establish factors affecting participation of teachers in VCT.

The specific objectives were to:

- Establish the reasons for few teachers participating in VCT
- establish the level of awareness in teachers about VCT
- establish whether there are other underlying factors causing low

participation in the VCT

- establish whether the Ministry of Education has a deliberate policy on VCT
- establish whether economic-socio status of teachers is the cause of high HIV/AIDS prevalence.

1.4 Assumptions of the Study

The study had the following assumptions:

- Most teachers were sexually active and continued to practice unsafe sex in spite of media VCT campaigns.
- Socio-economic status of teachers contributed to the high HIV/AIDS prevalence.
- There is little knowledge about the benefits of VCT amongst teachers.

1.5 Significance of the Study

It had been observed that VCT is a process that plays a vital role in the prevention of transmission of HIV/AIDS infection. VCT provides a unique opportunity for individuals and couples on how to plan and make important life decisions; people can seek care and support; individuals can receive assistance in developing individualised risk reduction plans based on their serostatus and sexual relationships; couples can learn serostatus together, and plan and discuss how to deal with similar or different HIV

infection status. (UCSF 2001)

•

The above benefits, put together and given enough time and priority, can have a positive impact on the reduction of transmission rates of the HIV/AIDS amongst teachers.

To this effect, the results of this study will be beneficial to:

- (i) government policy makers who are responsible for the budgetary allocation to the Health sector for setting up of more VCT centers:
- (ii) VCT providers and researchers knowing other issues contributing to low utilisation of VCT among the teaching population in Zambia;
- (iii) researchers as an inspiration to carry on further studies on the issue of VCT;
- (iv) the researcher as it will meet partial fulfillment for Degree in Adult Education.

1.6 Limitation of the Study

The limitation of the study fell into two categories: (i) complexity of the HIV/AIDS problem, not only by its cultural and social ramifications. HIV/AIDS as a topic is not one about which people talk openly; this is

partly because of the pain, fear, frustration and stigmatisation that society attaches to this topic; and (b) lack of funds to cover a large section of workers in the country. The study was confined to Lusaka Central Zone Schools. This is partly due to the fact that Lusaka province has the highest number of VCT centers and that the researcher is Lusaka based.

1.7 **Definition of Terms and Abbreviations as used in this Study**

Counseling	- a process of dialogue and interaction aimed at facilitating understanding of the physical and psychological issues, problem solving and management.
Voluntary	- the act of one's own free will, i.e. controlled by the will.
Testing	- refers to the procedure for detecting the presence of antibodies in the serum (blood) of an individual to determine whether or not there is HIV infection.
Participation	- utilization of facilities as provided by VCT centres by clients.
VCT	- Voluntary Counselling and Testing.
ARV's	- Antiretroviral Drugs.
HIV	- Human Immune Virus
AIDS	- Acquired Immuno Deficiency Syndrome

CHAPTER TWO

LITERATURE REVIEW

This chapter reviews literature which is connected to HIV Voluntary Counselling and Testing in order to provide a broad understanding of issues which relate to low participation in VCT. The chapter looks in depth at the concept of VCT, barriers to VCT and studies done on VCT.

Cases of HIV/AIDS have been reported in all sectors and in all the districts in Zambia. This clearly shows that the epidemic is an extremely serious problem in this country. However, the secrecy, denial and social stigma associated with HIV/AIDS tends to distort the true scope and magnitude of the problem. The entire Zambian population is at risk affected by the HIV/AIDS pandemic, although some groups are more vulnerable than others. (Kelly, 2000). In an effort to prevent and control HIV/AIDS, the international community has called upon the entire range of health and social services. In Zambia, many strategies have been implemented among which Voluntary HIV Counselling and Testing (VCT) has been promoted as an intervention for research since the mid-1990s and as behaviour change strategy since 1999.

Since its inception, however, the emphasis of the VCT strategy has been placed on the "Voluntary" factor, suggesting that people choose to come for counseling and testing for HIV infection on their own free will, i.e.

controlled by will. UNAIDS (2000) defines HIV Voluntary Counselling and Testing as a process in which an individual undergoes counseling enabling him/her to make an informed choice about being tested for HIV. This decision must be entirely be assured that the process will be confidential. World Health Organisation (2001) defines HIV Voluntary Counselling and Testing as a confidential dialogue between person and a care provider aimed at enabling a person cope with stress and make personal decisions related to HIV/AIDS.

Counseling itself refers to a process of interactive relationship in which a trained counselor offers another person (client) the time, attention, and respect necessary to explore, discover and clarify ways of living more resourcefully. It helps individuals address and resolve specific problems, make decisions, cope with crisis and work through feelings and inner conflict. (Kara Counselling 2001).

Counseling can also be viewed as a professional activity, in which a client seeking counseling is helped to feel, behave and think in a more personally satisfying manner through interaction with a counsellor. (Zambia Counselling Council, 1999). Therefore the aim of counseling is to help individuals clarify their problems, make decisions and take action to improve their capacity and ability to cope with their problem situations.

VCT services have recorded some achievements since their inception in Zambia. * A study conducted in Zambia between October, 1999 to February, 2002 by Hamavhwa showed that 186,892 clients had attended VCT and a total of 166,170 clients have undergone testing for HIV/AIDS. (Hamavhwa, 2002).

Benefits of HIV Voluntary Counselling and Testing

Zambia Counselling Council (1999), points out that VCT has many benefits, but the most common are:

- (i) enabling infected persons to seek early medical and nutrition care;
- (ii) facilitating informed decisions on issues such as sexual, life, childbearing, breast feeding and positive living;
- (iii) promoting safer sex practices, i.e. condom use, abstinence and fidelity;
- (iv) improving social, moral and psychological support;
- (v) helping to prevent the spread of HIV transmission; and
- (vi) enhancing acceptance and adjustment.

In reviewing the benefits of VCT, it is important to note that there is little consensus on who should be tested for evidence of infection and under what circumstances. VCT in particular, has some controversies

surrounding it. One is that should HIV testing be made mandatory, universal or targeted? For example towards those who are about to be married or those planning to have children including pregnant women or should VCT be made anonymous or confidential? VCT works on the principle of informed choice. It is not enough for a person just to know what HIV/AIDS is; how it is acquired; how it is transmitted from one person to another and all the superficial aspects of the disease. People can gain adequate knowledge at a VCT center where most of, if not, all their questions would be answered. According to UNAIDS (1997) VCT plays a vital role within a comprehensive range of measures for HIV/AIDS prevention and support.

The above outlined benefits would indeed do much good to a high class Zambian citizen whose income is reasonably high. But for the majority of Zambians whose income is well below the poverty datum line, it would be a burden instead of being a relief. For example, good nutrition or balanced diet improves the health status of an HIV positive person. In Zambia, however, not too many Zambians can afford what might be called a decent meal like fruits which are vital in a diet for their high vitamin content, though available on the market. Civil servants are among the most affected. Kelly (1999) points out that this inadequacy particularly affects civil servants who should be given social and medical support, so

surrounding it. One is that should HIV testing be made mandatory, universal or targeted? For example towards those who are about to be married or those planning to have children including pregnant women or should VCT be made anonymous or confidential? VCT works on the principle of informed choice. It is not enough for a person just to know what HIV/AIDS is; how it is acquired; how it is transmitted from one person to another and all the superficial aspects of the disease. People can gain adequate knowledge at a VCT center where most of, if not, all their questions would be answered. According to UNAIDS (1997) VCT plays a vital role within a comprehensive range of measures for HIV/AIDS prevention and support.

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that they may be retained on the job for a longer period. Early access to cure and treatment for infections, is also a far fetched benefit for the low income HIV positive people who cannot afford the high medical fees as a result of opportunistic infections, even when drugs are available. MostZambians cannot afford to buy antiretroviral drugs due to high cost.

Barriers to VCT

According to a study conducted by the Zambia Counselling Council (2003), there are several factors which contribute to low participation in VCT. These include:

- (i) A positive HIV test result can come as a great shock to a person and may be very difficult to accept. There is denial, anxiety, depression, fear, stress and suicidal feelings associated with receiving a positive HIV test result.
- (ii) A positive HIV test may trigger early death if the client fails to come to terms with his status vis-à-vis guilty feelings of having infected a beloved family member such as a spouse.
- (iii) People living with HIV/AIDS have been rejected or ridiculed by their partners or spouses, families or the community. They have also experienced severe discrimination and stigmatisation.
- (iv) Some women have been separated from their homes and children, or they have been beaten and abused by their husbands, or

divorced following a positive HIV test result.

- (v) Some positive people do not disclose their HIV status, thereby putting their sexual partners or spouse at risk of infection.

Other studies done on HIV/AIDS Voluntary Counselling and Testing show that it is a relatively new concept. It is much newer than the disease itself. As such, very few studies have been carried out concerning the subject. An efficacy study on Voluntary HIV-1 Counselling and Testing was carried out in the underdeveloped countries of Kenya, Tanzania, and Trinidad. The methodology used to entice people was through radio, announcements, newspapers, television adverts, and other media leaflets. Cash was offered to all participants for each visit after the baseline visit. A total of 3120 individuals (1534 men and 1586 women) and 586 couples were recruited. The participants were divided into two groups. One group was subjected to Health Information and Education to provide for accurate information about how HIV is transmitted and how transmission can be prevented through passive, deductive method. The second group was subjected to VCT. At the first follow up, individuals who were subjected to VCT reported reduction in unprotected sex than those subjected to Health Information and Education; it was reported that VCT helps in behaviour modifications. (AIDS Care, 2001, 623-642).

Knowledge and attitudes have been found to be contributing factors affecting demand for VCT services. In a study of knowledge and attitudes towards HIV among University students in Zambia and the United Kingdom (UK), 10% of Zambian students and 7% of the UK students said that they had received an HIV test. A further 35% of Zambians and 15% of UK students said they would like to be tested. (Faden, 1994)

Availability of Antiretroviral (ARV) Drugs and Support services

It has been observed that in countries where ARV drugs and other effective medical interventions are available, there are considerable advantages to people because diagnosis is done early. This has changed attitudes towards VCT among health workers as well as people who are at risk of HIV infection in industrialised countries. In underdeveloped countries the lack of ARVs and medical support services for people with HIV are reported as reasons for poor uptake of VCT. (ZCC, 1993)

This literature review has shown that indeed VCT is essential, and it has the capacity to help reduce the HIV/AIDS prevalence. It has also reviewed that not many studies have been done on VCT yet.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

The study made use of a survey in order to collect enough and direct information on the opinions of the sample population on whether there is low participation in VCT by teachers.

A survey is a detailed and thorough investigation of a case being investigated. It is a way of organizing social data and looking at the object to be studied as a whole. The survey was preferred by the researcher because it allowed various types of information to be collected in many different ways. Considering the nature of the topic HIV/AIDS, it was necessary to allow people to speak freely, as well as confidential talks.

3.2 Population

The population of teachers in this study was drawn from all the 6 basic schools and 4 high schools found in Lusaka central zone.

Basic schools were: Kalingalinga, Vera Chiluba, Mtendere, Lusaka Girls, Lusaka Boys and Mahatma Ghandi.

High Schools were: Kabulonga Boys, Kabulonga Girls, Munali and Roma.

The total number of teachers was 1,112.

3.3 Sample size and sampling procedure

The sample comprised 100 teachers broken down into 50 males and 50 females. Sex plays a major role in the way people perceive issues. By studying the sample, it was hoped to draw valid conclusions about the larger group. A sample was generally selected for the study because the population was too large to study in its entirety.

To select a sample of 100, the researcher employed the simple random technique since the sampling frame was available.

Table 2: Sampled Basic Schools and High Schools in Lusaka Central Zone

SAMPLES SCHOOLS		NUMBER OF TEACHERS (MALES)	NUMBER OF TEACHERS (FEMALES)
(a) Basic Schools	Kalingalinga	4	6
	Vera Chiluba	5	5
	Mtendere	5	5
	Lusaka Girls	5	5
	Mahatma Ghandi	5	5
	TOTAL	24	36
(b) High Schools	Kabulonga Boys	6	4
	Kabulonga Girls	3	7
	Munali	5	5
	Roma Girls	5	5
	TOTAL	19	21
		50	50
	TOTAL OVERALL	100 TEACHERS	

3.4 Measuring Instruments

Data collection instrument used was a semi-structured questionnaire, with both closed and open ended questions. A checklist was at hand. The questionnaire was self administered. The advantages of the self administered questionnaire were that it provided for an opportunity to obtain reliable information from all the subjects in the sample. The questionnaire also allowed for minimal information distortion as they obtained direct responses from the respondents without need for further interpretation. Open ended questions have an advantage of going beyond the factual information into the area of hidden motives that lie behind attitude, interest, preferences and decisions.

3.5 Data Analysis

Data was analysed using both qualitative and quantitative procedures. The quantitative data analysis made use of diagrams such as pie charts and frequency tables. Qualitative data was analysed using themes.

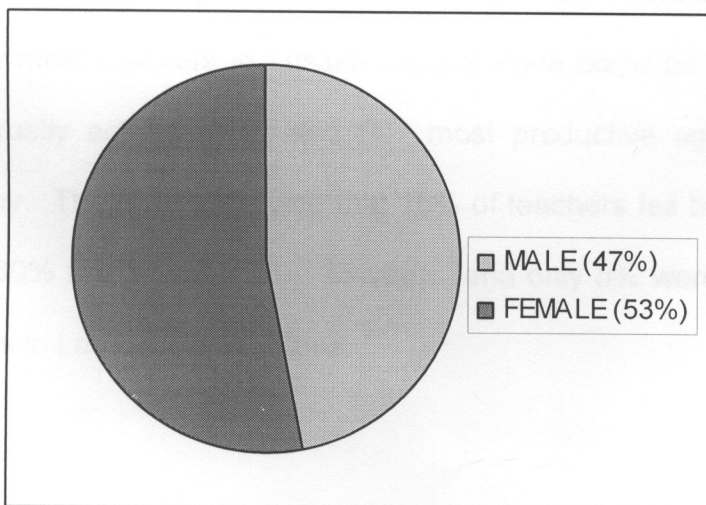
CHAPTER FOUR

DATA ANALYSIS

The essence of any study is to collect data that will invariably represent the problem under study. However, it is important that data collected is not only keenly analysed and tabulated, but also represents the responses of the population under study. This chapter makes reference to questionnaires, checklist and interview schedule. The data was analysed and later tabulated into charts and graphs.

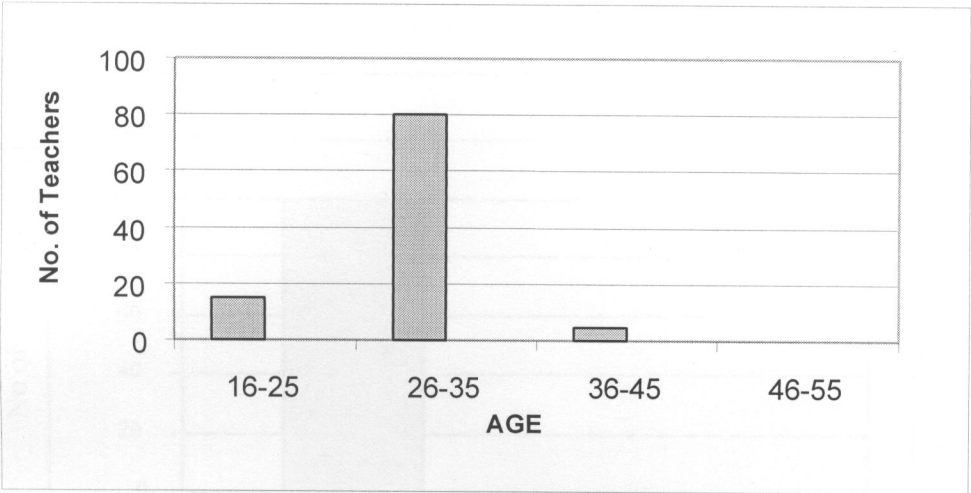
Open-ended questions were analysed by building themes. The themes were categorized according to the most frequently used words or generative themes.

Fig 1: Gender of Respondents



47% of respondents were males and 53% of respondents were females. Sex is an important variable as it may play a role in shaping people's perception of issues.

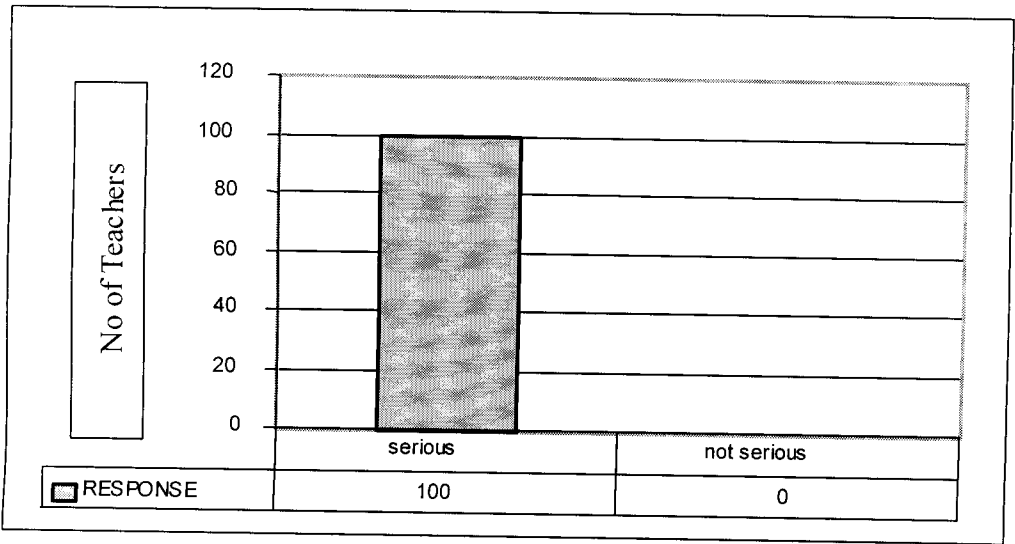
Fig 2: Age of Respondents



Age as a important variable in this study was intended to determine whether most teachers in Lusaka Central Zone could be categorized as: (i) sexually active group; and (ii) most productive age group of the economy. The results showed that 15% of teachers fell between 16 – 25 years, 80% fell between 26 – 35 years, and only 5% were between 36 – 45 years in Lusaka Central Zone.

This can be interpreted that most teachers in Lusaka Central Zone are still in the sexually active groups and in the most productive age of the economy.

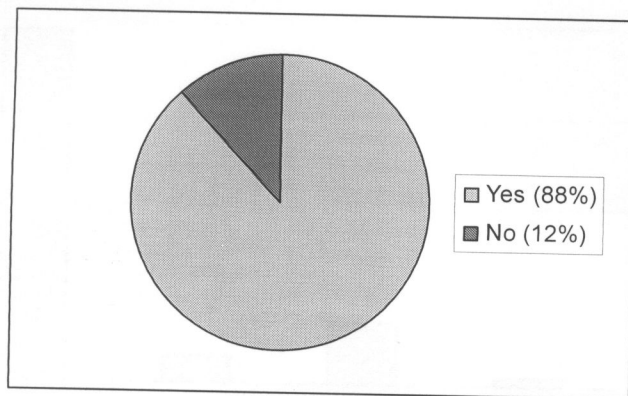
Fig 3: Respondents' Perception on the Seriousness of the HIV/AIDS Problem In Zambia



The main objective for posing this question was to determine how serious HIV/AIDS was in Zambia as perceived by the respondents. All the 100 respondents acknowledged that HIV/AIDS in Zambia was a serious problem. When asked further to give reasons why they felt so, 80% of respondents felt that HIV/AIDS had no cure and could wipe out the entire population. 20% of respondents felt that HIV/AIDS had brought in a lot of widows, street-kids and orphans. They also thought that HIV/AIDS was

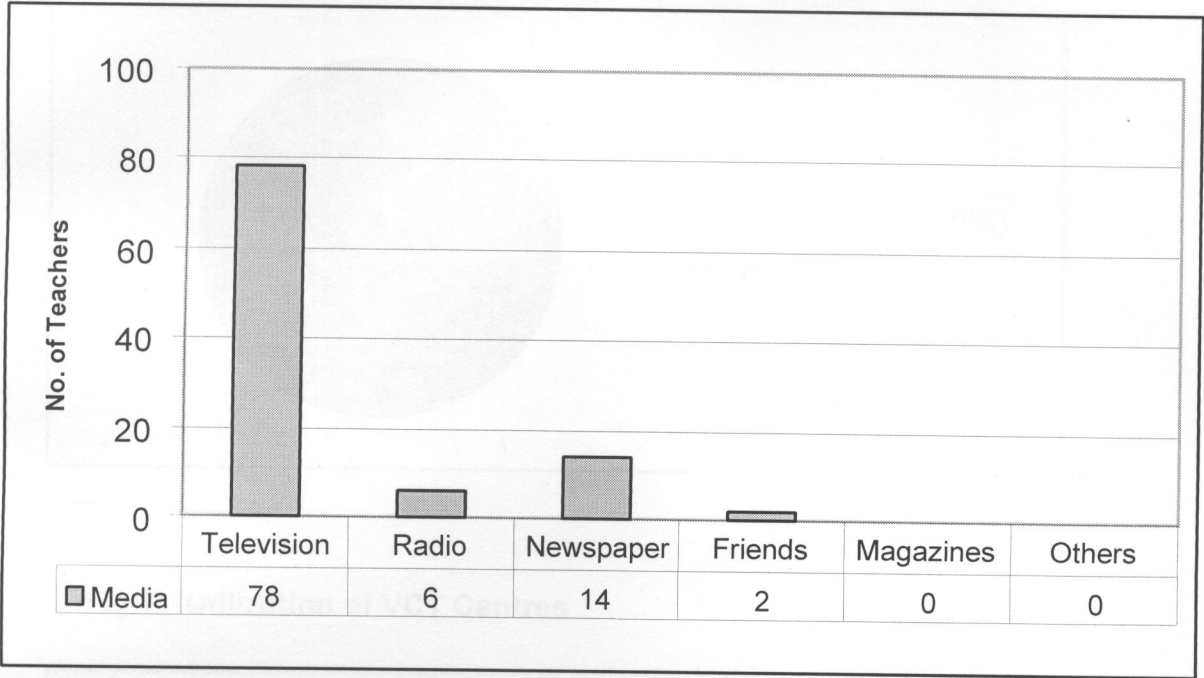
taking away a lot of productive human resource.

Fig 4: Knowledge About VCT



The purpose of this question was to establish whether the respondents were aware of VCT services. 88% of the respondents admitted that they knew that VCT services were available in Zambia and only 12% of the respondents expressed ignorance about VCT services in Zambia. This question was included in order to address one of the research objectives which sought to seek the level of awareness on VCT.

Fig 5: Media used to learn about VCT



Media used to learn about VCT showed that 78% were by Television, 14% by Newspaper, 6% by Radio and 2% through friends.

PRESENCE OF VCT CENTRES IN THE NEARBY AREA

The researcher wished to determine whether VCT Centres were within reach of the respondents. 90% of the respondents said that they did not have VCT Centres in their area, while 10% said that they had a VCT Centre nearby. This showed that a lot of respondents were not within reach of a VCT Centres.

Fig 6: Presence Of VCT Centres In The nearby areas

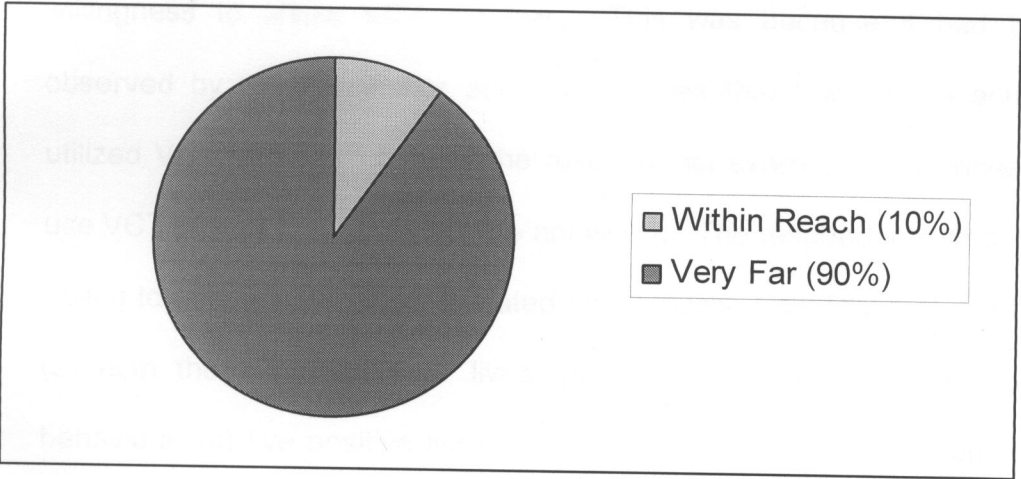
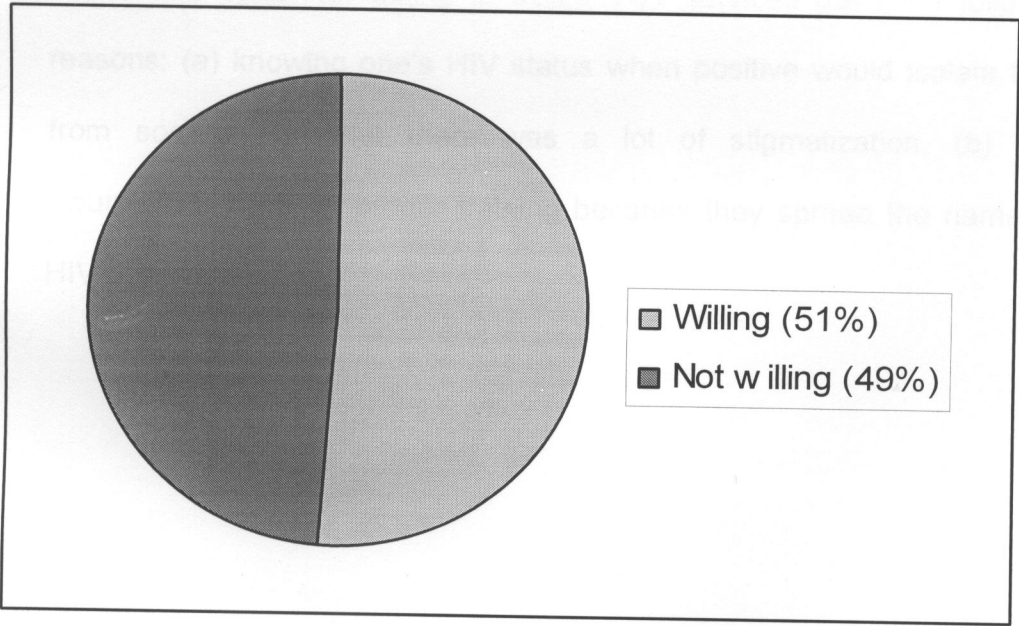


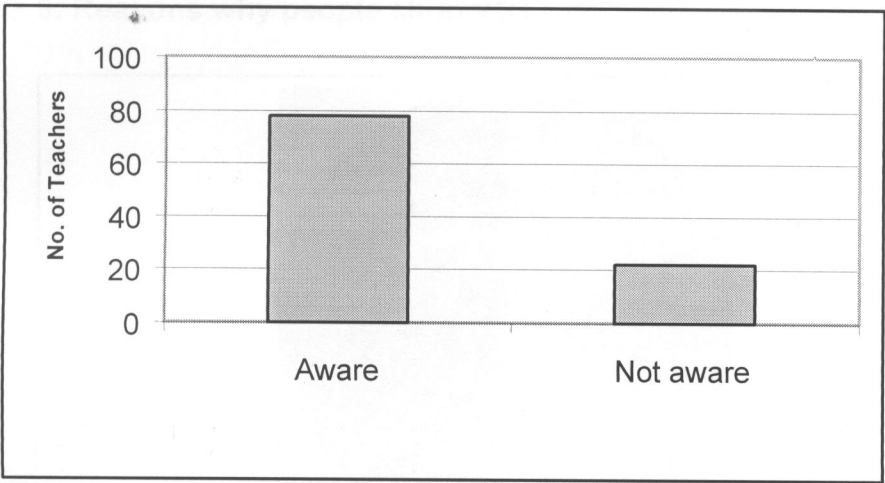
Fig 7: Utilization of VCT Centres



Effort was made to establish how many of the respondents expressed willingness to utilize VCT services. This was because it had been observed by the researcher and past studies that few people actually utilized VCT services. 51% of the respondents expressed willingness to use VCT services, while 49% were not willing. The respondents who were willing to utilize VCT services, stated that knowing their HIV status would: (a) help them to plan their lives, plan for their families, (b) change behaviour, (c) live positive lives and that they would take precautions to protect their lives.

Those who were not willing to utilize VCT services gave the following reasons: (a) knowing one's HIV status when positive would isolate them from society and that there was a lot of stigmatization, (b) VCT Counsellors have no proper training because they spread the names of HIV positive patients.

Fig 8: Knowledge about Antiretro-Viral Drugs



This was asked in order to determine whether respondents were aware of ARV's which are given when one knows his or her HIV/AIDS status.

78% of respondents were not aware of ARV's, while 22% said they were not aware of ARV's. This implied that the majority of the respondents still did not have all the necessary information on ARV's.

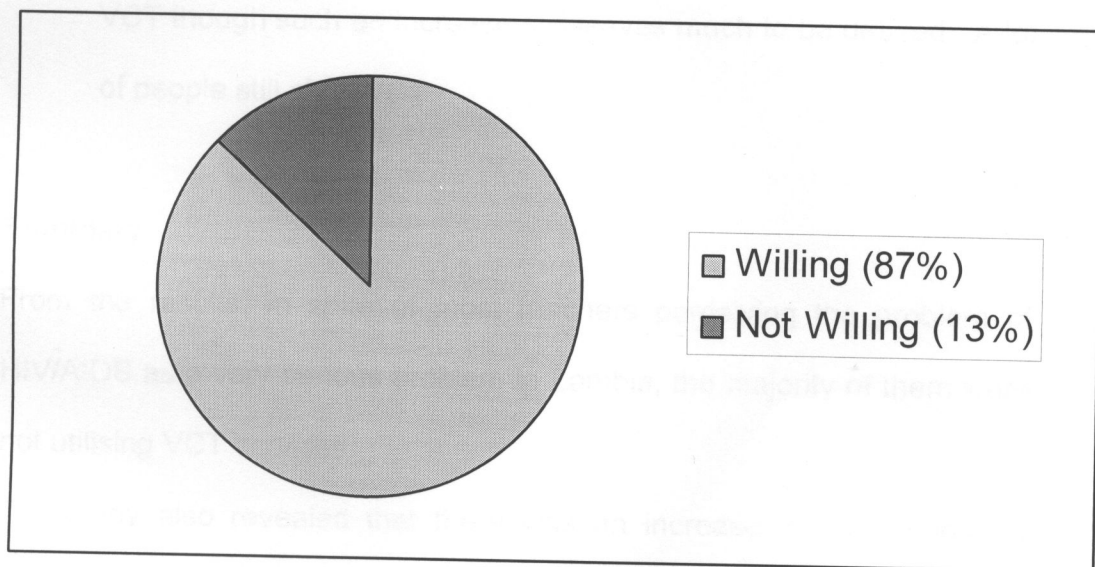
WHY A LOT OF PEOPLE ARE SHUNNING VCT CENTRES

The researcher wanted to know reasons why a lot of people are not utilizing VCT services, 56% of the respondents felt that there was a lot of stigmatization and discrimination against people who were HIV positive, while 44% of the respondents felt that there was no enough publicity or information on VCT.

The Socio-Economic status of Teachers Contributing to the high HIV/AIDS Prevalence

59% of respondents denied the fact that the poor socio-economic status of teachers had nothing to do with the assumed HIV/AIDS prevalence, while 39% of the respondents felt that poor conditions of service for teachers made them to engage in risk behaviours such as kachasu drinking and prostitutions. However, 3% felt lack of deliberate programmes to sensitise teachers on the dangers of HIV/AIDS were lacking in the Ministry.

Fig 10: Willingness to know HIV status



87% of the respondents showed willingness to know their HIV/AIDS status because they felt it could help them plan for their lives. 13% remarked that it was not necessary because everyone would die one day.

Checklist Results

A visit to Kara Counseling Centre which was the nearest VCT center in Lusaka Central Zone reviewed that:

- (i) Monthly attendance for people attending VCT had declined by 8.9% for the year 2003 while January 2004 to July 2004 had recorded an increase of 9.5% of people attending VCT.
It was very difficult to obtain the actual figure of attendance because the researcher was always referred to the director who was not always in the office;
- (ii) There was generally an increase in the number of people attending VCT though such an increase still leaves much to be desired. A lot of people still shun VCT.

Summary

From the results, in spite of most teachers perceiving the problem of HIV/AIDS as a very serious problem in Zambia, the majority of them were not utilising VCT services.

The study also revealed that there was an increase in the number of people who felt that a lot of HIV positive patients were stigmatized and discriminated against.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter discusses the findings of the study. The study was intended to explore factors contributing to the low participation in VCT services by teachers in Lusaka Central Zone. Despite the majority of respondents acknowledging the fact that HIV/AIDS was a serious problem in Zambia, this was not matched with the number of teachers willing to utilise VCT centers.

All the 100 teachers included in the sample did acknowledge the fact that HIV/AIDS was indeed a serious issue. However, 51% alluded to the fact they were willing to utilise VCT centers while 49% said they were not willing to go for VCT. 49%, still a big percentage of teachers who were unwilling to utilise VCT services. This was a sad development because knowing one's HIV status was surely one of the ways of contributing to the fight against HIV/AIDS.

The study also revealed that most of the teachers in Lusaka Central fell between the ages of 25-45 years. This entails that most teachers in Lusaka Central Zone could be categorised into two groups: (i) they were

in a group of sexually active group; and (ii) they belonged to the most active and productive group in the economy of Zambia. This calls for more efforts by the government and other stakeholders to safeguard the lives of such groups of people because the nation needed them. From the study it has also been demonstrated that awareness is not always linked to positive response. Despite 88% of the respondents being aware of the existence of the VCT services, few teachers were willing and were ready to go for voluntary counseling and testing.

The study also revealed that 78% of respondents knew about VCT through television, 6% by radio, and 2% through friends. This showed that a lot of the respondents were exposed to the knowledge of VCT and that perhaps television was at the moment the most effective way of transmitting knowledge of VCT. Media like newspapers and magazines are probably beyond reach of the majority of people considering the harsh economic hardships faced by majority of Zambians. Notable in the revelation of study was the fact that 90% of respondents said that they do not have VCT centers in their area while 10% said that they had a VCT center nearby. This can safely be concluded that there is need for government and other stakeholders to open up a lot of VCT centers in many areas. Again this was noted as one of the reasons for very few people go for VCT.

When respondents were asked on the awareness about ARV's which are given to people who are HIV positive, 78% of respondents have the knowledge that ARV's are given while 22% said they were not aware of ARV's.

This implies that more information must be given to people so that they are aware that being HIV positive is not the end of one's life, but that there was still hope even if you were HIV positive. The study revealed that stigmatisation and discrimination of HIV/AIDS patients was one of the major contributing factors accounting for the low participation in VCT. There is need to mount campaigns in order to sensitize people on the need to treat HIV positive persons as normal human beings.

The findings of the study also revealed that 77% of respondents felt that VCT was good only if confidentiality were kept and the identity of HIV positive people was kept secret. 33% of the respondents felt that VCT services were necessary because they would help fight against the spread of HIV/AIDS. This means that many people were aware of the importance of VCT services but there seems to be a problem of not keeping the deliberations of the counseling sessions. This was brought out when respondents were asked to give their opinion on VCT.

On the contrary the study found out that the socio-economic status of

teachers is not the cause or contributing factors to the assumed high prevalence of HIV/AIDS. This was evidenced by the fact that 59% of respondents felt that there was no linkage between poor working conditions of service and being HIV positive. While 39% felt that there was a linkage between a high HIV/AIDS prevalence and poor conditions of service.

5.1 Conclusion

Voluntary Counseling and Testing should be seen to have the capacity to promote hope and life and not death. Maximum utilisation of the services can only be achieved if there is perceived benefit to testing. As part of the package, there must be social security scheme for those who test positive. It is evident from the study that people are aware of the existence of VCT services and their benefits. At the same time, people are shunning these VCT centers because of: (i) stigmatisation; (ii) discrimination of HIV positive persons; and (iii) lack of confidentiality by counselors at VCT centers.

Other factors contributing to the low turn-out at VCT centers are distance and availability of these VCT centers in most locations. There are very few centers at the moment.

Recommendations

Voluntary Counseling and Testing plays a vital role in the prevention of the spread of HIV/AIDS. People who have passed through VCT exhibited marked behaviour change as compared to those who have not. The more people pass through VCT centers, the nearer the country is closer to combating the spread of HIV/AIDS. In view of this scenario, the following recommendations should be given priority:

- (i) the Zambian government should establish more VCT centers in the country with the help of the private sector. A deliberate policy should be passed which should compel all employers to establish VCT centers at places of work;
- (ii) the study established that stigmatisation and discrimination are the major reasons why a lot of people avoid VCT services. Hence there is need to carry out mass education to educate people on the dangers of such vices;
- (iii) *the majority of teachers, if not all of them, fall below the poverty datum line.* It is, therefore, recommended that government should consider the provision of free ARV's to teachers;
- (iv) there is need to safeguard the secrets and identity of people who pass through VCT. VCT centers who break these rules must be closed and their owners taken to court for breaching professional

ethnics of counseling;

- (v) government should raise the standards of VCT counselors in order to avoid linkages of information from VCT centers. A professional body must be set up to check, supervise and certify counselors. It should be a professional body which should give practicing licenses to all counselors in Zambia;
- (vi) further studies should be conducted to establish why Zambians still shun VCT centers and due to the limitation in the scope of this study, it is recommended that a study of a similar nature be carried out, with focus on the rural population so as to get a wider view on VCT. This will facilitate formulation of appropriate intervention strategies; and
- (vii) All VCT centers should be inspected by government to check if they meet the requirements needed to be called VCT centers.

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Lusaka, Zambia

Your Ref:

August, 2004

NAME: *MUSUBWA MILTON*

TO WHOM IT MAY CONCERN

RE: RESEARCH UNDERTAKING

The bearer(s) of this letter is a student in the Diploma/Degree in Adult Education. He/she has been requested to undertake research in your organization as part of his/her learning experience. Your help and cooperation in this regard will be highly appreciated by the department, as this will enable the student to link theory work, which is offered in the class, and practical work, which can only be obtained from organizations like yours.

I look forward very much to a favourable response in this regard.

Yours faithfully

D.M. Sibalwa
D.M. Sibalwa (Dr.)

ACTING HEAD OF DEPARTMENT

ADULT EDUCATION AND EXTENSION STUDIES.

THE UNIVERSITY OF ZAMBIA
SCHOOL OF EDUCATION

DEPARTMENT OF ADULT EDUCATION AND EXTENSION STUDIES

TEACHERS' QUESTIONNAIRE

TITLE: A STUDY TO DETERMINE FACTORS CAUSING LOW PARTICIPATION IN VOLUNTARY COUNSELLING (VCT) AND TESTING IN LUSAKA CENTRAL ZONE

The purpose of this study is to find out factors which actually contribute to the low turn out at VCT centers.

The information you will give will be used strictly for academic purposes and will be treated with the strict confidence.

Thanking your in anticipation of your cooperation.

INSTRUCTIONS

1. Do Not write your name on the questionnaire.
2. Kindly answer all questions honestly and truthfully.
3. Please a tick () against the answer of your choice and explain where you are required to do so.

1. What is your sex?
Male { } Female { }
2. What is your age?
16 – 25 years old { }
26 – 35 years old { }
36 – 45 years old { }
46 – 55 years old { }
3. Do you think HIV/AIDS is a serious problems in Zambia?
Yes { } No { }
Give reasons for your answer.....
.....
.....
4. Have you heard of HIV Voluntary Counselling and Testing (VCT) services before?
Yes { } No { }
5. If your answer in question 4 is yes, how did you hear or learn about VCT?
Television { } Radio { } Newspaper { }
Friend { } Other sources { } State or specify in
the space given
.....
.....
6. In your area do you have any VCT Centre nearby?
Yes { } No { }
7. If the answer is yes in question six (6), how could you rate the distance of the Centre to your home?
Very near { } Near { }
Very far { } Far { }
8. Do you think there is enough information about VCT?
Yes { } No { }

9. Are VCT services necessary in Zambia?
Yes { } No { }
10. Have you ever utilized VCT services?
Yes { } No { }
11. Do you think a lot of people are accessing VCT services?
Yes { } No { } Give reasons for your answer
.....
.....
.....
12. Would it be good to pass a law which can compel everybody to go for mandatory VCT?
Yes { } No { }
13. Does your employer provide awareness programmes on VCT?
Yes { } No { }
14. Would you encourage people to know their HIV status?
Yes { } No { } Give reasons for your answer
.....
.....
.....
15. Have you ever heard of Antiretroviral drugs (ARVs)?
Yes { } No { }
16. Do you think a provision of free ARVs will encourage a lot of people to go for VCT?
Yes { } No { }
17. Are VCT services in your opinion cheap?
Yes { } No { }
18. Are HIV positive persons treated well at your workplace or community?
Yes { } No { }

19. What is your opinion on VCT?

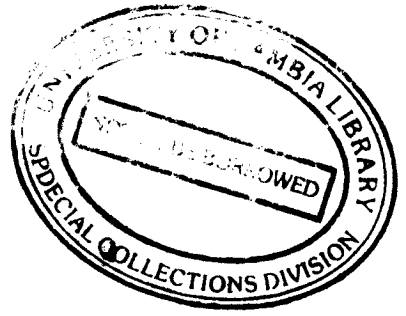
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21. Suggest ways of encouraging people to go for VCT?

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

THANK YOU FOR YOUR COOPERATION

CHECK LIST



Visit to one VCT center and check for the following

Registers: look for monthly totals of people attending VCT.

List down the total attendance for the year 2003 to July, 2004

i. Check for whether there is an increase or decrease in people attending V