

Students Perceptions Towards Voluntary Counselling and Testing in Tertiary Educational Institutions: A study of Kitwe College of Education (KCE)

By

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Submitted in Partial Fulfillment of the Requirements for the Award of a Master of Science in
Counselling Degree of the University of Zambia in Collaboration with the Zimbabwe Open
University

The University of Zambia

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DECLARATION

I declare that Students Perceptions Towards Voluntary Counselling and Testing in Tertiary Educational Institutions: A study of Kitwe College of Education (KCE) is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

.....

SIGNATURE

Laika Mwacalimba

.....

DATE

DEDICATION

This study is dedicated to my husband and my children for the support during the period of my study. Above all I give all glory to God whom by His unfailing mercy and grace has enabled me to complete this work.

CERTIFICATE OF APPROVAL

This dissertation by **Laika Mwacalimba**, is approved as a partial fulfilment of the requirements for the award of the Master of Science in Counselling of the University of Zambia in collaboration with the Zimbabwe Open University.

Examiner's Signature.....Date:

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Examiner's Signature.....Date:

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ABSTRACT

Early testing for HIV/AIDS offers many benefits for young people in many countries. The study employed Kitwe University College of education students at Kitwe district. A survey design supporting quantitative and qualitative (mixed method) data collection was used. Convenience sampling was used to pick the respondents. The sample size was 100 respondents. The data was collected using self-administered questionnaires. Processing of data was carried out using the Statistical Package for Social Scientists (SPSS Version 20) get descriptive statistics. Qualitative data from open ended questions was analyzed using, thematic analysis technique and presented descriptively. Verbatism were used in the presentation of qualitative findings.

Data from KCE campus revealed that students showed understanding of the scourge of HIV/AIDS, with VCT clearly identified as a key entry point for HIV/AIDS prevention, care and support. Seventy nine percent (79%) of students indicated awareness of the availability of on-campus VCT services. The study revealed mixed reactions with regard to students' perceptions towards VCT service with a slight majority of 52% viewing VCT in a positive light and 45% having a negative outlook.

The study revealed that uptake of on-campus VCT services was low and in order to see an increase in the uptake of on-campus VCT services, an improvement in privacy and confidentiality was key. In the opinion of students, the highest consideration with regard to improving privacy and confidentiality appeared to be the calibre and experience of VCT counsellors. The study also identified that continued sensitisation and communication was necessary to raise awareness and reduce stigma.

Finally, the study revealed that even though students have high group risk perception, they generally exhibited a low perception of self-risk despite a clear trend of engagement in risky sexual behaviour that exposes them to HIV. As such VCT utilization by the students is still quite a challenge and there remains an urgent need for a review the information disseminated, counselling and testing strategies so as to effectively reach the youth who still remain vulnerable to the scourge of HIV/AIDS.

ACRONYMS AND ABBREVIATIONS

AIDS – Acquired Immune Deficiency Syndrome

ART -Antiretroviral treatment

CBU – Copperbelt University

CSO – Central Statistical Office

HEAIDS - Higher Education HIV and AIDS Programme

HIV – Human Immunodeficiency Virus

KTC – Kitwe Teachers College

KCE – Kitwe College of Education

NASCOP - National AIDS Control Programme

PLWHIV - People living with HIV

UNAIDS - United Nations Programme on HIV/AIDS

UNZA – University of Zambia

VCT – Voluntary Counselling and Testing

WHO - World Health Organization

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CHAPTER 1

INTRODUCTION

1.0 Overview

Chapter one will focus on the background of the study, the statement of the problem, purpose of the study, research objectives, research questions, significance of the study, limitations of the study, delimitation of the study and the definition of key terms.

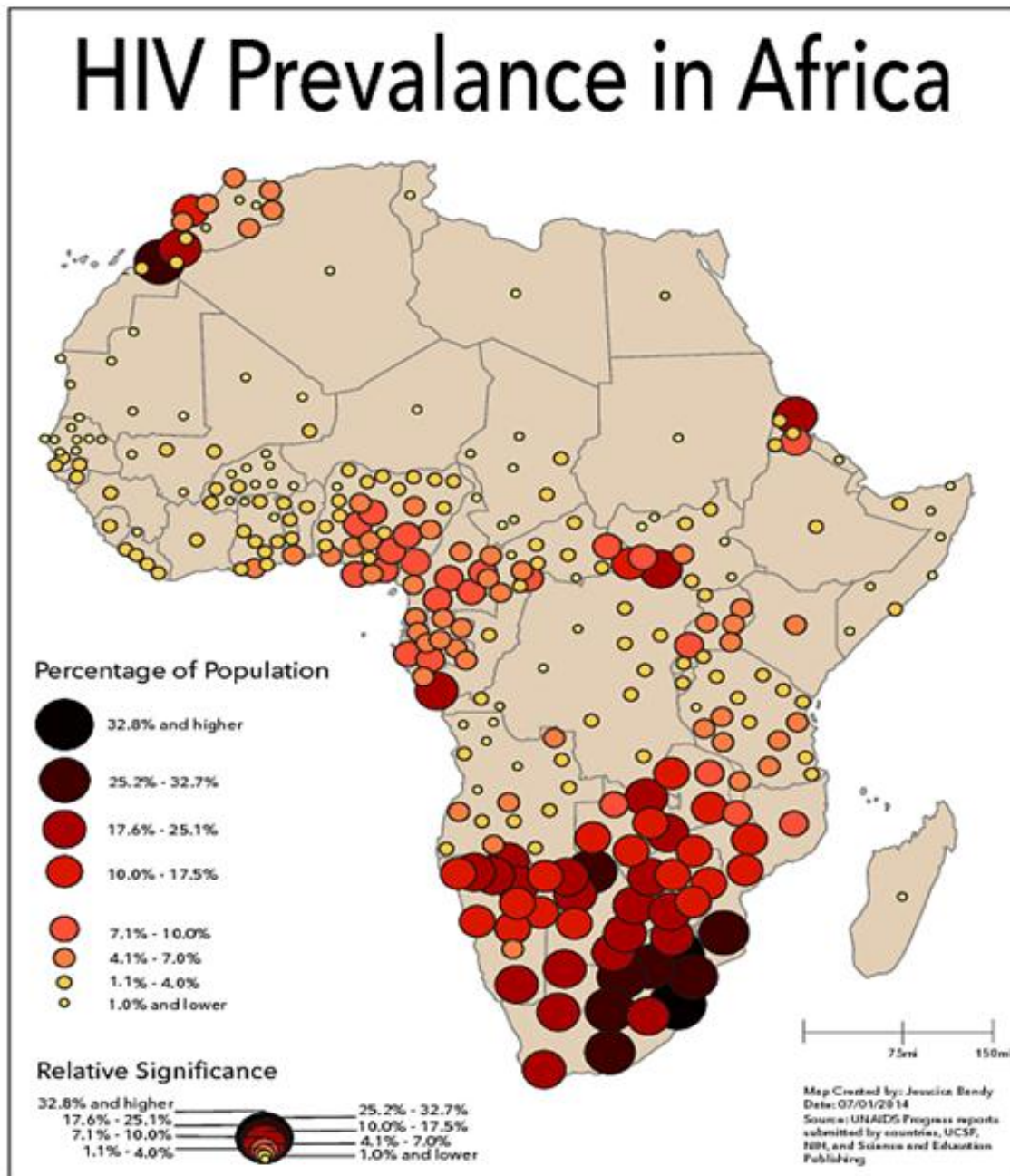
1.1 Background

Over the last few decades, HIV/AIDS has become the world's most devastating pandemic particularly in developing countries where many governments have declared it a public health emergency. The HIV/AIDS pandemic may have started in the mid-1970s, spreading across North and South America, Europe, Africa and Australia by the 1980s. Various interventions have been employed over the years to mitigate the pandemic. According to the latest statistics on the status of the AIDS pandemic as published by UNAIDS, 2018 fact sheet there were approximately 36.7 million people living with HIV globally; of which about 35.1 million were adults aged between 19-49 years of age, the population strata in which tertiary education students fall. Of the 36.7 global statistic, Africa alone accounted for 25.6 million cases. East and Southern Africa, the region most affected by HIV in the world, is home to the largest number of people living with HIV, accounted for 19.6 million of those cases. One million cases referred to Zambia. The HIV pandemic in this region mostly impacts on young women, men who have sex with men, transgender people, sex workers, prisoners and people who inject drugs.

In an effort to ascertain why HIV prevalence was highest in Africa generally and Eastern, Central and Southern Africa specifically, gleanings were taken from Discover Magazine, an American science magazine renowned for focusing on science, noted as always factual and evidence based (<http://discovermagazine.com/> (12/2/2016)). Following research of many years, a look was taken at the HIV prevalence by geographical location as well as research covering Uganda, the USA, Thailand, South Africa and Botswana in the early 1990s by Professor Martina Morris of the University of Washington in Seattle, who tried to solve the mystery of the high prevalence of HIV in Africa mathematically; utilized in concert with the earlier work of British epidemiologists Robert May and Charlotte Watts in 1992 (who singled out long-term simultaneous sexual partnerships as key to the increase in the spread of HIV), it pointed out that multiple long term sexual relationships as well as low levels of male circumcision contributed immensely to high HIV prevalence. Morris then conducted similar surveys in Thailand and the

United States—with fascinating results. Morris found that the average Ugandan and the average American claimed roughly the same number of sexual partners in their lives. About 25 percent of people (of both sexes) in both countries said they had more than 10 partners in their lives. But similar rates of promiscuity did not result in similar rates of infection. The HIV rate in Uganda peaked at 18 percent in the early to mid-1990s but never exceeded 1 percent in the United States. In addition, in Thailand, where many more men—65 percent—reported 10 or more partners, the HIV rate barely rose above 2 percent. A key difference between Uganda and Thailand, Morris found, is that men in Uganda often maintained two or more long-term sexual relationships at once. In Thailand, most men had only one long-term sexual relationship—with their wives.

In African countries where male circumcision is common, such as Senegal, Mali, Ghana, Benin, and the entire region of North Africa, HIV rates tend to be much lower than in countries such as Botswana, Malawi, South Africa, Zambia and Swaziland. In countries with high rates of HIV, provinces and districts that have high rates of circumcision, such as Inhambane in Mozambique or Dar es Salaam in Tanzania, tend to have lower HIV rates. Two African tribes with very high HIV-infection rates are the Zulu of South Africa and the Tswana of Botswana. Before colonial times, men in both tribes underwent circumcision rituals during adolescence. But when King Shaka united the Zulu tribe in the 1820s, he abolished the ritual, and when Christian missionaries settled in with the Tswana in the late 19th century, they declared circumcision a barbaric practice. Circumcision removes mucosal tissue and cell types in the foreskin that contain special “receptors” for HIV. Some estimates suggest that circumcision may cut a man’s risk of contracting HIV by about 50 to over 60 percent, proving male circumcision more effective, and much cheaper than many of the HIV vaccines currently under clinical trials (<http://discovermagazine.com/2004/feb/why-aids-worse-in-africa>). This view was also supported by empirical evidence from Randomized Controlled Trials (RCTs) of circumcision for HIV prevention conducted in three countries (South Africa, Kenya, and Uganda). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2711844/pdf/nihms105351.pdf> and Current Infect Dis Rep. 2008 May ; 10(3): 243–251.



Zambia, with a population of 13 million people according to CSO (2010), is one of the countries with the highest prevalence of HIV in the world. Like in other parts of the world. According to the Zambia Demographic and Health Survey (ZDHS) of 2007, the HIV prevalence among adults

aged 15 - 49 years was 14.3 %. With the majority of infected people being in their productive age groups contributing to the socio- economic development of the nation. The prevalence of HIV is significantly higher among women than men. The mode of transmission is predominantly heterosexual (CSO, 2010). Young people are especially vulnerable to HIV because of their lack of skill to negotiate safer sexual practices and their desire to experiment new things in life.

At national level, the burden of HIV and AIDS continues to pose a major challenge to Zambia. It is with this framework that the Government of the Republic of Zambia through the Ministry of Health recognizes the need for comprehensive and standardized HIV counseling and testing operations. These are a gateway to HIV prevention, care and treatment. The government has provided the required human resource through the establishment of the Zambia Voluntary Counselling and Testing Service (VCT) centres throughout the country. VCT refers to a process that is initiated by the individual(s) who wants to learn his or her status, (UNAIDS, 2011). Here, people learn whether they are infected or not and counselled to understand the implications of their HIV status and make informed choices for the future, with benefits of a knowledge of HIV status which can be seen at the individual, community and population levels. The main objectives of HIV-related counselling is to prevent the risk of exposure for those who are not infected; to minimize the risk of re-exposure for those who are HIV infected; and to provide psychological support to both the HIV infected and those affected by HIV/AIDS (Ministry of Health, 2003). According to the UNAIDS (1997), voluntary testing is beneficial to the people and it should be provided in a non-stigmatizing environment.

Tertiary students are predominantly vulnerable to HIV/AIDS due to their high-risk behaviours such as multiple sexual partners, use of drugs or alcohol and having unprotected sex with sex workers (Njagi & Maharaj 2006:114; UNAIDS 2008:67). Research over the years has shown that the largest number of people living with HIV and AIDS today are between the ages of 15 and 49 UNAIDS global AIDS update (2013). A good number of people within this age group are in higher institutions of learning. It is notable that institutions of higher learning have not been left behind in the fight against the spread of HIV/AIDS infections. For example, higher learning institutions such as University of Zambia (UNZA), Copperbelt University (CBU) and Kitwe University College of Education (KCE) formerly known as Kitwe Teachers' Training College (KTC) just to mention a few, currently have on-campus VCT centers for both students and members of staff. UNZA and CBU have in place a comprehensive HIV/AIDS policy covering prevention, management and impact mitigation, care and support and the elimination of stigma and discrimination. The policy defines roles and responsibilities for management, staff and

students, yet ultimately allocates the overall responsibility for implementing the policy with the university management. The policy also provides a framework for a continuous monitoring, evaluation and assessment mechanism. While KCE has in place a VCT center for both members of staff and students. Despite these provisions, perceptions of students towards VCT services continue to be quite speculative in Zambia.

It is against this background that KCE as a tertiary institution has been selected for this study in order to establish the perception of students on voluntary counselling and testing services and how such services may have impacted on the spread and prevention of HIV/AIDS among student populace at KCE in Kitwe on the Copper-belt province of Zambia.

1.2 Statement of the problem

Katahoire, (2004) states, “Tertiary education institution campuses bring together, in close physical proximity without a systematic supervision, a large number of young adults at their peak years of sexual activity and experimentation. They constitute a potentially fertile breeding ground for HIV and AIDS.” According to NASCOP (2005a), the youth ages 15 – 24 years are reported as the most vulnerable to HIV infection. Being the population group within which young adults first enter universities and colleges, it also represents the age bracket on which the hopes of the nation’s foundation for socio-economic and political development are hinged. Without appropriate interventions this has in times past proven very costly in terms of loss of lives, productivity and financial investment made in future leaders.

Voluntary counselling and testing (VCT) services play a cardinal role in the control of HIV and AIDS. A clear appreciation of VCT for HIV would help students ascertain their HIV status, which in turn would encourage those not infected to safeguard themselves and those infected to go on antiretrovirals (ARVs) (NASCOP, 2001). Even though VCT services play a cardinal role in the control of HIV and AIDS, it is not known what perceptions students have towards VCT services. This study will therefore explore the perceptions of University students towards the use of on campus VCT services at KUCE in Kitwe on the Copperbelt province of Zambia.

1.3 Purpose

The purpose of this study was to investigate the perceptions of university students towards on campus VCT services, highlighting student’s awareness and understanding of VCT services, the factors that motivate or deters students to/from seeking VCT services on-campus of KUCE.

1.4 Objectives

The research was guided by the following objectives:

- (i) To establish the extent to which students are aware of the availability of VCT services on campus,
- (ii) To establish the relationship between the students' perceptions and attitudes towards VCT services
- (iii) To examine the factors influencing the students' perceptions of VCT services at Tertiary Educational Institutions of learning

1.5 Research Questions

- (i) To what extent are students aware of the availability of on-campus VCT services?
- (ii) What is the relationship between students' perceptions and attitudes towards VCT at the study institution?
- (iii) What factors influence student's perceptions on the use of VCT services in Tertiary Educational Institutions?

1.6 Delimitation of the study

The study site was Kitwe district on the Copperbelt province in Zambia. Kitwe Zambia's second largest city (population wise), is located in the central part of Copperbelt province. It is currently the most populated district in the Copperbelt and the second most populated district in Zambia. In 2000, Kitwe district had a total population of 376,124, accounting for about 24 percent of the population in the province and had an annual population growth rate of about 0.8 percent. Kitwe's inhabitants are young, with slightly over 66 percent of the population below the age of 25 years. United Nations Human Settlements Programme (UN-HABITAT), 2009. Kitwe College of Education (KCE) was selected for the study because it is the largest public teachers' education institution in Kitwe offering early childhood learning programmes. It is located in typical urban environments where cost of living is high and there is easy access to entertainment facilities. Robson (2002) observed that the principle of selection in purposive sampling is the researcher's judgment and the sample selected enables the researcher to satisfy the specific needs in a research project (Robson, 2002).

1.7 Significance

The counselling and testing centers in Zambia, as in many other African countries and world over, are the key intervention designed to provide education about living with HIV, aide individuals to curb the spread of the infection to others, as well as help maintain a negative status for those uninfected. Behavioral change is one certain way of combating HIV/AIDS, many people, particularly young adults need to be motivated to participate in the process by having a reliable source of knowledge and information about HIV/AIDS counselling and testing. It is intended that the findings of this study will give an opportunity to learn more about how students' perceptions about VCT Services on campus influences or acts as barriers or enhancers to the uptake of these services. The government and NGO's working in this sector will gain insights from the findings that may help in identifying the necessary changes in making counselling and testing on campus more appropriate and acceptable to students.

1.8 Limitations

Even though Zambia is home to a number of officially registered public and private Tertiary education institutions, data will be collected from a sample of only one public tertiary education institution, from one province, and focus will be given only on those students who will give consent to complete a self-administered questionnaire.

Therefore, generalizing the findings of this study to students from other tertiary educational institutions should be done with caution as students of KCE may not be representative of the tertiary education population of Zambia.

The major challenge of volunteer sampling is that not all students volunteer to participate and some of the students who had tested on campus might not have participated due to fear of lack of privacy. Volunteer sampling is an inexpensive way of sampling but unreliable because subjects' volunteering might be different from subjects not volunteering and thus the study could not be exactly representative of the student population of KCE.

Design of the questionnaire – there was no piloting done prior to the study due to insufficient time and resources. Therefore, necessary corrections were not done and some students did complain about not understanding some of the questions asked. This may have resulted in some students having wrongly marked answers due to not adequately understanding some of the questions.

1.9 Definitions of key terms

This section defines the key terms used in the study namely: perception, student, Voluntary Counselling and Testing (VCT) and tertiary education Institution.

Perception: refers to the way that someone thinks and feels about a company, product, services etc (Cambridge Business Dictionary). In this study perceptions refers to one of the several things that influence the use of on campus VCT.

Student: refers to a person who is studying at a university or college (Oxford Advanced Learner's Dictionary). In this study student refers to a anyone who is studying at the Kitwe College of Education campus.

Voluntary Counselling and Testing (VCT): is the process through which clients are counselled about their risk for acquisition or transmission of HIV, informed about the risks and benefits of testing; clients who consent are tested and appropriate support provided together with the test result (Naidoo 2006:2).

Tertiary educational Institution: refers to any type of educational institution where education pursued is beyond the high school level. This includes diplomas, undergraduate and graduate certificates, and associate's, bachelor's, master's and doctoral degrees. According to https://learn.org/articles/What_is_Tertiary_Education.html

1.10 Summary

This chapter gave the background to this study and outlined the research problem, the purpose of the study, the research objectives, the research questions, the delimitations, the significance, the limitations of the study and the definition of key terms. The next chapter discusses literature review.

CHAPTER 2

LITERATURE REVIEW

2.0 Overview

This chapter will review the literature as it related to perceptions of youth in general and tertiary education students in particular towards VCT. It will begin by reviewing the available literature on global, Sub-Saharan Africa and Zambian statistics on HIV/AIDs and argue that incidence has reduced as a result of interventions that target behavioural change, such as VCT. The chapter will then review the literature describing the risk factors for HIV and AIDS among tertiary education students and argue that this is a basis for their utilization of VCT. This will be followed by a description of VCT, and a review its merits and demerits as reported in the literature to explain how these factors may have limited uptake in VCT in Zambia. Finally, the discussion will link the program's merits and demerits to University students' awareness of their own risks, notions of stigma and perceptions of VCT that may hinder their participation and utilization of this service. The chapter concludes that there has been limited research on the perceptions and attitudes of University students towards and participation in VCT in Zambia. There is therefore need to consider VCT program awareness, attitudes and perceptions of university students towards VCT.

2.1 Global Incidence of HIV/AIDS

Globally, according to WHO report (2016), there has been a reduction of new HIV infections from 2.1 million in 2015 to 1.8 million in 2016. In many countries, this has occurred in part due to various early interventions that initially focused on behaviour change through VCT, followed by a more comprehensive approach that considered underlying socio-cultural, economic, political, legal and other contextual factors. Later, mother-to-child transmission was reduced by programs that provided anti-retroviral therapy (ART) to infected pregnant women. Finally, widespread use of ART reduced transmission by making infected persons less infectious. WHO also reported a 39% drop in new infections globally between 2000 and 2016 with an estimated 44% of new infections occurring among key populations and their partners.

Africa is the region of the world where HIV and AIDS has had the greatest impact (UNAIDS, 2016). Whereas African countries like Kenya, Uganda and Zambia have reported some marked declines in the prevalence of HIV and AIDS, the overall prevalence of HIV in the Sub Saharan Africa still remains high and the effects of the pandemic are still devastating. Many approaches

to HIV prevention and care entail people to know their HIV status. The importance of VCT has brought about the need for wider promotion and development of VCT services.

According to the WHO, in 2017 only 70% of people with HIV infection knew their status. In Zambia, although an increase in uptake of HIV testing was observed after the HIV testing and counselling initiative was implemented, 2015 data showed only a 15% testing rate. The 2013–14 Zambia's Demographic and Health Survey indicated that among adults, 46% of female and 37% of male respondents reported having had an HIV test. In 2016, slightly over 42% of young people (aged 15-24 years) in Zambia were aware of their HIV status. Recently, the Zambian Government announced an emphasis on routine HIV testing. The Society for Family Health in Zambia, a partner to Population Services International (PSI) in Malawi, Zambia and Zimbabwe, implemented a pilot UNITAID/PSI HIV Self-Testing Africa (STAR) project (2015-2017). They reported that HIV testing had a positive impact on uptake and coverage, including linkage to post- test services and that it is feasible to implement HIV self-testing in the public sector.

Zambia has joined many countries in endorsing the 90-90- 90 strategy targeted at ending the AIDS epidemic. The strategy stipulates that “By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression”. Effectively and consistently implementing this strategy gives hope in ending the AIDS pandemic that has affected people of all ages.

HIV/AIDS continues to pose challenges for academic institutions since the infection has a high mortality rate among the young economically productive thus deprives the country of a qualified and productive labour force. The Attrition of staff and students entering the tertiary system impacts negatively on the sector's core business. Most of the students in the universities are aged between 19 – 25 years and are identified as one of the most vulnerable groups to HIV infection.

Some academic institutions like the University of Zambia have as many as over 30,000 students including parallel and distance programmes, while Copperbelt University has over 15,000 students and Kitwe College of Education has over 3,000. These students are at a high risk of getting infected with HIV since there is minimal discipline and control of students social and relational interaction in public institutions of higher learning.

2.2 SUSCEPTIBILITY TO HIV/AIDS AMONG TERTIARY EDUCATION STUDENTS

It is argued that for a great many students, university life presents an opportunity for experimentation and adventure, leading to behaviours that increase their susceptibility and vulnerability to HIV/AIDS. Pertinent factors include new found freedom from parental and school control which is associated with university life, the prevailing patterns of sexual relationships, transactional sex, intergenerational relationships, the low perception of risk of HIV infection, violence, crime and sexual harassment (HEAIDS 2010:77). These factors, coupled with alcohol, substance abuse, environmental influences such as urban life, discos and low social economic status expose young adults to HIV/AIDS even more. Experimentation with sex, which mainly occurs during university years, particularly among students who find themselves at universities far away from home is yet another key factor. Risky sexual behaviour among students promotes the transmission of HIV (UNAIDS 2008:67). What could the prevailing patterns of sexual relationships be at KCE?

According to (Kamaara, 2005), observation made was that young people at the University are generally sexually active, which puts the University population at a great risk of HIV infection. Could these findings of these studies be the same at the study Institution?

Transactional sex refers to instances when sex is offered or engaged in in exchange for favours, gifts and recreational or travel opportunities. The underlying explanation as to why people engage in risky activities as well as take short-term health risks appears to be poverty. They do so just so as to earn a living and change their lives for the better Bourne & Charles (2010:424). Until recently, most universities in Zambia were based in urban areas, meaning that many students migrate from rural areas to towns and cities to attend universities. The implications of this phenomenon therefore border on the ability of students to be financially secure while living away from home in an unfamiliar urban setting, making them open to vices that render them vulnerable to HIV infection.

Intergenerational sex, also referred to as age mixing is a critical social determinant of HIV infection. Sex with older partners is a risky factor for young people particularly for instance, young people who had partners five or more years older than themselves exposed themselves to HIV, as it exposed them to a higher prevalence age group (Shisana et al 2009:40).

Surveys have shown that the youth have a strong interest in knowing their HIV status and think that undergoing VCT was important. However, majority of youth do not perceive themselves to be at risk of HIV infection despite their high sexual activity with inconsistent condom use

(Fylkenes and Siziya, 2004). This is explained by Public Policy and Administration Research (2013). Refaat's study on Egyptian University Students states that the youth fail to personalize the risk of HIV, and thus separate themselves from the problem. They feel invulnerable and have trouble seeing the long-term consequences of their risky sexual behavior (Refaat, 2004). According to another study carried out in Ethiopia in 2006, willingness for VCT was affected by age, education and previous sexual experience. The majority had high confidence in using VCT but less than a fifth of them had undergone VCT (Abebe and Mitikie, 2006). What could the trends of behaviour be among students of KCE in terms of their sexual activities.

A study among undergraduate students of selected tertiary educational institutions in Osun State of Nigeria revealed that the majority of the students perceived themselves to be at little or no risk of HIV infection despite a high prevalence of HIV risky indicators among them such as a history of having at least one sexually transmitted infection, a history of having multiple sexual partners, and a history of having unprotected sexual intercourse (Ijadunolo, Abiona, Odu & Ijadunolo 2007:134). The same study also revealed that only 5 percent of the respondents had undergone VCT for HIV. University students' low perception of their own risk of HIV infection renders them vulnerable and susceptible to the scourge. What could be the perception of students at KCE in terms of their own risky behaviour which could render them vulnerable to HIV/AIDS. According to Obermeyer and Osborn (2007:1764), the major barrier to HIV testing is the individuals' reluctance to acknowledge that they are at risk even when in fact they are.

In South Africa for instance, multiple concurrent partnerships are common. According to (Shisana et al 2009:42), in 2008, five times more males (30.8 percent) reported having had more than one sexual partner in the past 12 months than females (6 percent). The existence of multiple concurrent partners is reported to be a contributing factor for fuelling the HIV/AIDS epidemic among university students Halperin & Epstein (2007:20).

2.3 Voluntary Counselling and Testing Services (VCT)

Voluntary Counselling and Testing (VCT) is a process in which an individual undergoes counselling, enabling him or her to make an informed choice about being tested for HIV (Izugbra, Undie, Mudege & Ezech 2009:243). The process generally consists of three main stages namely pre-test counselling, post-test counselling and referral to other HIV services (WHO & UNAIDS 2007:36). VCT is a vital entry point in the fight against HIV/AIDS, it has become a widely advocated prevention strategy among adults in many nations but its usefulness mostly depends on the uptake of the services by the people. It is among a number of

HIV intervention measures with the purpose of providing information necessary to change risky behaviours that can lead to HIV infection or transmission. It is aimed at providing awareness about living with HIV, avoiding infecting others, and how the uninfected can maintain their negative status. It is cost effective, and a gateway to most HIV related services including provision of anti-retroviral drugs, preventing opportunistic infections and elimination of mother to child transmission of HIV (Coates et al., 1998).

2.3.1 The advantages of VCT

According to Vajpayee et al (2009:826), VCT enables an individual to make an informed choice about being tested for HIV and to cope with his or her test results. If an individual test negative, he or she will take precautions not to get infected through sexual activities by adopting safe sex practices. Conversely, if an individual test positive, he or she will adopt safe sex practices, insuring that he does not infect other people, thereby stopping the spread of the virus. VCT is therefore important in order to curb the spread of HIV and AIDS (Botma et al 2007:49). The individuals who test positive for HIV receive medical and emotional assistance and can be counselled to cope with the diagnosis.

VCT provides an entry into prevention and treatment, it is important as an entry strategy for both prevention and access to treatment, care and support services. VCT is a key element to identifying HIV infected persons who could benefit from therapeutic interventions (Yahaya et al 2010:139). A major factor limiting the prevention dividend of HIV treatment, however, is that more than 60 percent of people living with HIV are unaware of their HIV status (UNAIDS 2011:23). This limits access to treatment; care services and hampers prevention efforts. Early detection ties in with a prolonged life and improved quality of life for those living with HIV/ AIDS. Thus, the provision of VCT services is important in order to reduce HIV/AIDS-related mortality (UNAIDS 2010:29). Knowing one's HIV status allows one to get the appropriate medical treatment if they are positive (Bourne & Charles 2010:420). VCT services are a critical opportunity to provide risky-reduction counselling and information to all clients, and they act as an essential gateway for preventing HIV transmission (USAID 2009:1).

The process of discovering one's HIV status, irrespective of the test result, is an opportunity for education and motivation to modify behaviour aimed at reducing the risk of HIV transmission (Vajpayee et al 2009:826). Increasing knowledge of HIV status is important as it has been linked to an increase in prevention behaviours among those who test positive through VCT (Shisana et al 2009:48). People infected with HIV who are asymptomatic may not be aware of their status

without getting tested. Once people know their HIV status they are able to adopt preventive measures to avoid transmitting the virus to others. VCT is shown to be effective in changing risky sexual behavior. Studies have revealed that VCT was effective in improving HIV-related knowledge, increasing prevalence of consistent condom use and decreasing the prevalence of self-reported STDs among the cross-border truck drivers (Lau, Tsui, Cheng & Pang 2010:25).

2.3.2 The disadvantages of VCT

Although VCT has many advantages, there exist almost insurmountable difficulties in the acceptance of VCT by communities. These difficulties include; HIV/ADS-related stigma and discrimination, and negative emotional outcomes; VCT is associated with economic costs, the lack of confidentiality and privacy, and the shortage of resources.

People desist from going for VCT because of the fear of stigmatisation, rejection, and ostracism by community, family, friends and loved ones once a positive diagnosis is made. The fear of stigmatisation is a barrier to HIV testing and has negative consequences for HIV/AIDS prevention and treatment in South Africa (Meiberg et al 2008:53).

A study in Ethiopia among university students revealed that, one of the main factors discouraging VCT uptake was consequences of the test result that might lead in to stigma and discrimination leading to depression and hopelessness Alemayehu (2010:116).

Furthermore, other studies conducted in Ehtiopia (Dejene, 2001) Nigeria (Adeneye et.al.2004) and South Africa (Dyk and Dyk, 2003a) among others, that stigma is a major obstacle to VCT uptake. Could issues of stigma and discrimination be seen as a disadvantage to uptake of VCT services at KCE?

The lack of privacy and confidentiality is another concern which discourages people from seeking VCT in district hospitals and clinics Angotti et al [s.a]: 12. It is further reported that VCT counsellors are not always adequately trained, may lack medical knowledge, are rude, unfriendly and do not keep confidentiality Njagi & Maharaj (2006:120). Could issues around privacy and confidentiality as well as the caliber of VCT counsellors be a concern in terms of uptake of services for students at KCE?

The location of the VCT centre on campy seems to have an effect on the utilization of the services. Most students fear going to VCT facilities where they are likely to meet people who know them. The location of the VCT facility can lead to lack of privacy and issues of confidentiality. In a study on the knowledge, attitudes and practice of Secondary school students

towards VCT, the barriers to youth uptake of VCT services were cited as lack of a clear link between VCT and treatment and care, lack of adequate information, perception of low risk, lack of privacy and confidentiality Muganda and Otieno (2003). Most youths are averse to stand alone centres since they feel that will expose them to rumours. They are also averse to VCT centres in Government Health facilities because they feel that they are likely to meet their parents or people they know at the facility. Horizon (2003). The VCT facility at KCE is located within the campus clinic. Could the above findings be true for KCE students as well in terms of the location of the VCT facility on campus.

2.4 Awareness of VCT services among Tertiary Educational Institutions

According to Obermeyer and Osborn (2007:1762), VCT emphasizes the need for voluntary, informed consent prior to testing as well as pre- and post-test counselling. It assists in early detection of the of HIV infection. It also assists individuals in accessing intervention and support services including management of infectious diseases. Moreover, it assists infected individuals in assessing their personal risks and adopting risk reduction behaviors. It does not work at individual level only, but also provides strength to prevention efforts particularly at the community level (Campbell, Jr. et al. 92-104). Other evidence given out by Coovadia, for a positive impact of VCT services includes facilitating decision-making, accepting and coping with HIV, improving family and community acceptance, increasing condom use, and reducing gonorrhea rates and HIV transmission. (Coovadia 57-63).

According to the founding Executive Director of UNAIDS, Peter Piot, prevention of HIV infections is still a major challenge: "What really concerns me is that while we have made measurable progress on access to treatment, we don't have the same impact when it comes to HIV prevention" (UNAIDS, 2008). VCT has been widely advocated as a HIV/AIDS prevention strategy among adults. Most clients of VCT services are adults in their mid- to late twenties (Coates e al., 1998; Ladner et al., 1996; Allen et al., 1992).

Whether VCT works for tertiary education students or not still remains unknown. Since few young people use any health services, using VCT as a strategy to reduce risk behaviours among young people appears to be more challenging than it would be among adults. These sentiments are supported by a number of research studies that have shown persistently low uptake of VCT services by the young people.

Baseline surveillance data obtained from a representative sample of 1917 students of Moi University in Eldoret, Kenya in 2007 showed that 89% of students reported thinking they were at risk of HIV infection. Out of these only 28% of the subjects had been tested for HIV through VCT (Adam and Mutungi, 2007). Data from the Mount Kenya University HIV/AIDS open Day carried out at the main campus in 2010 by LVCT showed that out of a student population of 5811, 1500 students visited the VCT, out of which 1070 (18.4%) were tested. In view of the above, VCT utilization among the youth is still a challenge and there is still a need to review the information, counselling and testing strategies to increase utilization.

In a study conducted in Enugu, Nigeria by Uzochukwu et al., where 250 undergraduate respondents from two tertiary institutions answered an interviewer administered questionnaire (117), 64% of the students indicated they were aware of VCT facilities on campus.

2.5 VCT services in Zambian Tertiary Educational Institutions

The University of Zambia (UNZA) came into existence in 1965 and is much older and bigger than the Copperbelt University (CBU). A report published in 2000 investigating the impact of and response to HIV/AIDS at UNZA concluded that the university was not taking HIV/AIDS seriously at all: "Very few mostly halfhearted efforts are being put into preventing the further spread of AIDS and impact mitigation. The report concluded that UNZA's response to the pandemic was mostly confined to the activities carried out by the campus health clinic, which distributed condoms and operated a chest clinic while providing TB drugs free of charge. Counselling services were provided at the university since the early 1980s, and VCT was offered at the campus clinic since 1998. Since 2000, however, UNZA management structures have engaged more purposefully with an institutionalised response to the HIV/AIDS pandemic. A UNZA HIV/AIDS policy was developed and subsequently endorsed by the highest office at the university (the university Council and also that the university is presently engaging in a number of HIV/AIDS research activities, including an annotated bibliography and baseline study to document all HIV/AIDS-related research. Since February 2005 UNZA has also implemented a full VCT and ARV treatment programme for students and staff.

CBU is Zambia's second largest public University and is located in Kitwe. While not emulating the extensive treatment services offered at UNZA, Copperbelt University (CBU) has also engaged in various HIV/AIDS activities. Although there has never been any HIV prevalence study conducted in the university, like any other institution in Zambia CBU has not been spared by the effects of the HIV and AIDS pandemic. During the period 1995 to 2005 CBU lost more

than 120 staff, and still continues to a lesser extent to lose critical members of academic and non-academic staff and students to HIV related infections. CBU has therefore, in place a comprehensive HIV/AIDS policy covering prevention, management and impact mitigation, care and support and the elimination of stigma and discrimination. The policy defines roles and responsibilities for management, staff and students, yet ultimately locates the overall responsibility for implementing the policy with the university management. The policy also provides a framework for a continuous monitoring, evaluation and assessment mechanism.

Kitwe College of Education is situated in Mindolo township of Kitwe district which is on the Copperbelt province of Zambia. The college was established in 1953. It is the biggest primary teachers' college in the country. Its capacity is twice that of the other nine teachers' colleges in Zambia in terms of infrastructure, number of teacher educators, non-teaching staff and students.

2.6 Knowledge, Perceptions and Attitudes towards VCT among Tertiary Education students

Use of VCT by young people is influenced by their perception of VCT. Studies have shown that about half of the youths do not have a strong positive attitude towards VCT. The willingness of many youths to go for VCT has been reported by a number of studies, however only a small proportion actually has done so.

The negative attitudes towards VCT can discourage people towards seeking VCT services, whilst positive attitudes towards VCT can motivate people towards seeking VCT services. The belief that HIV testing is only for the ill may discourage some healthy people who want an HIV test from seeking it. Njagi & Maharaj (2006:155). A recurrent finding is that the main reason people do not take HIV tests or return for a result is fear (Obermeyer & Osborn 2007:1765). In a study among Ugandan and Malawian male youth, the respondents' negative attitudes that associated VCT uptake with an abstinence career, noting that they would not go for VCT because they may be told to stop sexual activity constrained their uptake of VCT services (Izugbara et al 2009:250). In contrast, people can be motivated towards seeking VCT services due to the positive attitudes they have towards VCT. A study on HIV VCT in Nakuru, Kenya revealed that participants had positive attitudes towards VCT and were more willing to seek HIV testing (Irungu, Varkey, Cha & Patterson 2008:113). The study revealed that the positive attitudes towards VCT held by participants include; VCT was necessary to know one's HIV status, protect themselves and their partner(s) from infection, make plans for their future, get treatment and to prepare for death.

The individual perception towards HIV/AIDS and VCT services influences the use of VCT. A study among university students at the University of KwaZulu-Natal revealed that almost 22 percent of respondents had undergone VCT because they felt an elevated risk of HIV infection. The respondents felt at risk of HIV infection either because of their own behaviour or their partner's sexual behaviour. In contrast, the low perception of risk may discourage some healthy people who want an HIV test from seeking it.

A study in Nigeria among college students revealed that the majority of the respondents (85 percent) perceived themselves to be at little or no risk to HIV infection, despite a high prevalence of HIV risky indicators among them such as recent history of unprotected sex, past history of STI and having multiple sexual partners (Ijadunlo et al 2007:134). The study revealed that only 5 percent of them had ever undergone VCT.

A study among students in North West Ethiopia revealed that VCT is an important tool for HIV prevention and control. Knowing the level of uptake of the service by this high-risk group is therefore vital in future activities to be conducted. From this study it can be concluded that there is a need to work creating awareness on stigma and on discrimination since they were among the key determining factors of the uptake of VCT. Building the knowledge of rural populations about VCT should be a focus area in line with global and national strategies on HIV/AIDS. Expansion of facilities that provide VCT service and training of counselors are also important activities that must be done to improve utilization of the service. (Addis, 2013).

A study in South Africa among university students revealed that the perception that there is limited support available on campus for those who test HIV positive was one factor that discouraged university students from utilizing VCT services (HEAIDS 2010:93). The study revealed that students reportedly feared the outcome of testing and/or sought to delay testing, preferring to wait until either their studies were completed, they decided to marry, or they began to feel sick.

CBU is Zambia's second largest public university, with a student population of over 15,000. Although there has never been an HIV prevalence study conducted at the institution, CBU has not been spared by the effects of the HIV and AIDS pandemic. It is for this reason that CBU educates and trains the most sexually active young adults who are most vulnerable to contracting the HIV and AIDS virus due to their risky social and sexual behaviour. VCT services at CBU are provided to members of staff, their dependents, students and members of the surrounding community. Clients are free to walk in the clinic and be counselled and tested for

HIV. Occasionally VCT mobile facilities are provided on campus and surrounding communities. During such events, tents are mounted in strategic points where clients walk in to access the service. Since the beginning of the programme, about 2,234 VCT/PMTCT clients have accessed the service.

2.7 Factors influencing the uptake of VCT services among Tertiary Educational Institutions

Voluntary Counseling and Testing (VCT) is the key entry point to prevention, care, treatment and support services, where people learn whether they are infected or not and to understand the implications of their HIV status and make informed choices for the future. A cross sectional study done in Debre Markos University Ethiopia revealed that 711 students participated in the study and the majority of them were within the age range of 18-24 years which accounted for 93.8% students. 81.4% had heard about the confidential VCT services and 58.5% of the participants had undergone VCT. Study also revealed that VCT service utilization was significantly associated with availability of ART drug in VCT site, the presence of confidentiality, the perceived stigma, risk perceptions and knowledge about HIV, which were that major factors that influenced the utilization of VCT services on site.

Some of the factors that affect the uptake of VCT services among tertiary education students center around students' perceptions or ideas of what their peers will think of them. The factors are categorized as people, personal, and friends' concerns. All these are associated with stigma and discrimination. A study in the six Kenyan universities revealed that there is yet no integrated and coherent response to HIV and AIDS in the higher education sector (EAC/AMREF, 2010). Could this also be the case at the institution that is the subject of this study? Although universities in Kenya have established HIV and AIDS centres, institutions surveyed still had a culture of discrimination and stigma. There is therefore need to institutionalize HIV and AIDS as a core responsibility, mobilize adequate resources, promote research and be able to break HIV and AIDS from a culture of silence to a culture of critique and openness (EAC/AMREF, 2010).

Data from the Mount Kenya University HIV/AIDS open day carried out at the main campus in 2010 by LVCT showed that only 18.4% of the students had VCT. Currently, despite 90% of HIV prevention programs targeting the youth, VCT is not taken by all. The rate of HIV VCT among the youth is persistently low with studies showing that only a small proportion of youth have undergone VCT in Kenya. Although there is high awareness among the youth with majority

acknowledging the importance of VCT, there was need to investigate the low uptake of VCT amongst university students. What is the uptake of VCT services by students at KCE?

2.8 A critique of the literature

Surveys have shown that African Tertiary Educational institutions are intensifying their efforts to create awareness about the impact of the HIV/ AIDS pandemic on their institutions and on those who work and live in them. Universities, in particular, have taken a lead role and are developing institution specific HIV/AIDS policies; integrating HIV/AIDS into curricula; establishing resource centres to support teaching and learning; forming partnerships to provide voluntary counselling and testing (VCT); and carrying out social science research to engage communities and stakeholders. Limited research on the effectiveness of VCT program as it relates to University and College student's participation has been done in some countries in the world.

2.9 Knowledge gap

There is high awareness of VCT services among Universities in the world especially universities in Africa. Studies have revealed, however, that there is still fear of being seen going for VCT among the young people. Knowledge of VCT services is high although the accuracy of the knowledge is in doubt in some cases. However, the knowledge does not translate to uptake of these services; hence uptake of VCT services is low in most Tertiary Educational Institutions. Some studies show that knowledge of VCT services increases a change in behaviour while other studies show that knowledge does not always increase the use of the services, but rather it is repeated VCT discussions that encourage the young people to take up the services. The fact that behaviour change is happening at low pace raises doubts about the quality, appropriateness and presentation of information to young people. Some studies show that high perceived susceptibility increases uptake of VCT services while others show that it does not. The young people have high group risk perception but generally low perception of self-risk yet they engage in risky sexual behaviour that exposes them to HIV. In view of the above, VCT utilization by the young adults is still quite a challenge and there is need to review the information, counselling and testing strategies so as to reach the youth who are vulnerable to HIV/AIDS.

2.10 Summary

The chapter presented the literature review used in the study. The aspects of the literature reviewed include the global incidences of HIV/AIDS, Susceptibility to HIV/AIDS among Tertiary

Educational Institutions, VCT, it's advantages and disadvantages, awareness of VCT services among Tertiary Education students, VCT services in Zambia's Tertiary Educational Institutions, knowledge, perceptions and attitudes among Tertiary education students, Factors influencing the uptake pf VCT services among Tertiary Education students, a critique of the literature and the knowledge gap. The next chapter will undertake a detailed presentation of the research methodology

CHAPTER THREE

METHODOLOGY

3.0 Overview

This section of the study discourses the aspects of the research methodology which was used. The research methodology included research population, the sampling method, sample size, data collection method and data analysis.

3.1 Research Design

The research design was based on the study objectives and provided the framework for determining how and why the study was conducted. Babbie (2007: p87). In this instance, it was the overall plan for answering research questions and was based on identifying specific techniques of following through on research questions and collecting the appropriate data. A survey design supporting quantitative and qualitative (mixed method) data collection was used. Processing of data was carried out using the Statistical Package for Social Scientists (SPSS Version 20) get descriptive statistics. Qualitative data from open ended questions was analyzed using thematic analysis technique and presented descriptively. Verbalisms were used in the presentation of qualitative findings.

The study employed a mixed methods approach (both qualitative and quantitative). The qualitative component involved in the collection of narrative data on key variables in a naturalist setting in order to gain insight while the quantitative component involved the collection of numerical data in order to explain a phenomenon of interests Gay (1996: p263:1997). In this study the data collected were primarily qualitative with some quantitative features to address particular questions, through the use of a self-administered questionnaire which was circulated among the students.

3.2 Study population

The research population for the study were all students enrolled at KCE campus for undergraduate studies. Students met the sampling criteria for inclusion in the study. Burns & Grove (2005: p806). To be eligible for inclusion, individuals had to be registered students of the

University College, aged 18 years and older and were willing to give consent for their responses to be included in the data for study.

3.3 Sample size

Participants in the study were students enrolled at Kitwe College of Education (KCE) for the 2018 academic year, 18 years and older. The respondents were not paid for their participation. The researcher had reasonable access to mostly first, second, and third year Primary Diploma students of both sexes. A total number of one hundred (100) respondents were targeted and expected to complete the questionnaire, these comprised of fifty (50) male and fifty (50) female students.

3.4 Sampling technique

Once the population was defined, a sample was selected. A sample is a section or sub-group of the population the researcher intends to study (Hartas 2010:67). Sampling is the process of selecting a portion of the population to represent the entire population so that inferences can be drawn (Polit & Beck 2008:338).

Simple random sampling was used in this study to select participants. A simple random sample is meant to be an unbiased representation of a group. It was based on student availability and willingness to participate in the research. This was to allow for a quicker non-biased turn-around considering the busy schedules of students. The basis for opting for simple random sampling was because data was collected during a week when first year students were doing their summative exams in expressive art and because of that, the researcher was compelled to use a technique in which everyone in the entire population had an equal chance of being selected.

3.5 Research Instruments

A self-administered questionnaire was used to collect the data, structured to provide a simple and straightforward tool to collect data on the attitudes, values, beliefs and motives of respondents Robson, (2002). The questionnaire for this study was expected to produce more

accurate results on such a sensitive topic as counselling and testing for HIV (Robson, 2002). According to Palys (1997), researcher makes face to face contact with a single respondent who completes the self-administered questionnaire by himself or herself and the researcher may or may not continue to be present. Face to face contact provides a higher response rate, and the chance to clarify ambiguities or misunderstandings, and to monitor the conditions of completion. Questionnaire is appropriate when the target samples are adequately literate (Babbie and Mouton, 2001), in this case were college students. In this study, the questions involved some sensitive issues, like HIV testing history and sexual behaviours. Respondents are sometimes reluctant to report deviant attitudes or behaviours in interviews but are willing to respond to an anonymous self-administered questionnaire (Babbie and Mouton, 2001). Moreover, questionnaires are affordable and flexible. It is a good way to amass a lot of data quickly Palys (1997).

The questionnaire consisted structured, closed-ended questions: single or multiple response which was analyzed and summarized quantitatively as well as open-ended questions, which was analyzed qualitatively.

3.6 Data analysis

The quantitative data of the study collected from the closed-ended questions were edited, coded, categorized and analyzed using SPSS version 20 for Windows.

Using thematic analysis, the qualitative data collected from open-ended questions were summarized and coded into categories according to the themes that emerged. This involved sorting the data collected into both predefined and emerging themes, categories and patterns (De Vos 2005:337; Babbie 2007:384), analyzed according to the research questions. The research findings were then considered in with the context of existing literature and current research in order to offer critique, possible applications, and further directions of research as well as to enhance rigour of the study.

3.7 VALIDITY AND RELIABILITY

3.7.1 Validity is the degree to which an instrument measures what is supposed to be measuring. According to (Babbie, 2001: 142), It is the extent to which an empirical measure adequately reflects the real meaning of the concept under investigation. Essentially validity tells us whether an instrument measures or describes what it is supposed to measure or describe.

3.7.2 Reliability refers to the accuracy of the instrument, which requires elimination of bias from the interviewer aspect. According to (Babbie, 2001: 140), reliability of an instrument is the consistency with which an instrument measures an attribute it is supposed to measure and whether the same techniques if applied at different times to different people will yield similar results. An instrument is said to be reliable if its measures accurately reflects the true score of the attribute under investigation or Reliability is the measure of an instrument consistency (Polit and Hungler, 1999: 653) and the reliability of an instrument can be assessed through measuring the stability, internal consistency and the equivalent of the instruments.

3.8 Ethical consideration

Conducting research that is ethical requires a commitment that lasts not only throughout the life of the research but also afterwards at the dissemination stage and even beyond. For this study ethical clearance was approved by the University of Zambia in collaboration with Zimbabwe open University under the Institute of Distance Education (IDE) in Zambia.

The data collected was handled confidentially and the respondents were not required to identify themselves when populating the questionnaire. Participation was anonymous and individual consent was obtained from each of the participants who were treated with respect. Participation was voluntary and students were informed that they could withdraw from the research if they liked to do so.

Confidentiality was maintained. The data and results were held unavailable to unauthorized persons outside of the study

3.9 Limitations of the field work

Due to time limitation and financial support, a limited sample was used in this study. Convenience sample selection does not adequately represent the population of all target students. The study population was confined to students who were available on the day data was collected at Kitwe College of Education and did not extend to all students of the college.

3.10 Summary

This chapter focused on the research methodology used in the study. The sampling method was discussed. The procedures adopted to collect and analyse data were presented and explained. A self-administered questionnaire was used to gather data, which was collected over a period of 3 days. The data collected from closed ended questions were analysed using SPSS version 20 while data from open ended questions were group in themes coded and analyzed using thematic analysis. Finally, the method was evaluated and the issues of validity and reliability of the data collection method were considered.

CHAPTER FOUR

PRESENTATION OF THE FINDINGS

4.0 Overview

This chapter presents and discusses the findings of the study. The presentation and discussion of the findings are a crucial part of any research project. According to De Vos (2005:333), it is essential that the discussion and presentation of the findings be systematic, logical, concise and drawn from all the data analysed. The chapter begins by presenting the biographical details of the participants, followed by an analysis of the main themes and identification of categories.

The purpose of this study was to investigate the perceptions of tertiary students towards On-Campus VCT services, highlighting students' awareness and understanding of VCT services, and the factors that motivate or deters students from utilising On-Campus VCT services at KCE. The research was guided by the following research questions which mirror the objectives.

- (i) To what extent are Kitwe College of Education students aware of the availability of on-Campus VCT services?
- (ii) How do Kitwe College of Education students generally perceive VCT?
- (iii) What factors influence the perception of Kitwe College of Education students towards the use of on-campus VCT services?

4.1 Characteristics of Participants

This section describes the characteristics of the participants who took part in this study. A full description of the attributes which made the participants best suited for the study is given. The demographic information collected includes age, gender, and the year of study. All the participants were KCE students.

Table 1: Demographic responses of students

Variable	Value	Frequency	Percentage
Gender	Female	17	39%
	Male	24	55%
	No response	3	7%
	Total	44	100%
Age	18-25	31	71%
	26-49	8	18%
	Over 50	1	2%
	No response	4	9%
	Total	44	100%
Year of study	1st Year	10	23%
	2nd Year	6	14%
	3rd Year	24	55%
	Degree	1	2%
	No response	3	7%
	Total	44	100%

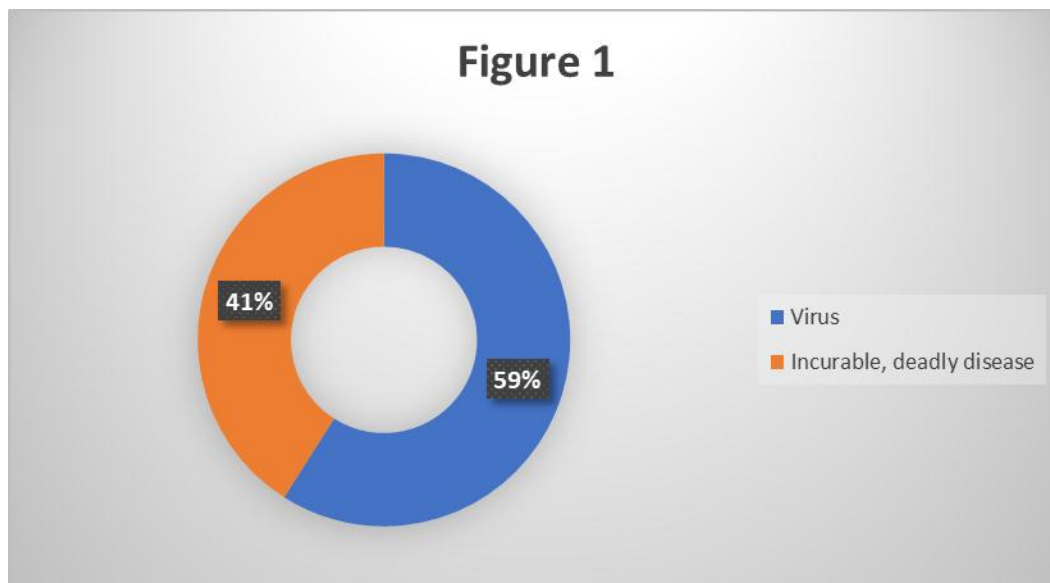
The age range of participants was between 18 and 50 years, with the majority (31), (71%) of the participants aged between 18 and 25 years. (39), 89% of all of the participants fell within the research target age range of 15 to 49, with only (1), 2% of participants falling outside at over 50 years of age. There were more males than females represented, (24), 55% and (17), 39% respectively, with (3), 7% unresponsive with regard to gender orientation questions. With regard to the year of study, the majority of the participants (24), (55%) were third year students, with (10), 23% 1st year students and (6), 14% being first 2nd year students respectively, in the three years diploma program. Only (1), 2% were in the newly introduced 4th year undergraduate degree program. The participants' demographic variables are summarized in Table 1 above.

4.2 Students' Understanding of HIV/AIDS

As a prerequisite to the introduction of the concept of VCT, students were asked basic questions regarding their understanding of HIV and AIDS.

In response, (26), 59% percent of students understood it as a virus while (18), 41% referred to it as an incurable deadly or incurable disease. These descriptions in essence mean the same thing in the minds of respondents, even though a more scientific distinction might be preferred by technocrats.

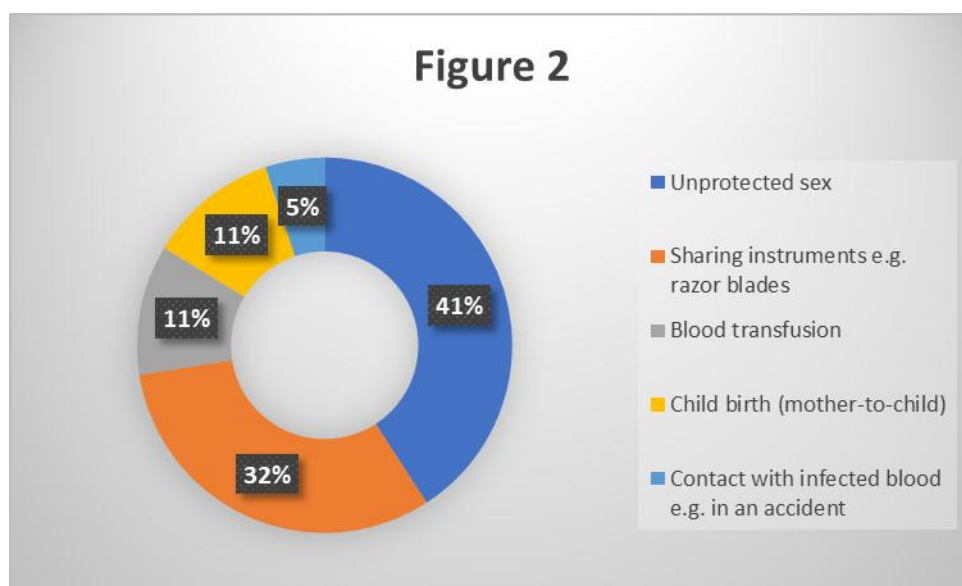
Figure 1 below refers to student's responses on their understanding of HIV/AIDS.



4.3 Students understanding on the ways of transmission

When asked ways in which HIV is transmitted, students' answers were as follows: the majority 41% said that HIV is transmitted through unprotected sex, 32% said it is transmitted through sharing of sharp objects, 11% said through blood transfusion, another 11% said through breastfeeding and 5% through contact with infected blood.

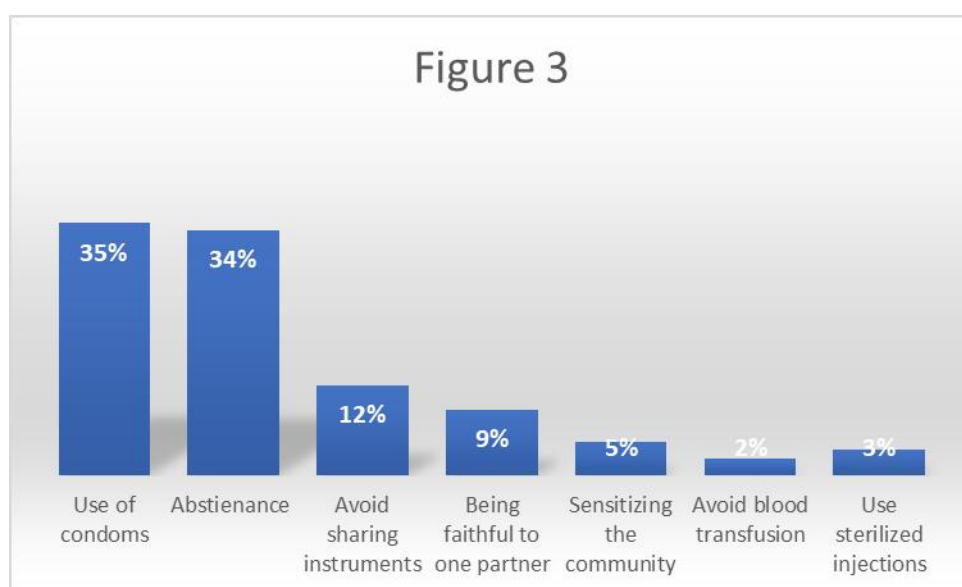
Figure 2: **Students understanding of the ways of transmission of HIV/AIDS**



4.4 Students understanding of how HIV can be prevented

Students were asked to make suggestions on how HIV can be prevented.

Figure 3 below shows responses from students on the modes of prevention of HIV.



Student's responses on the ways of transmission of HIV were as follows, 34% suggested abstinence, 35% the use of condoms, and 12% the avoidance of sharing sharp instruments. 9% went on to say being faithful to one sexual partner, 5% said sensitizing the communities they lived in about HIV and AIDS, 2% said avoiding blood transfusion, with 3% pointed to the use of sterilized injections.

4.5 Students' understanding of VCT

Having gained an appreciation of students understanding of HIV and AIDS, they were asked what they understood by VCT, to which the following remarks emanated and table 2 below shows their responses.

Table 2: Students' understanding of VCT

	Frequency	Percentage
A department, organization	18	49%
Advice/counselling	10	27%
Program that encourages people to know their HIV status	9	24%
	37	100%

The majority (18), (49%) thought it was a department or organization that provides counselling and testing on HIV/AIDS, (10), 27% thought it was a place of advice and counselling given to people before they test for HIV while (9), 24% thought it was a program that encourages people to know their HIV status.

4.7 Students knowledge and attitudes regarding VCT

Table 3 below indicates responses from students on their knowledge and attitude regarding VCT.

Knowledge on VCT	Knowledgeable	33	75%
	Not knowledgeable	6	14%
	No response	5	11%
	Total	44	100%
Attitude towards VCT on campus	Positive	23	52%
	Negative	20	45%
	No response	1	2%
	Total	44	100%

(33), 75% of the students said they were knowledgeable about VCT, (6), 14% indicated they were not while (11), 5 gave no response. With regards to student's attitudes towards on-campus VCT services, (23), 52% revealed a positive attitude, (20), 45% projected a negative attitude and (1), 2% gave no response.

4.7 Students' awareness and perceptions towards On-Campus VCT services

Table 4 below highlights the research results with regard to how students responded to questions asked on their awareness of VCT services on campus as well as their perceptions towards those services.

Table 4: Responses to statement on students' awareness and perceptions towards on-campus VCT services

Statement	Yes		No		Total	
	Freq.	%	Freq.	%	Freq.	%
Is VCT important in the fight against HIV/AIDS?	42	100%	0	0%	42	100%
Do you know where VCT is provided?	34	87%	5	13%	39	100%
Are you aware that there is a VCT centre at your institution?	33	79%	9	21%	42	100%
Are you comfortable going for VCT at its current location set-up on campus?	24	57%	18	43%	42	100%
Are the VCT counsellors professional or qualified?	29	71%	12	29%	41	100%
Would it increase the chances of you going for VCT if the counsellors were more specialized and trained?	34	94%	2	6%	36	100%
Would it encourage you to go for VCT?	25	96%	1	4%	26	100%

When asked if VCT was important in the fight against HIV/AIDS, all students gave answers in the affirmative. When asked if they knew where VCT was provided on campus (34), 87% said they did and (5). Only 13% said they did not. When asked if they were aware that there was an On-Campus VCT centre at their institution, (33), 79% said they were aware with (12), 29% declaring that they were unaware of the existence of the facility. Regarding the location of the

On-Campus VCT Centre, students were asked if they were comfortable going for VCT at its current Location set-up on campus: In response, (24), 57% of students said yes while the remaining (18), 43% gave a categoric “no”. Asked if they thought the VCT counsellors professional or qualified, (29), 71% of students said yes while (12), 29% said no. When students were asked if it would increase their chances of going for VCT if the counsellors were more specialized and trained, an overwhelming (34), 94% said yes with (2), 6% saying no. The question of whether presence of more specialized and trained counsellors would encourage students to go for VCT received a resounding yes by (25), 96% of participants with only (1), 4% saying no. See the diagrammatic representation of these research results in Table 4 above.

4.8 Students’ willingness to go for VCT

Table 5: Respondents’ willingness to go for VCT

Statement	Yes		No		Total	
	Freq.	%	Freq.	%	Freq.	%
Did you know that you can go for VCT and opt not to be tested ?	27	68%	13	33%	40	100%
Have you ever had VCT done in the past ?	33	85%	6	15%	39	100%
Would you be currently interested in taking VCT...?	33	85%	6	15%	39	100%
Would you recommend anyone for VCT?	35	90%	4	10%	39	100%

Having gained an understanding of VCT and the availability of VCT services on campus as well as their perceptions of the services, students were engaged on the question of whether they were aware that they were free to access voluntary counselling without having to test for HIV. (27), 68% of students said were aware while the remaining (13), 33% said they were not. When asked whether they had had VCT done in the past, (33), 85% said they had and (6), 15% said they had never. When asked if they would consider taking VCT whether or not they had previously done so, (33), 85% said they would and (6), 15% declined. When asked if they would recommend anyone for VCT, (35), 90% said they would not while (4), 10% said they would. A few qualitative excerpts of some of the more interesting and telling reasons advanced by students who did not want to take VCT included the following:

“I have not had any sexual partner for the past one year,”

"I am not yet ready,"

"I am afraid of going, maybe you can yourself positive."

"I haven't done anything that can make me feel like I contracted the disease."

"It's just time shortage, but the new information I have I would even go right now because am convinced it's important to know my status."

These statements suggest that students perceive themselves at low risk of having HIV as exemplified by statements like *"I have not had any sexual partner for the past one year,"* or *"I haven't done anything that can make me feel like I contracted the disease."* There is also fear to learn their status, *"I am afraid of going, maybe you can yourself positive."* It is also interesting that there is some avoidance, *"It's just time shortage, but the new information I have I would even go right now because am convinced it's important to know my status."* While these responses appear different, they do speak to the wider concerns of knowing one's HIV status which may lead to stigmatization and uncertainty for the future if one finds themselves HIV positive. The benefits of VCT, such as behavior change, and the value of counseling to help students cope with this potentially life changing news.

When students were asked if they would recommend VCT to anyone, (35), 90% of them said they would while (4), 10% said they would not.

4.9 Students' responses on whether they had gone for VCT

Table 6 shows responses of students on whether they had gone for VCT.

Variable	Values	Frequency	Percentage
Where did you undergo VCT?	Hospital	12	27%
	Clinic	12	27%
	On campus	10	23%
	NGO	1	2%
	Other	1	2%
	No response	8	18%
	Total	44	100%
Have you been to the VCT centre at your campus clinic?	Yes	14	32%
	No	19	43%
	No response	11	25%
	Total	44	100%
Would you prefer to take VCT from your on-campus site?	Yes	14	32%
	No	19	43%
	No response	11	25%
	Total	44	100%

The above table represents responses from students on the uptake of VCT services. Students were asked where they had taken VCT from, (12), 27% said from a hospital, another (12), 27% said from a clinic, while (10). Interestingly, only 23% said from their KCE clinic on campus, (1), 2% said from an NGO and the (1), 2% said other. This suggests low utilization of VCT services at the campus by respondents. When asked if they had been to their on-campus VCT centre located at their clinic, (14), 32% of the students responded with a yes while (19), 43% indicated that they had not been, the remaining (11), 25% gave no response. When asked whether they would prefer to take VCT from their on-campus site, (14), 32% said they would while (19), 43% said they wouldn't, (11), 25% did not give a response. This data suggests a lower proportion of students actually used VCT services, while 43% categorically stated that they would not use on-campus VCT services, suggesting reluctance for one reason or the other.

4.10 Experience of on-campus VCT services

students were asked if they had been to their on-campus VCT centre of which from the above table (14), 32% agreed to have been there, students were then asked to share their experience on their on-campus VCT centre. These were some of their responses;

“positive and confidential”

“I obtained necessary knowledge on VCT”

“The counselling Centre did not have enough space which needs to be improved”

“Obtained a clear understanding on how to take care of myself”

“Not very impressive”

“Negative”

“It was okay”

“Inadequate space”

“Good”

“Felt scared”

“Educative and encouraging”

“Testing was very transparent”

4.11 What can be done to improve the location and set up for the on campus VCT facility?

Table 7: Suggestion on improving the location and set-up of the VCT Centre

	Frequency	Percentage
Relocate the VCT Centre	15	58%
Nothing should be done	4	15%
Improve facilities	4	15%
Improve staffing	2	8%
Publicise the Centre	1	4%
	26	100%

Students were asked what could be done to the current location of the on campus VCT centre in order to encourage them to increase their uptake of the services. Table 7 above shows their responses. (15), 58% felt that the facility to be relocated to a more private and secluded area, (4), 15% felt that the current location of the facility should be maintained, (4), 15% felt that the current facility could use some renovation to create more space and privacy, (2), 8% felt that an

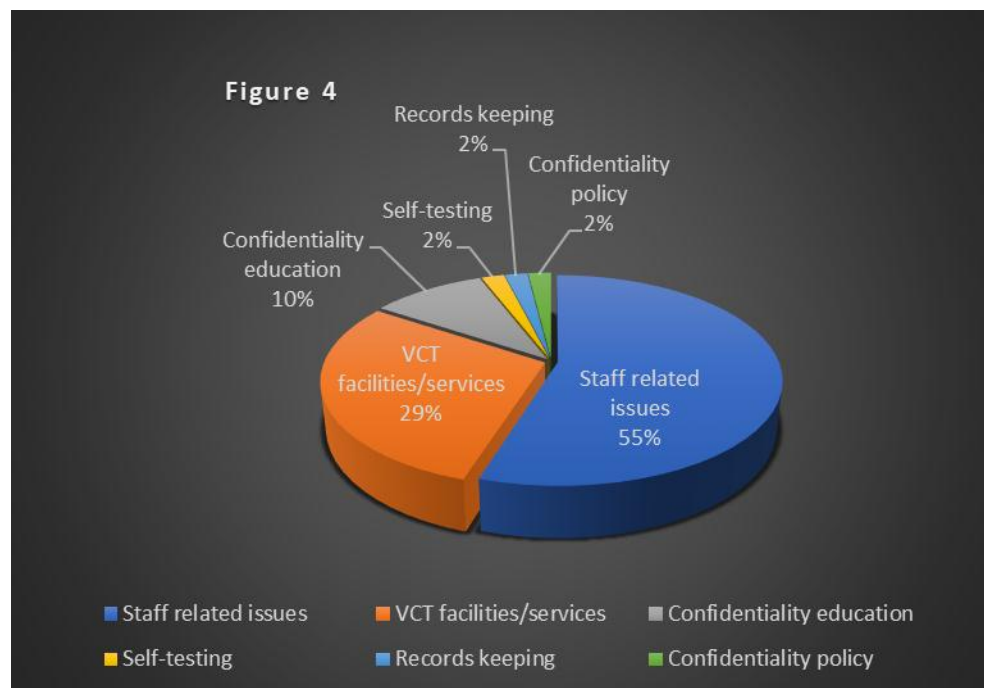
improvement in the calibre of counsellors would encourage their uptake and (1), 4% felt that raising more publicity on the availability of the centre would encourage students to make use of the facility.

The majority of responses (58%) suggest that students felt that the visibility of the VCT centre was an issue. The concern here maybe that they are likely to be seen going to the facility. In the context of the data, it appears that fear and stigmatization are important barriers to the utilization of VCT facilities by students.

4.12 How can the privacy and confidentiality of clients regarding VCT on campus be improved?

Below is a figure presentation of responses from students on issues of privacy and confidentiality in relation to how they affect the uptake of VCT services.

Figure 4: Students' suggestions on how to improve privacy and confidentiality on campus with regard to VCT



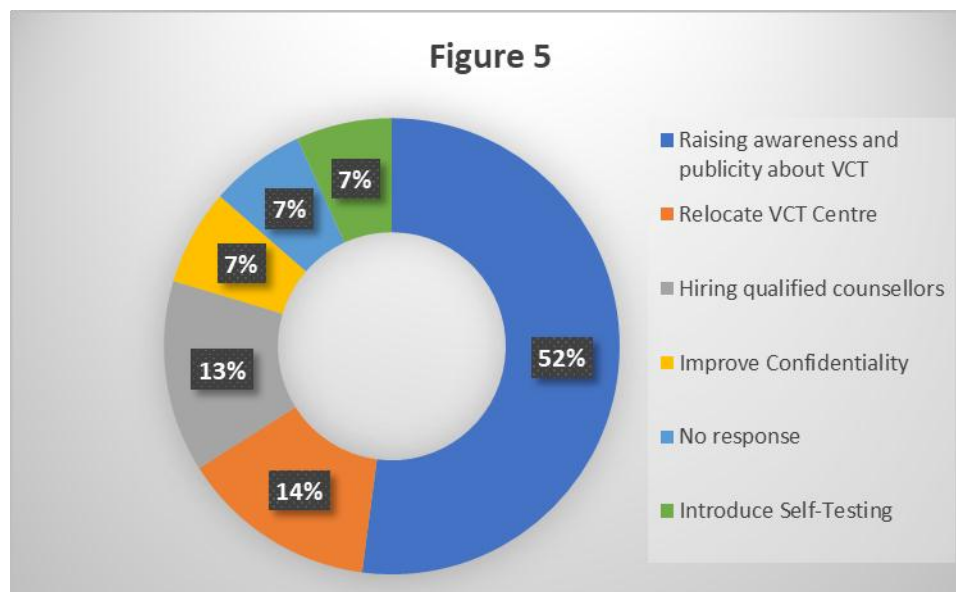
Responses to this question were grouped into themed categories. Students suggested that in order to increase the uptake of on-campus VCT services, an improvement in privacy and confidentiality with regard to VCT was key. The highest consideration 55% was the calibre and experience of VCT counsellors (staff). Students advocated that College management should

employ counsellors who are highly trained, specialised, experienced, mature and sober-minded. The second highest ranking 29 % consideration was that students felt that the current VCT centre was located in a place that was too open and favoured a much more secluded location. To a lesser significant extent 10%, students also recommended the introduction of privacy and confidentiality lessons and a confidentiality policy to protect the rights of HIV positive students. Other less significant recommendations included the need for the College should introduce and encourage HIV self-testing 2%, and enhance the confidentiality around record keeping 2% .

4.13 Students' suggestions on improving the location and set-up of the VCT Centre

As part of identifying factors influencing the students' perceptions on the uptake of VCT services, students were asked to give their opinion on what should be invested in to encourage the students to utilize the on-campus VCT services. The table below summarises responses received.

Figure 5: suggestions to encourage students' uptake of on-campus VCT



Students indicated areas they thought were key in achieving that objective and came up with the following results: (23), 52% of the students suggested that raising awareness and publicity about VCT would encourage them to increase their uptake on VCT, (6), 14% suggested were in favour of relocating the VCT centre to a more private and enclosed place, (4), 13% of the students said that hiring more qualified counsellors would encourage their uptake, (3), 7% of the

students suggested an improvement in confidentiality would encourage them to take VCT, while another (3), 7% suggested that an introduction of self-testing kits would encourage their uptake on VCT and finally (3), 7% of the remaining students did not give a response to the question.

4.13.1 Students were asked to give suggestions on how stigma around HIV/AIDS could be reduced or eliminated.

Table 7 below gives the responses of the students which were grouped in three categories according to the emerging themes.

Table 8: Students' suggestions on how stigma around HIV/AIDS can be reduced or eliminated

Sensitize people about HIV/AIDS Count	25	58%
Non response	11	26%
Educate people on HIV/AIDS Count	6	14%
Raise awareness Count	1	2%
Total	43	100%

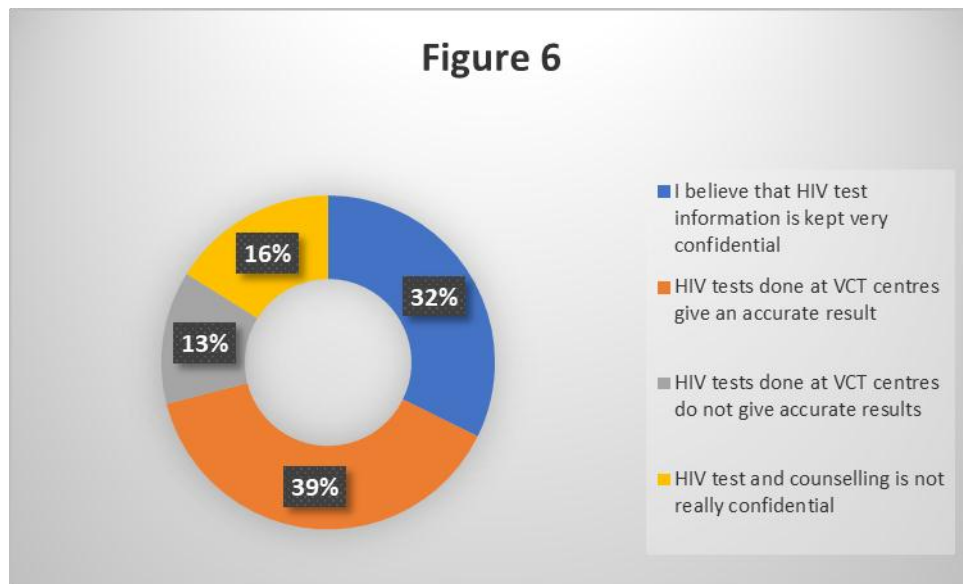
From table 7 above, (25), 58% of the students suggested that sensitizing students and members of the community around issues relating to HIV/AIDS would help reduce and or eliminate stigma in relation to HIV/AIDS issues, (11), of students did not give any *suggestions, (6), 14% suggested that educating people on HIV/AIDS would help reduce stigma and (1), 2% suggested that raising awareness among students and the community on HIV/AIDS would further help curb stigma.

4.14 Students were asked about the utilisation of on campus VCT services.

They were given reason tables in which they could answers to multiple responses that applied to them.

4.14.1 Figure 6 below shows responses from students on confidentiality and support

Figure 6: Confidentiality and support



32% of the students believe that HIV test information is kept private, 39% of the students believe that HIV tests done at VCT centres give accurate results, 13% believe that HIV tests done at VCT centres do not give accurate results and 16% believe that HIV test and counselling is not really confidential.

4.14.1 Perceived susceptibility

Table 9: students' multiple responses to their perceived susceptibility

	Responses		Percent of Cases
	N	Percent	
I have been sexually active in the past 12 months	27	38%	72%
I have had protected sex in the past 12 months	18	25%	64%
I have had unprotected sex in the past 12 months	9	13%	36%
I have had sex with more than one partner in the past 12 months	6	10%	24%
There is a possibility that I may be HIV positive	5	8%	20%
I have had consensual sex whilst under the influence of alcohol/recreational drugs in the past 12 months	3	4%	12%
I have been coerced into having sex whilst under the influence of alcohol/recreational drugs	3	4%	12%
I have had or taken treatment for an STI in the past 12 months	1	1%	4%
Total	72	100%	

Table 9 above shows responses of students based on their sexual activities in the past twelve months. 38% of the students were sexually active, 25% of them had engaged in protected sex in the past 12 months while 13% had unprotected sex. 10% had sex with more than one partner, 8% felt that they could be HIV positive, 4% had consensual sex whilst under the influence of alcohol/recreational drugs, another 4% admitted to having been coerced into having sex whilst under the influence of alcohol/recreational drugs and 1% had taken treatment for an STI in the past 12 months.

4.15 Personal concerns

Table 10: student's multiple responses to their personal concerns

Reason 1: Personal concerns	Responses		Percent of Cases
	N	Percent	
I would discuss HIV test results with my partner family	25	19%	69%
HIV counselling and testing on campus is a pleasant experience	16	12%	44%
I consider going for HIV counselling and testing extremely frightening	15	12%	42%
Others on campus may assume I have HIV if I decide to take a test	15	12%	42%
I am afraid that my name would go into public records if I tested for HIV on campus	15	12%	42%
I consider going for an HIV test on campus to be a humiliating experience	14	11%	39%
I do not consider taking an HIV test for fear of being asked about things I have done in private	10	8%	28%
Taking an HIV test on campus would suggest that I am involved in immoral behaviour	10	8%	28%
I have no reason to take VCT because I trust myself and or my partner	10	8%	28%
Total	130	100%	

Table 10 above shows responses of students based on their personal concerns with regards to VCT.

19% showed willingness to share their HIV test results with their partner or family. At 12% apiece, some considered on campus HIV testing a pleasant experience, others considered it extremely frightening while yet others were afraid that their names would go into public records if they tested for HIV. 11% considered it a humiliating experience. A further 8% apiece indicated they did not consider taking the test for fear of intrusion into their privacy, others because they felt taking the test suggested involvement in immoral behaviour while yet others saw no need for the test because they trusted themselves and their partner.

4.16 Table 11 Students' multiple responses to their friend's concerns

Reason 2: Friend's Concerns	Responses		Percent of Cases
	N	Percent	
I would freely discuss taking an HIV test with my friends	25	35%	74%
My friends would not treat me differently I tested positive for HIV	17	24%	50%
My friends would treat me differently if I tested positive for HIV	16	22%	47%
Am afraid someone on campus would find out that I was tested for HIV	10	14%	29%
I would be embarrassed if my friends on campus knew that I took an HIV test	4	6%	12%
Total	72	100%	

Table 11 above highlights students' responses in light of how they thought their friends would react to them taking an HIV test or to testing positive for HIV. 35% indicated they would freely discuss taking an HIV test with friends while 24% felt their friends would treat them no differently if they tested positive. However, 22% felt they would be treated differently by their friends if they tested positive. 14% indicated that they were afraid that news would spread around campus if they tested positive. 6% said they would be embarrassed if their friends on campus learnt that they had taken an HIV test.

4.17 Value of HIV Testing

Table 12: students' multiple responses to their value of HIV testing

Reason 3: Value of HIV testing	Responses		Percent of Cases
	N	Percent	
Going for HIV counselling and testing is very important	33	51%	97%
Anyone who tests for HIV is engaged in immoral behaviours	17	26%	50%
I go for regular HIV testing	14	22%	41%
I do not have time to get an HIV test	1	2%	3%
Total	65	100%	

Table 12 above shows responses of students based on their value of HIV testing. 51% felt that HIV testing and counselling is very Important. 26% felt that anyone who tested for HIV was engaged in immoral behaviour while 22% went for regular HIV testing and 2% said that they did not have time to get an HIV test.

4.13 Summary

This chapter presented the findings of the study. Demographic data of the participants was presented first. This was followed by presentation and analysis of data using tables and figures generated from Spss and thematic analysis. The next chapter will present the discussion of the findings.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.0 overview

This chapter discusses the findings of the study as presented in chapter four, with reference to the relevant literature and information obtained from other studies. The results will be discussed in line with objectives of this study. In accordance with Flick (2009:49), the literature review was used for quality control purposes in order to contextualise, compare and inform conclusions of the current study. The literature review therefore guided the discussion of the objectives set and themes identified from the data analysis.

The direction of the discussion of the findings was based on findings in relation to the three key objectives of the study namely: To establish students' awareness of availability of VCT services on campus; To determine the students' perceptions and attitudes towards VCT services; To explore the factors influencing the students' perceptions on the uptake of VCT services at Kitwe College of Education.

5.1 Objective 1: Students' awareness of availability of on-campus VCT services,

The study revealed that the majority students from KCE understood what HIV/AIDS is, the ways in which it is transmitted and the ways in which it can be prevented as a precursor to the introduction of the concept of VCT. Results of the study further revealed that students generally understood the meaning of VCT.

With regard to students' awareness of the availability of on-campus VCT services, research results highlighted that as at the time of the study, the vast majority of students (33), 79% were aware of the availability of VCT services however utilization was low at their institution while the remainder were not. These results suggest that despite their awareness of the availability of on-campus VCT services, students were still afraid to utilise them. These findings are in line with a study that was conducted in Enugu, Nigeria by (Uzochukwu et al. 2011), where 250 undergraduate students from two tertiary institutions answered an interviewer administered questionnaire (117), 64% of the students indicated they were aware of VCT facilities on campus.

Interestingly, the study further revealed that all the students involved in the study, without exception, were of the view that VCT is important in the fight against HIV/AIDS. Notwithstanding

this, the majority of students 57%, being aware of the availability of on-campus VCT services, still indicated unwillingness or discomfort with accessing VCT Services at their current location.

According to Kelly (2000), HIV/AIDS is creating a host of problems that threaten to overwhelm the very fabric and structure of educational organisations, management and provision as we have traditionally known it. Currently its only through the use of preventative measures that the scourge can be minimized in view of the fact that there is presently no cure for HIV/AIDS in sight. One of the key criteria that can be used to curb the widespread incidence of HIV/AIDS is VCT. VCT has not escaped the scepticism and cynicism that comes with people knowing their status despite all the positive things associated with it.

5.2 Objective 2: students' perceptions and attitudes towards VCT services,

Having gained an understanding of VCT and the availability of VCT services on campus, the study revealed that most students (23), 52% viewed VCT services in positive light while 20 (45%) had a negative outlook. Their negative attitudes towards VCT suggested and emphasised fear of the outcome of testing rather than highlighting the benefits of the counselling part of VCT. This was in line with other previous studies performed. A study on HIV VCT in Nakuru, Kenya for instance, revealed that participants had positive attitudes towards VCT and were more willing to seek HIV testing (Irungu, Varkey, Cha & Patterson 2008:113). A study by Eytiope O. Amu and Foulke Adenike Olatona 2014, knowledge of HIV and VCT and attitude to VCT among national youth 58% had a positive attitude while 42% had a negative attitude.

Additionally, the study revealed that of all students (42), 95% that gave a response, were of the persuasion that VCT was important in the fight against HIV/AIDS. This suggested that the challenge was not the lack of understanding of the importance of VCT but rather the lack of clarity on the components of VCT (counselling and testing). Students appeared mortified by the testing element to the extent that due opportunity was not accorded to the counselling part, which if effectively communicated and understood could positively drive behavioural change among students.

5.3 Objective 3: factors influencing the students' perceptions on the uptake of on-campus VCT services in tertiary educational institutions.

Considering that all the students that responded agreed with the statement that VCT was important and key in the fight against HIV/AIDS, it was intriguing to note responses building on that foundation, with regard to their willingness to go for VCT. The study revealed that (33), 85%

students had undergone VCT in the past while (6), 15% had not. These findings are in contrast with a study done Data from the Mount Kenya University HIV/AIDS open day carried out at the main campus in 2010 by LVCT which showed that out of a student population of 5811, 1500 students visited the VCT, out of which 1070 (18.4%) were tested. The research results suggested that since the study of 2010 from the Mount Royal Kenya University data, there had been a significant increase in the uptake of VCT services by students in this sample.

Students were asked to give reasons for not undergoing VCT, some of the common excerpts for the decline in taking VCT included the following: *"I have not had any sexual partner for the past one year," "I haven't done anything that can make me feel like I contracted the disease."* In as much as on face value, the quoted sentiments may appear to signal risk free behaviours among students, they also suggest a minimisation of self-risk and more importantly a lack of full awareness and understanding of VCT strategies. According to Obermeyer and Osborn (2007:1764), the major barrier to HIV testing is the individuals' reluctance to acknowledge that they are at risk even when in fact they are. The study by Obermeyer and Osborn (2007:1764) further gives credence to the results of this study whereby there was substantial risky sexual behaviour among students but with incongruently low levels of awareness of their own susceptibility and risk to HIV/AIDS. To elaborate on this, students were asked questions concerning their sexual behaviour in the past 12 months and gave very telling responses. Taking cognisance of intersections arising from the nature of questions asked (each respondent could give multiple answers from the selection provided), responses from the 44 students revealed the following; *27 students indicated that they had been sexually active, with 18 stating they had engaged in protected sex and 9 confiding that they had had unprotected sex. 6 admitted to having had sex with more than one sexual partner, 3 to having had sex whilst under the influence of alcohol or recreational drugs and another 3 to having been coerced into having sex whilst under the influence of alcohol or recreational drugs. One (1) admitted to having received treatment for an STI.* Considering this pattern of risky sexual behaviour among a proportionately large number of students, it was rather unexpected that only 5 actually thought there was a possibility that they may be HIV positive.

Additionally, on students' willingness to go for VCT (33), 85% indicated that they would be interested in re-taking or undergoing VCT while (6), 15% said they would not. When asked whether or not they would recommend VCT to others (35), 90% stated that they would, and (4), 10% that they would not. Even though the majority of students indicated that they would be interested in re-taking VCT, the study revealed that the majority (19), 43% had not actually

taken up or utilised on-Campus VCT services at all with only (14), 32% having visited the centre. There were some very insightful mixed responses worth mentioning from the students that had actually been to the centre. Some described their experience as positive, others as educative, encouraging and confidential while others attested to having obtained necessary knowledge and clarity on VCT and learnt a thing or two about how better take care of themselves. Others, however, had experiences that were less than positive with some saying their experience was not very impressive. Some complained about the size of counselling centre saying it did not have enough space. Others described their experience as negative whilst others said they felt scared. Despite the varied range of reasons advanced by students to try and explain the low uptake of on-campus VCT services. These responses suggested that the respondents found the VCT experience to be useful with regard to the services provided as suggested by quotes like, *"Obtained a clear understanding on how to take care of myself"* and *"Educative and encouraging"* to statements that reflected apprehension, *"Felt scared"* or negativity, *"Not very impressive"*. There were also statements that reflected the state of the counselling environment such as *"The counselling Centre did not have enough space which needs to be improved"* which could also impact utilization, beyond the uncertainty of knowing one's HIV status. A clearer communication by management and appreciation by students of the benefits and meaning of the counselling component of VCT would go a long way in allaying student's fears and lead to an increased uptake of on-campus VCT services.

When asked if they were comfortable going for VCT at its current location and set-up on campus, the majority of students (24) 57% said yes while (18) 43% said no. When students were asked to give opinions on what could be done in terms of location and set-up of the VCT centre that would give them a sense of privacy and confidentiality, the study revealed that (15) 58% of the students suggested that the VCT centre should be relocated to a more private and secluded area where they were unlikely to meet people they knew, Excerpts from some of the students included the following: *"Many people are so insecure and feel that everyone is watching or rather looking at them especially students hence the location set up of VCT should be somewhere hidden where at least not everyone should see you as you go there,"* *"The location and set up is not properly established, thus people are not free to go for VCT,"* (4),15% felt that the current location was appropriate, the remaining (4) 15% felt that the current infrastructure could do with some renovations and improvement to make it much more spacious, private and separated from the main clinic, *"It is too open where everyone can see you that you have gone for VCT,"* *"Normally it is highly congested at its current location. It should be located at a place that is conducive enough for the exercise VCT."* One student responded *"Am not*

aware of its location, they need to inform us about it because not so much has been done about it and guess many are not aware about it." Here too, the common emerging theme of fear is suggested by students' responses. All the verbatim responses above about the location, privacy concerns, congestion, perception of peers all pointed to one overarching theme; students were fearful of VCT testing. This is because it appeared as though VCT was, in the students' minds only about testing, and therefore there was concern about the stigma that comes with not only unfavorable testing outcomes, but also from being seen by their peers as having gone for VCT.

The location of the VCT centre on campus therefore appears to have a direct bearing on the uptake or utilization of the services. Most students feared going to VCT facilities where they were likely to meet with people who knew them. The location of the VCT facility could lead to reduced privacy and compromised confidentiality. In a study on the knowledge, attitudes and practice of secondary school students towards VCT, the barriers to youth uptake of VCT services were cited as lack of a clear link between VCT and treatment and care, lack of adequate information, perception of low risk, lack of privacy and confidentiality (Muganda and Otieno, 2003). Most youths are averse to stand-alone VCT centers since they feel that it will expose them to rumors. They are also averse to VCT centers in Government Health facilities because they feel that they are likely to meet their parents or people they know at the facility (Horizon, 2003)

With regard to privacy and confidentiality, students suggested that in order to see an improvement in this area, the College management should employ counsellors who were highly trained, specialised, experienced, mature and sober-minded. Students felt that the current VCT centre was located in a place that is too open; therefore, it should be relocated to a secluded area, and provided with spacious consulting rooms. Students also recommended the introduction of privacy and confidentiality lessons and a confidentiality policy to protect the rights of HIV positive students. Two students, for example, recommended that the College should introduce and encourage HIV self-testing. These results suggest that students were very concerned about being seen and as such were advocating for or crying out for mechanisms to help them access VCT services in private. Here again, an increase in the uptake of VCT services could be achieved if the counselling component of VCT was clearly understood by and explained to students to allay their fears.

Additionally, what came out of the study was that notwithstanding that the majority of students (24), 39% had confidence in the accuracy of HIV test results at VCT centres and another (20),

32% had peace of mind that HIV test information is secured in a confidential manner, perceived privacy and confidentiality breaches, even though smaller in quantum proportionately, had a significant impact on students taking up or utilising on-campus VCT services. To elaborate on this, it was noted how in the instance where (8), 13% of students were of the view that VCT centres did not give accurate results and (10), 16% of the view that VCT was not really confidential, this negative outlook had the exponential effect of tipping uptake or utilisation levels from (24), 57% representative of students who had comfort with VCT at its current location all the way up to (34), 94% an increase in students' chances of going for VCT if counsellors were more specialised and trained to specifically counsel students, a point that speaks to privacy and confidentiality that arises from students having confidence in the calibre of VCT counsellors and the professionalism that comes with specialised training. This is in line with similar studies done where the lack of privacy and confidentiality was a concern which discourages people from seeking VCT in district hospitals and clinics (Angotti et al [s.a.]:12). Furthermore, findings of previous studies in Nigeria (Adeneye et.al 2004a), South Africa (Dyk and Dyk, 2003a) and Zambia (Fykesnes and Sizwe, 2004) have also established that perceived lack of confidentiality is a common obstacle to VCT uptake. (Njagi & Maharaj 2006:120), further reported that VCT counsellors are not always adequately trained, may lack medical knowledge, are rude, unfriendly and do not keep confidentiality.

Students were asked what they understood stigma to be in relation to HIV/AIDS, the majority of students exhibited sound understanding and went ahead to mention that they thought it led to discrimination. When asked what could be done in order to reduce or eliminate stigma and discrimination around HIV/AIDS at their institution and community, the study revealed that the majority of students (25) 58% suggested that sensitizing students and members of the community on issues relating to HIV/AIDS would help reduce stigma in relation to HIV/AIDS related issues and the use of VCT services. A much smaller proportion of students suggested that educating people on HIV/AIDS and raising awareness among students on HIV/AIDS would further help curb stigma. When asked whether the implementation of their suggestions on how to manage and mitigate the issues around VCT and HIV/AIDS would encourage them to go for VCT, the majority of students' responses was yes. These results resonated with similar findings on a study in Ethiopia among university students which revealed that, one of the main factors discouraging VCT uptake was consequences of the test result that might lead in to stigma and discrimination leading to depression and hopelessness (Alemayehu 2010:116). Furthermore, like this study, as well as other studies conducted in Ethiopia (Dejene, 2001) Nigeria (Adeneye

et.al.2004) and South Africa (Dyk and Dyk, 2003a) among others, that stigma is a major obstacle to VCT uptake.

Students were asked to give their opinions on what must be Invested in to encourage them to utilize on-campus VCT services; the study revealed that (23) 52% suggested that the campus administration should raise more awareness in terms of publicity of the on-campus VCT centre, suggested conducting HIV/ADIS related talks to raise awareness on the importance of VCT services, and to integrate HIV/AIDS issues into the school curriculum. Among the numerous responses received, some particularly interesting ones included the following: “Just to make us aware about its location and continue educating us about the virus and also educate us on the benefits of getting tested. Because some feared to get tested because of false myths about the virus like “you will only get the virus activated when you go for VCT”. “Talk to everyone about the disease and assure the people of the life living positively and say you can even have kids and stay healthy by knowing your status”.

Results from the study also further revealed that students had a number of concerns which affected their perceptions on the uptake of on-campus VCT services. For some having gone for voluntary counselling and testing, and the intention to seek these services was mainly associated with three attitude concern subscales that were classified as follows: personal concerns, friends concerns and value of testing for HIV.

Students were asked to share their personal perceptions with regards to concerns they had over the utilisation of on-campus VCT services. This study revealed that the dominant perception was that respondents showed that they were willing to share their HIV test results with their partners and family. In this study, the students’ willingness to share their HIV test results with family was not a significant influence on the HIV testing patterns of the students. This could be attributed to the fact that most college and university students were away from home for many months and were considered mature enough to make their own decisions which could limit their family influence. Revealing to someone that you're HIV-positive is rarely easy, but it's an important conversation to have as it can relieve the burden of keeping a secret, as well as hopefully add to one's support system.

On that backdrop, one would have fairly objectively opined that all other related responses that followed would go to strengthen that position. That however was not the case because a diverse array of responses were received that were not quite in line with the positivity that the first

responses seemed to suggest. For instance, in response to three different statements, an almost equal number of responses gave cross cutting feedback from the following statements; that '*HIV Counselling and testing was a pleasant experience*,' that '*HIV Counselling and testing was a very frightening prospect*,' yet others feared that if they took the test their information would become public record.

With regard to friends concerns all the statements given were associated with either stigma and or discrimination. This study revealed that 35% of the students who were the majority, would freely discuss results with their friends, with 24% who believed that their friends would not treat them differently if they tested positive for HIV while 22% believed that their friends would treat them differently if they tested positive for HIV. The results of this study are in line with a study done in six Kenyan universities that showed that there is yet no integrated and coherent response to HIV and AIDS in the higher education sector (EAC/AMREF, 2010). Although VCT services have become increasingly available in most colleges and universities in Zambia, there is still a culture of discrimination and stigma, probably because most researchers argue that the life-threatening character of HIV/AIDS and misunderstandings about the contagiousness of the disease are related to stigmatizing responses. Therefore there is need to institutionalize HIV and AIDS as a core responsibility, mobilize adequate resources, promote research and be able to break HIV and AIDS from a culture of silence to a culture of critique and openness (EAC/AMREF, 2010). According to (stein, 2003), HIV and AIDS differs from other forms of prejudices (racism, sexism etc) since it is infectious. Once a person is infected, they are likely to be stigmatized by those they considered their own group previously. Therefore, this could naturally affect the uptake of VCT among tertiary education students, as nobody would like to be rejected by their peers.

This indicated the need of more work to be done with regard to awareness creation to mitigate stigma and discrimination. Addressing these aspects of HIV and AIDS would likely increase the

chances of people living longer with the virus by increasing adherence to physicians and counsellors' recommendations.

The value of HIV testing is related to the positive or negative consequences of undertaking the VCT services. 51% which was the majority of the students felt that HIV testing and counselling was very Important these results were in line with a study done in North West Ethiopia (Addis et al. 2013) which revealed that participants' attitudes towards VCT were very high and appreciable which was very important and needed in the prevention and control of HIV. The majority believed that VCT was necessary for different reasons. Yet 26% of the students felt that taking an HIV test meant that one was involved in immoral behaviour. This may have stemmed from the fact that most of the respondents felt that they were less susceptible to HIV infection as many disagreed that there was a possibility that they might be infected with HIV and AIDS. Shefer, et.al (2012), in his study argues that students tend to distance the HIV virus from themselves and people surrounding them, they believe they cannot be infected. Therefore, students' confidence might have hinged on the fact that many believed that they had not had sex with someone at risk of HIV.

5.4 Summary

This chapter discussed the findings of the study relation to the three key objectives of the study with reference to the relevant literature and information obtained from other studies. The three key objectives were: To establish KCE students' awareness of availability of on-campus VCT services; To determine KCE students' perceptions and attitudes towards VCT services; To explore the factors influencing KCE students' perceptions on the uptake of on-campus VCT services. The next chapter will focus on the conclusion and recommendations of the study.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Overview

This chapter focuses on concluding the study which aimed at exploring the perceptions of Tertiary Educational Students towards Voluntary and Counselling services: a study of Kitwe College of Education.

6.1 Conclusion

Findings of the study have established that there is high awareness of VCT services among Universities and Colleges in the rest of the world, in Africa and Zambia in particular. The study revealed that students from KCE showed understanding of the scourge of HIV/AIDS, with VCT clearly identified as a key entry point for HIV/AIDS prevention, care and support. 79% of students indicated awareness of the availability of on-campus VCT services. The study revealed mixed reaction with regard to students' perceptions towards VCT service with a slight majority (52%) viewing VCT in a positive light and 45% having a negative outlook; much in line with Eytiopie O. Amu Foulke Adenike Olatona 2014, of Nigeria whose study reported attitude to VCT among youth as 58% positive and 42% negative.

Knowledge of VCT services is high although one would say the jury is still out with regard to the accuracy of the knowledge, which could be in doubt in some cases. However, the knowledge of the availability of on-campus VCT services does not automatically translate to the use of these services; hence uptake of VCT services is low. The study revealed that in order to see an increase in the uptake of on-campus VCT services, an improvement in privacy and confidentiality was key, with the highest consideration being the calibre and experience of VCT counsellors who students preferred should be highly trained, specialised, experienced, mature and sober-minded.

The intention to seek on-campus VCT services was associated with three attitude subscales that were ranked as follows (i) personal concerns, (ii) friends concerns, and (iii) value of testing. The first two items are associated with stigma, which was evidenced by HIV Counselling and testing on-campus being perceived as a very frightening prospect, with some fearing that their test information would become a public record. Students also felt that their friends would look down on them if they tested for HIV by treating them differently. Knowing the students' attitudes could therefore assist in the development of appropriate VCT interventions that would promote

HIV testing in tertiary educational institutions and help bring about behaviour change among students.

Finally, even though knowledge of VCT services has the potential to increase the utilization or uptake of VCT services, the study showed that knowledge does not necessarily always increase the use of the services, but rather it was repeated VCT discussions that encouraged the young people to take up the services. Considering that the young people in Zambia are at risk of contracting the HIV virus and the fact that tertiary educational institutions are reported to constitute a potentially fertile breeding ground for the virus, it is important for college and university students to know their HIV status. Unfortunately, the study has revealed that the provision of VCT services on campus was not a guarantee that students will seek VCT services. Some students considered themselves as being at low risk despite exhibiting risky behaviour such as engaging in unprotected sex, having sex with multiple partners, having consensual as well as coerced sex while under the influence of alcohol or drugs. This clear barrier needs to be addressed in existing VCT strategies. One potential avenue is to communicate appropriate information to young people in order to increase HIV-risk awareness on an individual level. While VCT is a gateway to a myriad of mitigation and intervention methods, young people have high group risk perception but generally low perception of self-risk and therefore continue to engage in risky sexual behaviour that exposes them to HIV. In view of the above, VCT utilization by the young adults remains a challenge and there is need to review the information, counselling and testing strategies to effectively reach the youth who are vulnerable to HIV/AIDS. The aim should be to sensitize them to the fact that they are a high-risk group, but that 'high-risk' is not a synonym for immorality.

6.2 Recommendations

In the light of the findings presented in this study, the researcher suggests a number of strategies to improve the perception of on-campus VCT services among students at KCE as improvement in the uptake of these services would help curb the spread of HIV. It is recommended that the Kitwe College of Education should take the initiative to address the following issues:

The first and most important issue that needs to be addressed is the lack of awareness about VCT. The fact that 18 % of the participants in this study were not aware of the existence of the availability of on-campus VCT services was in itself of huge concern. Therefore, college management should organize orientation programs focused on HIV education particularly

targeting first year students. Workshops about HIV/AIDS education, HIV testing and counselling should be conducted regularly and the students as well as staff members on campus should be encouraged to participate.

Management should ensure that promotion of VCT is done through peer advocacy at the college to encourage students to undergo testing. This can be done by campaigning and advertising through the use of flyers and information booklets. Drama is another way in which campaigns could be done on campus. Other ways to encourage students to know their status could be done by frequently holding more HIV/AIDS programmes such as seminars which are related to VCT.

Further studies should be done on the perceptions of students with regard to HIV counselling and testing by conducting surveys on campus every year. The College should undertake this survey and encourage all students as well as staff members to participate.

The sensitization about issues relating to HIV/AIDS and VCT should be increased by management so that students may be able to break from the fear of going for VCT and getting tested for HIV.

Management should consider incorporating HIV/ AIDS and VCT into the school curriculum, with learning spread across each year of study in small doses such that by the time students complete their training, they also qualify as lay HIV/AIDS counsellors for primary school students and as peer educators on HIV/AIDS.

REFERENCES

- Abebe A and Mitikie G. .2006. Perception of High School Students towards Voluntary HIV Counselling and Testing, using Health Belief Model in Butajira, SNNPR. Ethiopia Journal of Health Development, 2009;23(2): 148-153 3.
- Adam, M. B, Mutungi M. Sexual risk behaviour among Kenyan University students. Journal of the Arizona-Nevada Academy of Science. 2007; 39 (2) : 91-98. Available a <http://dx.doi.org/10.2181/036.039.0205>.
- Adeneye AK, Mafe MA, Adeneye AA, Salami KK, Adewole TA. Willingness to seek voluntary Counselling and testing (VCT) among pregnant women in Ogun State, Nigeria. In: International Conference of AIDS. 15 Ed; 2004. Abstract no. MoPeE4097.
- Alemayehu, B. 2010. Knowledge, attitude, and practice of voluntary counselling and testing for HIV among university students, Tigray, Northern Ethiopia. MEJS, 2(1):108118.
- Angotti, N, Gaydosh, L, Kimchi, EZ, Watkins, SC & Yeatman, S. [s.a.]. Local reactions to (in-home) voluntary counselling and testing (VCT) for HIV in rural Malawi. Sociological Association:1-20.
- Angotti, N, Bula, A, Gaydosh, L, Kimchi, EZ, Thornton, RL & Yeatman, SE. 2009. Increasing the acceptability of HIV counselling and testing with three Cs: convenience, confidentiality and credibility. Soc Sci Med, 68(12):2263–2270
- Babbie, E. 2007. The practice of social research. 11th edition. Belmont: Thomson Wadsworth
- Babbie, E. & Mouton, J. 2001. The practice of social research. Cape Town: Oxford University Press.
- Botma, Y, Motiki, ZD & Viljoen, MC. 2007. Learners" knowledge and perceptions of voluntary counselling and testing for HIV and AIDS in the Free State Province. Curationis, 30(2):48–57
- Bourne, PA & Charles, CAD. 2010. Sexual behavior and attitude towards HIV testing among non-HIV testers in a developing nation: a public health concern. North American Journal of Medical Sciences, 2(9):419–426
- Burns, N & Grove, SK. 2005. The practice of nursing research; conduct, critique and utilization. 5th edition. St Louis: Elsevier/Saunders.

Burns, N & Grove, SK. 2009. The practice of nursing research: appraisal, synthesis and generation of evidence. 6th edition. St Louis: Elsevier/Saunders.

Campbell, C. H., et al. 1997. "The role of HIV counselling and testing in the developing world." AIDS Educ.Prev. 9.3 Suppl: 92-104.

Central Statistical Office (CSO) Lusaka: Census of Population and Housing. Preliminary Report. Lusaka, Zambia: Central Statistical Office; 2010.

Coates et al .1998. HIV risk reduction in individuals receiving voluntary HIV --+ counselling and testing in three developing countries and HIV risk reduction in couples receiving HIV counselling and testing in three developing countries (submitted for publication).

Dejene, M. .2002. 'Study on factors affecting accessibility and acceptability of voluntary counselling and testing services for HIV/AIDS in Bahir Dar town, North-western Ethiopia.' Addis Ababa: Family Guidance Association of Ethiopia.

De Vos, AS. 2005. Qualitative data analysis and interpretation, in Research at Grass roots for the social sciences and human service professions. 3rd edition, edited by AS de Vos AS, H Strydom, CB Fouche and CSL Deplore. Pretoria: Van Schaik.

Dyk, A and Dyk, V. 2003a. 'To know or not to know': service-related barriers to voluntary HIV counselling and testing (VCT) in South Africa. Medline 26(1), 4-10

EAC/AMREF LAKE Victoria Partnership Programme. (2010). HIV&AIDS Baseline Sero-behavioural Study in Six Universities in Kenya. Kisumu: Lake Victoria Basin Commission

Eyitope, O. Amu and Foluke, A. Olatona. 2014. Effect of Health Education on Knowledge, Attitude and Uptake of Voluntary Counselling and Testing among Corps Members in Osun State. Scientific & Academic Publishing: Nigeria

Flick, U. (2006). An Introduction to Qualitative Research. London: Sage.

Fylkesnes K and Siziya S., .2004. A randomized trial on acceptability of voluntary HIV counseling and testing. Centre for International Health, University of Bergen, Armauer Hansen building 5021 Bergen. Norway.

Halperin, DT & Epstein, H. 2007. Why is HIV prevalence so severe in Southern Africa? The role of multiple concurrent partnerships and lack of male circumcision: implications for AIDS prevention. The Southern African Journal of HIV Medicine:19–25.

HEAIDS. 2010. HIV prevalence and related factors – higher education sector study, South Africa, 2008–2009. Pretoria: Higher Education South Africa.

Horizons .2003. Empowering Communities to respond to HIV/AIDS. Ndola demonstration project on maternal and Child health: Operational research final report. Washington, DC, USA: Population Council.

Ijadunolo, KT, Abiona, TC, Odu, OO & Ijadunolo, MY. 2007. College students in Nigeria underestimate their risk of contracting HIV/AIDS infection. *The European Journal of Contraception and Reproductive Health Care*, 12(2):131–137

Irungu, TK, Varkey, P, Cha, S & Patterson, JM. 2008. HIV voluntary counselling and testing in Nakuru, Kenya: findings from a community survey. *HIV Medicine*, 9:111–117

Izugbara, CO, Undie, C, Mudege, NN & Ezech, AC. 2009. Male youth and voluntary counselling and HIV-testing: the case of Malawi and Uganda. *Sex Education*, 9(3):243– 259.

Kamaara E. K. (2005). *Gender, youth sexuality and HIV and AIDS: a Kenyan experience*. Kenya: AMECEA Gaba Publications.

Katahoire A. R. 2004. A reveal of key themes and issues emerging from literature on HIV/AIDS and higher education in Africa and Uganda in particular; UNESCO, Paris: International Institute for Educational Planning.

Kelly, M, .2000. *Planning for education in the context of HIV/AIDS*. International Institute of Education Planning. Paris: UNESCO.

Kristine E. Johnson, MD and Thomas C. Quinn, MD. 2008. Update on Male Circumcision; Prevention Success and Challenges Ahead: Published in final edited form as: *Curr Infect Dis Rep*. 2008 May ; 10(3): 243–251. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2711844/pdf/nihms105351.pdf>

Ladner, J., Leroy, V., Msellati, P., Nyiraziraje, M., De Clarq, A., Van de Perre, P., and Dabris, F. 1996. A cohort study of factors associated with failure to return for HIV post-test counselling in pregnant women: Kigali, Rwanda, 1992-1993. *AIDS*, 10, 69-75.

Lau, T. F, Tsui, H. Y, Cheng, S & Pang, M. 2010. A randomized controlled trial to evaluate the relative efficacy of adding voluntary counselling and testing (VCT) to information dissemination in reducing HIV-related risk behaviors among Hong Kong male cross border truck drivers. *AIDS Care*, 22(1):17-28.

Manirankunda, L, Loos, J, Alou, TA, Colebunders, R & Nöstlinger, C. 2009. "It's better to know": perceived barriers to HIV voluntary counselling and testing among sub-Saharan immigrants in Belgium. *AIDS Education and Prevention*, 21(6):582–593

NASCOP. 7th ed. Nairobi: Ministry of Health; 2005a. *AIDS in Kenya: Trends, interventions and impact*

Meiberg, A., Bos, A., Onya, H., Schaalma, H. 2008. Fear of stigmatization as barrier to voluntary HIV counselling and testing in South Africa. *East African Journal of Public Health*. 5 (2) pp 49-54.

Ministry of Health, .2013. *HIV/AIDS in Zambia*. Available at:

<https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/zambia>

Muganda, O., & Otieno, R. 2003. Knowledge, attitude and practice of Secondary School adolescents towards voluntary counselling and testing in Kenya. Nairobi: CSA.

Naidoo, P (ed). 2006. *Voluntary counselling and testing*. AIDS Analysis Africa Online.

Njagi, F & Maharaj, P. 2006. Access to voluntary counselling and testing services: Perspectives of young people. *South African Review of Sociology*, 37(2):113–127.

Obermeyer and Osborn, .2007. The utilization of testing and counselling for HIV: a review of the social and behavioural evidence. *American Journal of Public Health*, 97(10):1762–1774.

Palys, T .1997. *Research decisions: Quantitative and qualitative perspectives* (2nd ed.) Toronto, Ontario, Canada: Harcourt Brace Jovanovich.

Polit, DF & Beck, CT. 2008. *Nursing research: generating and assessing evidence for nursing practice*. 8th edition. Philadelphia: JB Lippincott.

Polit, DF & Beck, CT. 2010. *Essentials of nursing research: appraising evidence for nursing practice*. 7th edition. Philadelphia: Lippincott Williams and Wilkins.

Professor Martina Morris. 1980. Why AIDS is worse in Africa: *Discover magazine*. Available at: <http://discovermagazine.com/2004/feb/why-aids-worse-in-africa>

Refaat, A. 2004. Practice and awareness of health risk behaviour among Egyptian university student: Department of Community Medicine, Suez Canal University, Ismailia. Egypt.

Robson, Colin .2002. Real World Research: A Resource for Social Scientists and Practitioner Researchers. Oxford: Blackwell

Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van-Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & the SABSSM III Implementation Team. 2009. South African national HIV prevalence, incidence, behaviour and communication survey 2008: a turning tide among teenagers? Cape Town: HSRC Press.

Streubert-Speziale, HJ & Carpenter, DR. 2007. Qualitative research in nursing: advancing the humanistic imperative. Philadelphia, PA: Lippincott Williams and Wilkins.

Uzochukwu B, Uguru N, Ezeoke U, Onwujekwe O, Sibeudu T. Voluntary counseling and testing (VCT) for HIV/AIDS: A study of the knowledge, awareness and willingness to pay for VCT among students in tertiary institutions in Enugu State Nigeria. Health Policy. 2011;99(3):277-84.

Counselling and HIV/AIDS. UNAIDS Technical Uptade. 1997. Geneva, UNAIDS. Ref Type: Report

UNAIDS .2008. Report on the global AIDS epidemic. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS

UNAIDS. UNAIDS report on the global AIDS epidemic, 2010: Joint United Nations Programme on HIV/AIDS 2010

UNAIDS. How to get zero faster, smarter, better, World AIDS day report. 2011. (Joint United Nations program on HIV/AIDS). Available at:

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/jc2216_worldaidsday_report_2011_en.pdf.

UNAIDS global AIDS update Report. Available at:

http://41.77.4.164:6510/www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf

UNAIDS global AIDS update 2016. Available at:

http://41.77.4.164:6510/www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf

UNAIDS Fact sheet 2018. Available at:

http://41.77.4.164:6510/www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

WHO & UNAIDS. 2007. Guidance on provider-initiated HIV testing and counselling in health facilities. Geneva, Switzerland: WHO and UNAIDS.

WHO global AIDS update .2016. Available at:

http://41.77.4.164:6510/www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf

Vajpayee, M, Mojumdar, K, Raina, M, Mishra, S & Sreeinvas, V. 2009. HIV voluntary counselling and testing: an experience from India. *AIDS Care*, 21(7):826–833

Zambia Demographic and Health Survey (ZDHS) of 2007. Available at:

<http://41.77.4.165:6510/www.moh.gov.zm/docs/reports/ZDHS%202013-2014%20report.pdf>

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<https://pdfs.semanticscholar.org/176c/496126202b1f24b02644619872d7637fd089.pdf>

RESEARCH QUESTIONNAIRE

HIV/AIDS Counselling and testing at Institutions of higher learning. A study of student's attitudes and perceptions towards Voluntary Counselling and Testing case of Kitwe College of Education (KCE).

To be answered by College students.

- Kindly give your honest answers by filling in the space in the spaces provided
- Your answers will be confidential
- Please do not write your name on the questionnaire

INSTRUCTIONS

The questionnaire has three (3) sections, A, B and C. For section A, using your own words, provide a brief answer or explanation in the space provided. For portions of Sections A, Sections B and C, tick the option of your choice, provide a short answer or indicate N/A as appropriate.

SECTION A

1. What is your understanding of HIV/AIDS?

.....

.....

.....

2. In what ways is HIV/AIDS transmitted?

.....

.....

.....

3. In what ways can HIV/AIDS be prevented?

.....

.....

.....

4. What is your understanding of Voluntary counselling and testing (VCT)?

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

5. In your opinion, is VCT important in the fight against HIV/AIDS? Yes { } No { }

6. How can the privacy and confidentiality of clients regarding VCT on campus be improved?

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

7. Are you aware that there is a VCT centre at your institution Yes { } No { }

8. Are you comfortable going for VCT at it's current location set-up on campus? Yes { }
No { }

9. If your answer to question 8 is "No", what can be done in terms of the location and set-up to give you a sense of privacy and confidentiality?

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

10. In your view, are the VCT counsellors professional or qualified? Yes { } No { }

Would it increase the chances of you going for VCT if the counsellors were more specialized and trained specifically to counsel young adults and students? Yes { }
No { }

11. What is your understanding of stigma in relation to HIV/AIDS?

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

12. Suggest what can be done to reduce or eliminate stigma around HIV at your institution and community?

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

If your suggestion in 12 above was implemented, would it encourage you to go for VCT? Yes { } No { }

13. In your opinion, what must be invested in to encourage students like yourself to utilize on-campus VCT services?

14.
.....
.....
.....

SECTION B BACKGROUND INFORMATION

1. Gender Female { } Male { }

2. Age:

3. Year of study:

4. Knowledge on VCT Knowledgeable { } Not knowledgeable { }

5. Attitude towards VCT on campus Positive { } Negative { }

SECTION C

1. Do you know that you can go for VCT, receive information and counselling and still choose NOT to test for HIV/AIDS? Yes { ☐ } No { ☐ }

2. Do you know where VCT is provided? Yes { ☐ } No { ☐ }

3. If your answer to question 2 above is “Yes”, indicate the name of the place.

.....

4. Would you recommend anyone for VCT? Yes { ☐ } No { ☐ }

5. Would you be currently interested in taking VCT whether you have done it before or not?
Yes { ☐ } No { ☐ }

6. Have you ever had VCT done in the past? Yes { ☐ } No { ☐ }

7. If your answer to question 6 above is “No” what are your reasons for not having VCT done?

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

8. Where did you take the VCT from?

(a) Hospital (b) on campus (c) NGO (d) clinic (e) other

9. Have you been to the VCT centre at your campus clinic?

10. If your answer to question 9 above is “Yes”, what was your experience?

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

11. Would you prefer to take VCT from your on-campus site? Yes { ☐ } No { ☐ }

THE UTILIZATION OF VCT SERVICES ON CAMPUS

Tick if you agree with the statement, state N/A for “not applicable” or write down your perception where not represented by any of the statements below in the spaces provided under “other”

REASON 1 Personal concerns

- i. I consider going for HIV counselling and testing extremely frightening. { }
- ii. I consider going for an HIV test on campus to be a humiliating experience. { }
- iii. Others on campus may assume I have HIV if I decide to take a test. { }
- iv. HIV counselling and testing on campus is a pleasant experience. { }
- v. I do not consider taking an HIV test for fear of being asked about things I have done in private. { }
- vi. I would discuss HIV test results with my partner or family. { }
- vii. Taking an HIV test on campus would suggest that I am involved in immoral behavior. { }
- viii. I am afraid that my name would go into public records if I tested for HIV on campus. { }
- ix. I have no reason to take VCT because I trust myself and or my partner. { }
- x. Other
- xi. Other

Reason 2. Family or friend's concerns

- i. I would be embarrassed if my friends on campus knew that I took an HIV test

- ii. I would freely discuss taking an HIV test with my family
- iii. My friends would treat me differently if I tested for HIV
- iv. My friends would not treat me differently if I tested for HIV. { }
- v. Am afraid someone on campus would find out that I was tested for HIV
- vi. Other.....
- vii. Other.....

Reason 3. Value of HIV testing

- i. Anyone who tests for HIV is engaged in immoral behavior
- ii. I do not have time to get an HIV test
- iii. Going for HIV counselling and testing is very important
- iv. I go for regular HIV testing
- v. Other.....
- vi. Other.....

Reason 4 Confidentiality and support

- i. I believe that HIV test information is kept very confidential by the counsellors and medical personnel who do the testing
- ii. HIV tests done at VCT centres give an accurate result
- iii. HIV tests done at VCT centres do not give accurate results
- iv. HIV test and counselling is not really confidential
- v. Other.....
- vi. Other.....

Reason 5 Perceived susceptibility

- i. There is a possibility that I may be HIV positive

- ii. I have been sexually active in the past 12 months
- iii. I have been engaged in protected sex in the past 12 months
- iv. I have had unprotected sex in the past 12 months
- v. I have had consensual sex whilst under the influence of alcohol or recreational drugs in the past 12 months
- vi. I have had sex with more than one partner in the past 12 months
- vii. I have been coerced into having sex whilst under the influence of alcohol or recreational drugs
- viii. I have had or taken treatment for an STI in the past 12 months
- ix. Other
- x. Other



**UNIVERSITY OF ZAMBIA – ZIMBABWE OPEN UNIVERSITY
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P.O. Box 32379
LUSAKA, ZAMBIA

Date: _____

Dear Sir/Madam

RE: CONFIRMATION OF STUDY

Reference is made to the above subject.

This serves as a confirmation that the above mentioned person of NRC No: _____ and computer number _____ is a bonafide student of the University of Zambia in collaboration with Zimbabwe Open University (UNZA-ZOU).

The student is pursuing a Master of Science in Counselling and that he/she will be doing internship/carrying out a research on

Any assistance rendered to him/her will be greatly appreciated.

Yours faithfully


Dr. D. Ndhlovu

**ASSISTANT DIRECTOR (PG)
INSTITUTE OF DISTANCE EDUCATION**