

INFLUENCE OF SELECTED ECONOMIC FACTORS IMPACT ON THE RESPONSE OF COLLEGE STUDENTS TOWARDS VCT SERVICES: A CASE OF SELECTED MIDDLE LEVEL COLLEGES IN NAIROBI PROVINCE, KENYA

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Macharia Joyce Mghoi

¹ Med. Department of Educational Psychology Counselling and Educational Foundation, Egerton University, Kenya. Senior Student Counsellor and Assistant Dean of Students Chuka University, Kenya.

jmghoi@yahoo.com

Abstract

The researcher sought to find out whether the economic situation of the students has an impact on the way they respond to the VCT services. The researcher sought to find out their monthly income, place of residence, whether they have access to television, radio or newspapers as a source of information and if they have heard of any VCT awareness campaign. The VCT facilities have not however been fully utilized especially by the youth. Based on this realization the study sought to determine the influence of socio-demographic factors on the response of college students towards VCT services. Purposive sampling was used to select three colleges to be used in the study out of nine major colleges. This being a descriptive research, a stratified random sampling design was appropriate. More female students were aware of the VCT services 82.6% as opposed to 68.2% male while less than half of the population 45.7% were aware of the location of this facility. The study concludes that the percentage of college students who are tested for HIV is relatively low considering the effort that has been made by the government, non-governmental organizations and other stakeholders in creating awareness on HIV/AIDS campaigns. One of the recommendations by the authors is that college students should be helped to deal with stigmatisation, fear and discriminations.

Keywords: College students, economic factors, Kenya.

1. Introduction

The World Health Organization's (WHO, 1997) estimates indicated that the number of people living with the virus was 30.6 million, while new infections stood at 5.8 million in the world per year. Of the new infections, about 40% occurred among women while more than 55% was recorded for young adults aged 15-25 (WHO, 1998). While about 2.3 million AIDS deaths were recorded in 1997, it was estimated that about 12 million people have already died from the pandemic since it was first diagnosed.

Learning that you are HIV-positive can be one of the most difficult experiences one can go through in life.

With time, it is evident that the right treatment and care, one can live a long and healthy life with HIV.

Globally, the number of newly infected persons keeps increasing (WHO, 1997). In 2009, 2.9 million people were newly infected with the virus while 33.3 million people around the world are now living with HIV/AIDS (UNAIDS, 2010). In Africa the impact is severe, at the end of 2009 one out of every ten people was infected with HIV in nine of the African counties (UNAIDS, 2010).

In Kenya, HIV/AIDS has become a critical public health problem and poses serious challenges to the country's health-care system. According to the Government of Kenya (2001), AIDS is caused by a Human Immune-deficiency Virus (HIV) that weakens the immune system, making the body susceptible to and unable to recover from secondary opportunistic diseases such as tuberculosis, pneumonia, stomach disorders among others that eventually lead to death. The virus was first diagnosed in Kenya in 1984. It was anticipated 1.8 million people would be living with HIV by 2003. The national prevalence rate presently stands at 6.3% in 2009 (UNGASS, 2010), down from 10.25 % in 2002, (NASCOP, 2004). The downward revision is largely attributed to the intensive, multi-sectoral interventions spear-headed by the Government of Kenya (GoK, 2001) in collaboration with complementary sectors targeting awareness creation and sexual behaviour change.

VCT programmes were established in Kenya in 2001 and the government embarked on an intensive programme to avail VCT services to majority of the population as a component of first-line strategies to reverse HIV/AIDS trends in the country through behaviour change. Despite this, the National HIV/AIDS prevalence rate still continues to rise especially among the youth. This, therefore, means that either these services are being under-utilised or they are not making the impact that they ought to be making towards curbing the spread of HIV/AIDS. This is a sign that there is a gap of knowledge and so the determination of the impact of selected Socio-demographic factors on the response of college students towards VCT services in selected middle level colleges in Nairobi Kenya is crucial.

In Kenya, the burden of HIV/AIDS is not just a major challenge to the health-care system but also an increasing impediment to socio-economic prosperity, as it relentlessly undermines national resources and frustrates development efforts in all sectors of the economy. It has been noted that young people account for the majority of all new infections in East and Central Africa (Population Council, 2003). Consequently efforts to curtail the spread of the infection during the youthful age will go a long way to reduce the prevalence.

The specific objective of the study was to establish the extent to which the following selected economic factors impact on the response of college students towards VCT services (a) Income per month (b) Place of residence when not in college (c) Awareness of VCT services through Television.

2. Methodology

This being a descriptive survey study, an ex-post facto design was used to help the researcher determine the impact of selected factors on the response of college students towards VCT services. According to UNGASS, (2010), an ex-post factor design describes and interprets the situation the way it is at that particular time. One cannot manipulate or assign subjects or treatments, because the independent variables have already occurred. This design is appropriate for the study because the researcher does not manipulate any of the variables of interest and the data resulting to all variables are collected simultaneously (Bryman & Cramer, 1997). The effects have already manifested themselves.

3. Location of Study

The study was conducted in selected public middle level colleges in Nairobi Kenya. These colleges are Kenya Technical Teachers College, Kabete Technical Training College and Kenya Medical Training College. The three colleges were purposefully selected based on the willingness of the respective administration to participate in this study. Middle level public colleges were also found to be the best for this study because they have students from all socio-economic background. They were also found to have a higher representation of students from different parts of the county unlike the private commercial colleges that are only accessible to people of higher socio-economic class and those who reside in Nairobi. Nairobi Province was also selected because of ease in accessibility during data collection it was also convenient to the researcher.

4. Population of the Study

The total population of this study was 1000 college students. Kenya Technical Teachers College had 350 students, Kabete Technical Training College 250 students and Kenya Medical Training College 400 students (Table 1).

Table 1 breakdown of male to female students in each college.

Selected Colleges	Male	Female	Total
Kenya TTC	220	130	350
Kabete TTC	160	90	250
Kenya MTC	180	220	400
Total Students	560	440	1000

Source: Admissions office; Kenya TTC, Kabete TTC, Kenya MTC

5. Sampling Procedures and Sample Size

It is imperative that samples be as representative as possible, because too small a sample is likely to yield under-estimated information due to the effect of sampling error. Samples are drawn from well-defined lists

of the target population known as the sampling frame. According to Nassiuma (2000), a representative sample size can be drawn using the relation:

$$n = \frac{NC^2}{C^2 + (N-1)e^2}$$

Where N= Population size=1000, n=sample size, C= Co-efficient of variation, and e= the error margin. In this study, C=30% and e=2%.

This leads to a sample size of 190 which was rounded up to 190 college students, out of the population of 1000 college students.

A stratified random sampling frame was prepared in consultation with the institutional authorities based on gender. In stratified sampling, the population is divided into two or more groups then a given number of cases are randomly selected from each population subgroup (Mugenda and Mugenda, 1999). The total sample size for Kenya TTC 65, Kabete TTC was 47, Kenya MTC 78 (table 2). The total questionnaires distributed were 190.

Table 2. Targeted Number of Students in the Three Colleges

Targeted no	Male	Female	Total
Kenya TTC	41	24	65
Kabete TTC	30	17	47
Kenya MTC	33	45	78
Total	104	86	190

Questionnaires were used in this study. Self-administered questionnaires provided some degree of confidentiality and they motivated the college students to inscribe their thoughts and opinions freely. The data was qualitatively explained according to the questions and objectives of this study. Comparisons between responses were also done to bring out similarities and dissimilarities among them. The data was analyzed by use of frequencies, percentages, means, tables and graphs. The data collected was recorded and analyzed by use of computer programme Statistical Package for Social Sciences (SPSS). Obure (2002) claims that SPSS for widows is the most commonly used statistical software package for statistical analysis of data.

6. Research Findings

A total of 188 questionnaires were returned out of the 190 distributed.

Table 3 Year of Study and Testing for HIV/AIDS

Year of study	Response	
	Yes	No
First year	14 (87.5%)	2 (12.5%)
Second year	36 (58.1%)	26 (41.9%)
Third year	47 (49.0%)	49 (51.0%)
Total	97 (51.6%)	77 (40.9%)

From Table 3, 87.5% of first year have been tested. It is important to note that the frequency was low. The third year students were expected to have acquired more knowledge with time. However, the study reveals that barely half of them (49.0%) are tested. The assertion that, “there is less acceptance of testing among the educated” maybe applicable in this study.

7. Level of Income per Month

Income is money or other gain or return resulting from goods or services produced in a given period of time, usually measured annually or monthly. Income may be received by an individual or by an entity, such as a corporation or a government. The various types of income are usually described within the private or the public sector of an economic activity. The results in Table 4 summarize income levels for this study. Majority of the students (47.1%) have a monthly income of Ksh1000-4999. Those who receive an income of Ksh5000-9999 are (38.5%). This shows that the students in this research receive relatively good allowances per month.

Table 4 Average Monthly Incomes for College Students per Month

Monthly income in Kshs	Frequency	Percentage
Below 1000	18	9.6
1000-4999	88	47.1
5000-9999	72	38.5
Above 10000	9	4.8
Total	187	100

Figure 1 results show that majority of those who were single were within average monthly income of 1000-4999 Kshs (68%). This was different from the married 30 (52.6 %) who were within 5000-9999 Kshs. the divorced group were also on this category 3 (75%) the same case to the separated group. It shows that a majority of the student have allowances of 5000 Kshs and above. Based on this income and their view, the assumption that the VCT services are expensive and unaffordable was ruled out. They can all access these services considering that some have minimal charges and yet some are free.

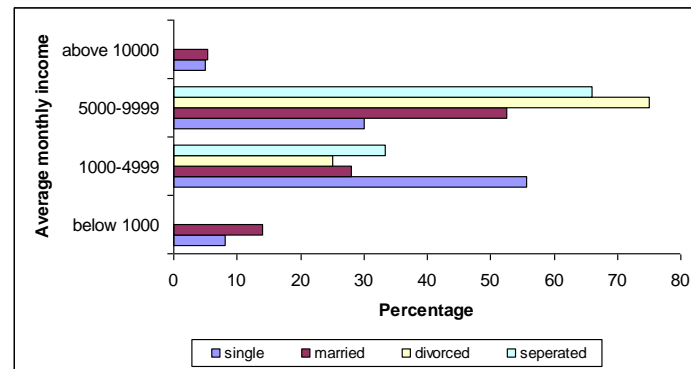


Figure 1. Average Monthly Incomes

The majority of those who were single 68% were within average monthly income of Kshs. 1000-4999). This was different from the married 52.6 % who were within Kshs. 5000-9999. The divorced group 75% was also in this category as well as the separated group. Table 15 gives a summary of monthly income and testing this shows that the response to VCT services was not impacted on by the economic status. This is because 68% had a monthly income of above 5000 per month. It is important to also note the respondents thought VCT centers are not costly, meaning the services were affordable. This correlates with the government directive which states; VCT sites located within public health facilities provide testing and counseling services free of charge for anyone willing to be tested. However, an affordable fee can be charged to enhance sustainability of VCT services; but the fees must be approved by the facility management- the District Health Management Board (DHMB) and the District AIDS Committee (DAC) guided by the National policies. Stand-alone VCT sites may charge a fee if approved by the agency running the site. The fee must be posted clearly so that clients visiting the site know in advance what they are expected to pay. If a fee is charged measures such as free days should be put in place so that clients who are unable to pay can access service. Counselors should be able to waive fees if they determine that a client is unable to pay, but there will be personal or public health benefit if test is provided. The District Health Management Board and the District AIDS committee should discourage overcharging in such sites (GoK, 2001, page 56).

Table 5 Monthly Income and Testing for HIV/AIDS

Monthly Income in Kshs		Response	
	Freq	Yes	No
Below 1000	(18)	2 (11.1%)	5 (27.8%)
1000-4999	(88)	55 (62.5%)	32 (36.4%)
5000-9999	(72)	40 (55.6%)	39 (54.2%)
Above 10000	(9)	1 (11.1%)	2 (22.2%)
Total	(187)	98 (52.4%)	78 (41.7%)

From the results in Table 15, the general testing of both high income earners 55.6% and low income earners 62.5% is high. This shows that their response to testing has not been impacted on by their income. This means there are other factors at play other than financial.

8. Place of residence when not in college

Although the respondents were picked randomly, the results in Table 6 show that 45 (23.8%) are from rural, 81 (43.2%) from Nairobi and 62 (32.8%) from other urban areas. The findings show that the majority of the students come from rural and other urban area combined. This shows that the results of this study represent views from across the county as the respondents are from different areas of the country.

Table 6

Place of Residence When not in College

Place of residence	Freq	%
Rural	45	23.9
Nairobi	81	43.2
Other urban areas	62	32.9
Total	188	100

In Table 7, the results show that 55.5% of those who reside in rural areas are tested as opposed to 49.4% from Nairobi. There is more accessibility of services in Nairobi than in rural areas. Other than that awareness campaigns and education is surely more in Nairobi than rural areas, this confirms that knowledge does not necessarily translate to behaviour change. Incidentally other rural areas have responded more positively than Nairobi which other than being the Capital city, is headquarter to both governmental and non- governmental organisation dealing with HIV/AIDS and testing.

Table 7 Place of Residence and Testing

Place of residence	Response		
	Yes	No	No Response
Total			
Rural 25 (55.5%)	18 (40.1%)	2 (4.4%)	45 (100%)
Nairobi 40 (49.4%)	29 (35.8%)	12 (14.8%)	81 (100%)
Other urban areas			
34 (54.8%)	28 (45.2%)	0 (0.0%)	62 (100%)

9. Awareness of VCT services through newspaper, television and radio

There is a lot of advertisement of VCT services in the media. The researcher wanted to find out how this awareness has impacted on the youth. If they watch TV, listen to radio or read newspapers it means they are not ignorant of the VCT services. It was also possible to get more and latest information related to HIV and VCT services; hence getting informed (becoming aware) more than those who lacked the facilities.

The study sought to find out the respondents source of information especially current news. The results in Table 8 show that 69.3% occasionally read newspapers, 21.2% always and 4.5% never read newspapers as a source of information.

Table 8

Percentages of Those Who Read Newspaper

Response	Frequency	Percent
Never	8	4.2
Occasionally	131	69.3
Always	40	21.2
No Response	9	5.3
Total	188	100.0

The study also revealed that 12.7% never listen to the radio, 46.0% occasionally listen to the radio and 34.9% always listened to the radio as a source of information as shown in Table 9.

Table 9

Percentages of Those Who Listen to Radio

Listening to Radio	Frequency	Percent
Never	24	12.7
Occasionally	87	46.3
Always	66	35.1
No Response	11	5.9
Total	188	100

Lastly, the group that watched TV, 2.6% never watched TVs, 28.6% occasionally watched TV, and 62.4% always watched TV as a source of information. Out of those who watched television as a source of information, 61.0% have been tested for HIV; and 44.0% have not been tested. The results in Table 20 show the relationship between those who watch television and testing.

Table 20

Percentages of Those who Watch TV and Testing for HIV/AIDS

Watch TV	Freq(Percent)	Testing Response	
		Yes	No
Never	5 (2.6%)	1 (20.0%)	0 (0.0%)
Occasionally	54 (28.6%)	19 (35.2%)	23 (42.6%)
Always	118 (62.4%)	72 (61.0%)	52 (44.0%)
No response	11 (6.4%)		
Total	188 (100%)	92 (48.9%)	75 (39.9%)

From the findings, more students always watch television unlike listening to radio. This shows that television can be used more to convey VCT services information to students in all the colleges of study. Integration of radio, newspaper and the television can therefore give better results of information delivery. Figure 7 below shows comparison between newspaper, radio and television as a source of information.

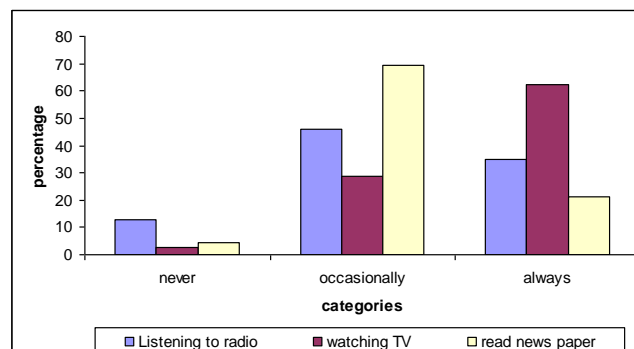


Figure 2. Choices of Media for Current News

Figure 2 shows that most of the respondents watched television. This study was therefore in agreement with other studies that observed that most of the information had been obtained from the TV, campaigns, newspapers, and the information packages. The television was found to be the most important information source of HIV/AIDS in several studies (Serlo & Aavarinne 1999).

The study also sought to find out whether the respondent was aware of any advert about VCT services in Kenya. This study notes that about a half 54% (102) of respondents were aware of an advert about VCT services in Kenya, they were aware of adverts promoting VCT services in Kenya. Surprisingly, 90% could not remember the message slogan or what the advert talked about. This shows that we may be advertising or passing information but the information is not either understood or no communication takes place. The use of mass media such as television, radio, magazines and posters, audio-visuals such as videos and films as a means of promoting VCT services among students should be encouraged.

10. Conclusion

Although the response of the college students towards VCT services is relatively low, it was noted that the response of female students towards VCT services is lower than that of male. Only 54.2% of female have been tested as compared to male 58.9%. Incidentally women showed better awareness of the VCT services but still their response is low. This can only be attributed to cultural view of the fact that issues of sexuality are a responsibility of men. Most women who tested gave reasons for testing such as child birth, sickness, or to be married. This is Involuntary Counseling and Testing, they were compelled to do the test. Gender has an impact on the response of the college students towards VCT services.

It is clear that television is an effective means of passing information as a majority of the respondents use it as a source of information. However the message adverts about VCT services are not clearly understood. They lack proper communication as most of the respondents could not state one clear slogan or message they get from the adverts. Out of those who watched television as a source of information 61.0% have been tested for HIV and 44.0% have not been tested. Service providers and administrators should continue to use Televisions to provide information but the message has to be clear.

The study revealed that out of those who were aware of the location of a VCT facility 61.6% have been tested for HIV and 36.0% had not been tested despite knowing the location of the VCT facility. It was also noted that 42.9% who were not aware of any VCT centre near have been tested in the past. Since the testing of HIV is not only done in a VCT facility it was assumed that the respondents could have been tested even in hospital or anywhere not necessarily in a VCT facility near their residence. Awareness of the VCT facility and its services was found to have an Impact on testing

References

- [1] Bryman, A. & Cramer, D. (1997). *Quantitative Data Analysis with SPSS for Windows: A Guide for Social Scientists*. London: Routledge
- [2] Gaillard,P. Mellis,R. Mwanyumba,F.Claeys,P. Mungai, E. Mandaliya,K. A. Bwayo,J. (2002) *Vulnerability of women in an African setting: Lessons for Mother to Child Transmission Prevention Programmes*. Aids2002; 6:937-8
- [3] Ganczak, M. Barss, P. Alfaresi, F. Almazrouei, S. Muraddad, A & Al-Mskari, F. (2007). *Break the silence: HIV/AIDS knowledge, attitudes, and educational needs among Arab university students in United Arab Emirates*. Journal of Adolescent Health 40(6): 572.1-8
- [4] Government of Kenya. (2001). *The National Guidelines for Voluntary Counseling and Testing*. Nairobi: MoH.

- [5] Irwin, K.L.,Valdiserri, R.O.& Holmberg, S.D. (1996).*The Acceptability of Voluntary HIV Antibody Testing in the United States: A Decade of Lessons Learned. AIDS*1996; 10 (14):1707–17
- [6] Mugenda, O.M. & Mugenda, A.G. (1999). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: Act Press.
- [7] NASCOP. (2004). *National HIV Prevalence in Kenya: Report of a Technical Group*
- [8] Nassiuma, D.K. (2000). *Survey Sampling: Theory and Methods*. Nairobi: Nairobi University Press.
- [9] Obure, M.J.(2002). *Handbook on Data Analysis Using SPSS Version 10.0*. Nairobi: M&O Data Expert Training and Consultants.
- [10] Olley, B.O. (2003). *Investigating attitudes towards caring for people with HIV/AIDS among hospital care workers in Ibadan, Nigeria: the role of self-efficacy*. African Journal of AIDS research 2(1): 57–61.
- [11] Pelzer,J. Lehnert,M. & Lotz,,A. (2004). *HIV Prevention among Vulnerable Populations*.UK: Blackwell Publishing.
- [12] Population Council. (2004).*Promoting Quality Voluntary Counseling and Testing*. Nairobi: Population Council.
- [13] UNAIDS. (2010). *HIV/AIDS in Africa*. New York. www.unaids.org Retrieved on 18th Dec 2011.
- [14] UNGASS. (2010). *Kenya Epidemiological Fact Sheets*. New York. www.ungass.org Retrieved on 25th Feb 2012.
- [15] USAID. (2003). *Improving Access to Voluntary Counseling and Testing in the Developing Countries*. New York: www.usaid.org Retrieved on 15th Jan 2012
- [16] Van der Straten, A. King, R. Grinstead &O.Allen, S. (1995). *Couple Communication, Sexual Coercion and HIV Risk Reduction in Kigali, Rwanda. AIDS*; 9: 935–44
- [17] WHO. (1997). *Conquering Suffering, Enriching Humanity*. New York. Retrieved on www.who.org 25th August 2012
- [18] World Bank & World Health Organization (WHO). (1998). *World Resources: A Guide to the Global Environment*. New York: Oxford University Press. UCSF

Author's profile



The author Macharia Joyce Mghoi, graduated with Masters degree from the Department of Educational Psychology Counselling and Educational Foundation, Egerton University, Kenya. She is currently the senior Students Counsellor and Assistant Dean of Students Chuka University, Kenya