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ABSTRACT

The purpose of this study was to find the trends of HIV/AIDS after a ten year period after the establishment of the free voluntary testing and counseling services. It was a retrospective study and the national prevalence rate data of ten years period was compared with Mary Immaculate Testing Center prevalence rates for same period. Over 35,000 people have been tested there.

The findings demonstrated that the national prevalence rates for the HIV virus have remained stable e.g. nationally, the prevalence rate of HIV has been as follows: 2004 (7.5%), 2005 (7.3%), 2006 (6.9%), 2007 (7.4%), 2008 (7.8%), 2009 (6.3%), 2010 (6.4%), 2011 (6.2%), 2012 (either 5.6% or 6.3%?), and 2013 was targeted to be 6.8% for ages 15-49. But for Mary Immaculate, the HIV testing site, the statistics has been: 2004 (15.2%), 2005 (14%), 2006 (11%), 2007 (10.2%), 2008 (7.8%), 2009 (5.2%), 2010 (4.2%), 2011 (5.5%), 2012 (4.8%), and 2013 (3.72%). Furthermore, the finding indicated that before 2009, men were leading in taking the test as compared to women; from 2009 more women have taken the HIV test as compared to men.

In conclusion, the HIV prevalence rate for the country has remained stable, neither decreasing nor increasing. There is no established single Institution in the country that gives reliable statistics, as prevalence rate for 2012 was conflicting from different sources; either under reported or over reported. Likewise we don’t know exactly how many people are living with HIV as the reporting’s from different sources gave conflicting figures.

Key words: Analysis, HIV, Trend, Mary Immaculate VCT. Nairobi-Kenya, Ten Years, and Evaluation.

Introduction

People who are not utilizing the free voluntary counseling and testing services continue to put themselves and their partners at a greater risk of contracting HIV virus as many people still engage in risky behaviors. In 2012, results from National Aids Control Council in Kenya indicated that only 48% people have been tested for HIV/AIDS and know their status.

Despite the introduction of free voluntary counseling and free antiretroviral treatment to people, self-perception of the importance of knowing HIV status and management has not been valued
by the people. Stigma and negligence remain keys areas of concern in the society that still needs to be addressed. In Nairobi alone, it is being reported that 199,100 people are living with HIV/AIDS, making the county a home to the highest AIDS ‘burden’ in Kenya with a prevalence rate of 8.6% of the population (Samuel Siringi, 2013, p. 1-4).

For this reason, I decided to carry out a situational analysis of HIV/AIDS prevalence rates for a ten year period from Mary Immaculate and compare it with the prevalence rate of the country (Kenya). Voluntary counseling and testing has been the best model used in fighting the HIV virus among the Kenyan people although it still meets resistance from some people due to cultural values and perception about the existence of the virus. Therefore the study intends to:

1) Find out the trend of HIV prevalence rates of Mary Immaculate VCT as from 2004 to 2013.
2) Compare the HIV prevalence rates for Mary Immaculate VCT and for the country.
3) Compare the number of men vs. women tested in the center from 2004 to 2013.

This study has three areas:
1) The literature review which is focused on the early handling of HIV/AIDS victims in Kenya and the current achievements in its fight.
2) Methodology of the data gathering,
3) which is then followed by the result presentation, discussions, and conclusions.

Literature

It is now about three decades since the first Kenyan case of HIV/AIDS was reported. Information about the virus was propagated to the people with a lot of fear and misconception on modes of transmission. In the western region of the country any person who was perceived to have died from the HIV virus, relatives were not allowed to be near or bury the person. It was the duty of local government leadership together with the police dressed in aprons with gloves to wrap the corpse in black polythene paper and roll the remains to the graveside which was dug far from the homestead. This was the genesis of stigma which has been the biggest mountain to clear from the society. From that time, the epidemic has evolved to become one of the central impediments to national health, wellbeing and development. Since HIV began in 1984, it has claimed almost 1.7 million lives of Kenyans (NACC and NASCO, 2012, p.9). In addition, it is estimated that 1.6 million people are living with the virus.

Therefore to tame the spread of the virus, free Counseling and Testing Services were made available to all people willing to know their status and take cautious measure either to live positively and protect their partners or prevent themselves from contracting the virus. Testing of the HIV and Counseling has contributed significantly to the reduction of stigma associated with HIV/AIDS and the promotion of behavior change (NASCOP, 2008, p.1-4). A person seeking HIV Testing and Counseling Services does so to guide his/hr personal life to lead to decision making; plan for one’s future or the future of their family; to understand the symptoms one is experiencing; or support personal HIV prevention initiatives.
Through this initiative, it has helped to develop a realistic and relevant risk reduction plan (Ministry of Public Health and Sanitation, 2008, p.17). Therefore one seeking HIV Testing Services undergoes a confidential counseling that must be accompanied by pre-test information and post-test counseling including referrals to appropriate centers for more HIV Service.

The approach focuses on Cognitive-Behavioral Therapy, since much of the enabling risk factors for the spread of the HIV virus are associated with human behaviors. The services provided are geared towards specific risk factors, e.g. the clients are taught new skills such as interpersonal problem awareness; generating alternative solutions; evaluating consequences; resisting peer pressure; opening up and listening to other perspectives; soliciting feedback; taking other persons’ well-being into account; and deciding on the most beneficial course of action (Harvey Milkman and Kenneth Wanberg, p.5).

HIV Counseling and Testing has played a critical role in Kenya checking the spread of the HIV virus to individuals; providing them with information of their HIV status. The Counselor gives the counselee enough time (30-45 minutes) to address all the issues that affect his/her life.

The Counselor must be equipped with all HIV information plus the referral centers that provide HIV/AIDs Management Services like family planning; nutritional counseling; ART treatment; psychosocial support; treatment for opportunistic infections and prophylactic treatment.

The country’s success in fighting the HIV scourge is attributed to external donors whom we remain heavily dependent on. Donor support accounts for more than 80% of all AIDS spending. The generosity of numerous International donors has benefited the country through prevention, treatment and care of positive cases. It is foreseen that if AIDS funding were to decline the rate of new HIV infection and AIDS in 2030 would be substantially higher than it is today (NACC and NASCOP, 2012, P. 97-122). This is because macro-factors that fuel the spread of HIV such as poverty, gender inequalities and capitalism, economic inequalities, racism, sexism, discrimination and stigmatization are still within the society (Kenya National AIDS Control Council, 2009, p.32).

Therefore it is important to understand the importance of strengthening the HIV Testing Services which has been advocating for behavior change in the society to fight the HIV menace with our willing external partners. As Scientists continue with the search for HIV vaccine or treatment, testing should continue to reach those who haven’t made up their mind whether to test or not; to empower them to make rational informed decisions to protect themselves and their loved ones; Complacency on the gains made so far will take us back to unspoken days where the HIV topic could not be discussed in the community or any forum.

**Methodology**

This is a retrospective analysis of Mary Immaculate Voluntary Counseling and Testing data. The Center is an initiative of St. Elizabeth University from Slovakia. The program was set up in
December 2003 to provide free HIV Services to the residents of Mukuru slums and its environ. The location is composed of a subpopulation with various risks such as: sex workers; casual heterosexual sex; men having sex with men; female partners of MSM; prison population; partners of the prison population; clients of sex workers; partners of clients of sex workers; drivers of trucks, taxis, buses/mini buses and their touts; and drug injecting users.

St. Elizabeth University is the sponsoring agency which has remained steadfast in ensuring that the people of Kenya get the right services for better lives by the Kenyans themselves. A project of this magnitude would not have served the people of Kenya were it not for the huge and immense support of the St. Elizabeth University from Slovakia.

The Center has been operational for 10 years now. Providing Counseling Services in areas of HIV/AIDS, Sexual Transmitted Diseases and other health related issues affecting people. The people working in the VCT Center are Public Health Trained (Health Promotion Specialists). The testing method is a rapid antibody test, where the Determine Test Kit and Un-Gold Test are used at the Center to test for HIV virus. The Counseling session takes between 30-45 minutes. Reason? To give client enough time to ask questions and to explore all possible ways that will help him/her to work out his/her risky behaviors and to reduce the spread of HIV virus. The ten year period data was collated and analyzed using Excel Program and presented in graphs.

**Results**

![Graph showing yearly distribution of clients by gender at Mary Immaculate VCT](image)

*Figure 1: The Yearly Distribution of Clients’ by Gender at Mary Immaculate VCT*
The results presented focused on yearly distribution of HIV prevalence for the testing center and the national statistics which also included the gender distribution and the oldest and the youngest person to have been tested at the site.

When the free VCT Services were rolled out in 2000, it encountered much resistance from people to take the HIV test. This was due to stigma and discriminations that were attached to those people who were found to be HIV positive. In 2004, 2,157 people took the HIV test; 2005 2,232 people; 2006 2,233 people; 2007 were 2,418 people. And the figures increased minimally up to 2008 with 2,631 people tested. Then number went up to 3,517 in 2009. More women have surpassed men in testing and they have remained above 1,500 according to Figure 1. People are now making the individual decisions to know their HIV status either to benefit from ART Treatment to live longer or to prevent themselves and their loved ones from contracting the HIV virus. In 2010 where 4,105 people that took the test.

![Prevalence Chart]

**Figure 2: The Yearly Distribution of HIV prevalence at Mary Immaculate VCT.**

At the time that Voluntary Counseling and Testing started offering free testing services, the prevalence rate was high. Mary Immaculate recorded a prevalence rate of 15.2% in 2004. For a period of ten years the site has been recording decreasing prevalence rates for every year as follows: 15.2%, 14%, 11%, 10.2%, 7.8%, 5.2%, 4.2%, 5.5%, 4.8% and 3.72% for the years 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012 and 2013 in that sequence.
In 2004, the prevalence for the whole nation was 7.5%; but initially in 2000 it was 13.4%, 2001 (12.8%), 2002 (10.5%), and 2003 (9.4%). This drop in prevalence was as a result of many campaigns to raise HIV awareness. For this reason, the prevalence has remained stable for all this ten year period as it goes up and down between 7.5% (2004) and 5.6% (2012). Compared to the Mary Immaculate VCT site which operates within the city center, the prevalence rate has dropped from the 15.2% to 3.72% after the ten year period.

**Discussion**

Free HIV Testing and Information to people has yielded positively good results in restraining its spread. This is credited to the International Agencies, Donors, Charitable Organizations and Philanthropist for rapid response initiatives through financial support and technical advice to the Government and Non-Governmental Organizations. Without this help the gains made would not have been successful to this level. In support of this concept, Peter Cherutich, is Head of Prevention at the National AIDS and Sexually Transmitted Infections Control Program as he acknowledges that, in the event that they (external funders) stop funding such programs, these interventions could stall and thus draw back the gains that have so far been realized in fighting the virus spread; this is according to Integrated Regional Information Network (IRIN) report on 16 September 2013.

The oldest male tested at the center was 72 year; result negative. The oldest woman was 78 years old; result positive. While the youngest child tested was 2 weeks old, the result was indeterminate. HIV can infect any age group depending on the risks one is exposed to and not just the age interval of 15-64 Kenya has always been using leaving out those over 65 who could...
miss out on HIV Care Services. Both male and female have been tested in equal measure.

Although more women were tested as compared to men due to the strengthening of the antenatal services which offer HIV Preventive Services to infants not infected from HIV positive mothers.

At the time the Testing Center was established in 2004, the HIV prevalence rate was 7.5% nationally and prior to that in 2003 it was 9.4%. But for Mary Immaculate VCT, the first statistic was 15.2% as the prevalence rate for the site. But after ten years, the prevalence rate now stands at 5.6% nationally (KAIS, 2012, p.8 and Joseph Muraya 2013). Although there is a reporting conflict regarding the exact figure of the current prevalent rate for the country. For example, according to the Kenya AIDS Epidemic Update 2012 (p.6) released early this year still quotes the 2011 national prevalence rate of 6.2%. While Ben Ochieng reported Kenya’s HIV/AIDS infection rate had declined to 6.3% in 2012, which is totally different from KAIS 2012 and Joseph Muraya figure as above. But Mary Immaculate VCT recorded 3.72% as the prevalence rate for 2013 according to those tested. This figure is closer to the 4.9% HIV prevalence among persons aged 15-64 years tested in Nairobi according to Kenya AIDS indicator survey 2012 (p.9).

In comparison, there has been a significant drop of the prevalence rate for Mary Immaculate Center to 11.48% when we compare the starting prevalence rate in 2004 and the ending prevalence rate in 2013. But the national statistic which is used as a benchmark for the Mary Immaculate site, dropped by only 1.9% compared to 2004 statistics at the time the site was started and the 2013 as the ending statistics. This decrease in prevalence rate doesn’t suggest a reduction in the risk of HIV infections, therefore people still are urged to behave responsibly.

The HIV prevalence rate has remained stable nationally. Meaning there still could be some risk factors/practices that could be sustaining the epidemic. E.g. of late, now wife/partners swapping at casinos especially by the youth generation without caring much about HIV risks. Secondly, brothels have been moved from the city centers to residential areas whereby some phone numbers are advertised in local newspapers if one wants to call; thirdly, beauty parlor massage centers; besides massaging services, some now offer additional services (sex) at a cost as a way of attracting and retaining their clients. You will only find the adverts in some local newspapers; gay lifestyle is on the increase; sugar mummy/daddy relationships are taking a toll; and the ever increasing sub-population of truck drivers who are vulnerable to contracting the virus; and of course, inmates in overcrowded prison cells whose conjugal rights are not guaranteed, meaning homosexuality is their only way to quench their sexual desires.

According to Kenya AIDS Epidemic Update 2012 (p.6) it is in anticipated that by 2015 the number of people living with HIV/AIDS in Kenya would have increased to 1.8 million from the current 1.6 million. To support this, it is viewed that some of the risk factors making this happen are the booming sex industry which has become a lucrative entity as many places are now investing in exquisite lodges and resorts with modern facilities and value added services on offer plus other unique packages that are offered at the hotels to attract more people. This makes it
possible for many cheating partners to take advantage of such facilities where they spend the holidays and weekends with cohabiting partners “Mpango Wa Kando”. It is now the common trend of behavior for some men and women who refer to themselves as married but available (MBA). In addition, some of the best buildings in the Central Business District in the city, specifically the first and second and maybe the third floors may be genuine exhibition shops known to the public, but beyond, some of them fourth floor have been turned into brothels known exclusively to their clients.

Furthermore, with the introduction of HIV post sex exposure prophylactics, evidently has led to irresponsible sexual behavior among teenagers. The young drunkard teens want short-cuts which are now becoming a danger to public morality. The demand for the prophylactic drug is high especially during holidays and weekends. Moreover, most of these young stars are also the common service users of the lodges and resorts mentioned above as they are given nice treatment with the wealthy rich sugar daddies and sugar mummies. What is the future for this generation?

Different sources have given different figures for the people living with HIV in the country. For example, in the Kenya AIDS Epidemic 2012 (p.6), reported 1.6 million as the number of people who could be living with HIV/AIDS; the same views shared by USAID/Kenya HIV Fact Sheet September 2013; while Joseph Muraya reports 1.2 million Kenyans are living with HIV/AIDS. What does this imply? The data gathering bodies could not be ineffective. Either the data reporting systems could be under-estimating or over-estimating the actual number of people who could be infected thereby affecting the resource planning to tackle the HIV virus and its implication in the community or people affected.

Conclusion

The Center has played a pivotal role in the fight against HIV/AIDS in the Kenya. Furthermore, the role of International Agencies, Donors, Charitable Organizations and Philanthropists cannot just be wished away like that, they are the vessels that have brought social reforms and transformation of individuals and the society to stop human beings from destroying themselves by creating awareness to issues that affects their health.

Bibliography


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