

PREVENTION OF HIV AND AIDS IN THE KENYA MILITARY: THE EFFECTS OF VOLUNTARY COUNSELLING AND TESTING AS A STRATEGY IN BEHAVIOUR CHANGE.

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ABSTRACT

Background: The military throughout the world are most susceptible population to HIV/AIDS and sexually transmitted diseases. This is due to demographic factors; their population is mostly youthful, sexually active, are mostly male and highly mobile. The abundance of alcohol tends to exacerbate risky sexual behaviour.

General Objective: Assess the effects of voluntary counselling and testing in the Kenyan Military as a strategic tool in behavioural change.

Study Design: A descriptive, retrospective and prospective cross sectional study with both qualitative and quantitative data collection methods was conducted in the Kenyan military to evaluate the effect of voluntary counselling as a tool for behaviour change in the military.

Study Setting: Military units and formations in Nairobi, Nyanyuki, Nakuru and Eldoret regions in Kenya

Study Subjects-320 respondents were interviewed consisting of soldiers and their families.

Results: The findings revealed increased utilization of the voluntary counselling and testing service from 9% in 2003 to 58.8% in 2007, while utilization of Prevention of mother to child transmission (PMTCT) services has increased from 33.9% in 2005 to 53.5% in 2007. Several factors were significantly associated with utilization of voluntary counselling and testing (VCT) as a behaviour change strategy with resultant decrease in prevalence of HIV in the military population.

Conclusion: There are indications of significant behaviour change in the military and deeper understanding of the effects of voluntary counselling as strategic tool in HIV prevention and control. However, the immediate efforts should focus on strengthening the gains in behaviour change through information, education and communication.

Recommendations: Voluntary counselling and testing has being successful as a strategic tool in behaviour change in the general prevention and control of HIV and AIDS in the Kenyan military. However the prevalence of HIV rate is still comparatively high and there is great need to intensify and accelerate the military HIV and AIDS prevention and control programme.

Introduction

HIV/AIDS is the biggest challenge to mankind in the 21st Century comparable to Bubonic plague of the middle Ages (MUSEVENI, 2004). AIDS is now the leading cause of death in the military in some countries accounting for more than half of in-service and post service mortality. In Uganda, for example, it was found 7.5% of the soldiers who died within one year of discharge

were suffering from AIDS. Such attrition causes loss of continuity at command level and within the ranks, increased recruitment and training costs for replacements, and general reduction in preparedness, internal stability and external security. In this sense, HIV/AIDS can easily serve as a domestic and regional destabilizer and potential war starter. (Rodger, 1996). AIDS in the military as well as in the national environment, is no longer an academic issue, it is a reality that has to be tackled with all vigour and effort that is commensurate with its ramification (Major General Matshwenyego Fisher, chief of staff, Botswana defence force).

Many African militaries are experiencing diminished readiness problems due to high mortality and mobility among their personnel (DEHAPP, 2005). The military throughout the world are most susceptible population to HIV/AIDS and sexually transmitted diseases. This is due to the demographic factors where their population is mostly youthful and sexually active and the fact that they are mostly male and highly mobile. The abundance of alcohol tends to exacerbate risky sexual behaviour (ROK, 1997)

The fact that 75% of the Kenyan soldiers are married and periodically separated from their families and the abundance of alcohol has increased the risk of HIV infection among the military community. In the absence of medical cure and vaccines for HIV/AIDS, interventions that target behaviour change top the priority list. Voluntary testing and counselling is among the top global and national strategic tools designed to bring the desired behavioural change that will reduce the risk of acquiring or transmitting HIV or other sexually transmitted disease.

Materials and methods

The study was conducted in Nairobi, Nakuru, Gilgil, Eldoret, Mombasa, and Isiolo, Nanyuki towns where VCT and PMCT sites are located in these towns within military barracks. These sites were selected to provide wide geographical coverage as much as possible taking into account the HIV various ethnic and regional prevalence disparities. This was descriptive, retrospective and prospective cross –sectional study. Probability method of sampling was used. Equal numbers of participants were selected from testing and counselling sites from all the regions using random selection and those willing to participate and fulfilling the inclusion criteria in the study population.

The study used both qualitative and quantitative methods of data collection. The instruments used in data collection included questionnaires, focus group discussion and interviews. The quantitative data were encoded and entered into computer. The Spas Software Statistical package will be used for analysis. Chi Square (X^2) was used to test association between variables. A P value of <0.05 was considered significant.

Results

A total 320 respondents were interviewed and 6FGD held totalling to 60 participants and review of records was done. The results are presented in qualitative relation to the specific study objectives including socio-demographic characteristic of the study population. As indicated in the table 1 below majority of the respondents (47%) were aged between 18-30 yrs, 31-40yrs (33%) and the remaining (20%) above 40 yrs and 69% of these respondents were male and 31% female.

Table 1: socio- demographic characteristic of the study population (n=320)

	No. of respondents	Proportion of respondents
Age of the respondents	(n)	(%)
18-30 years	150	47
31-40years	105	31
>41 years	62	20
Level of education		
Nil education	3	1
Primary	24	8
Secondary	173	54
Post secondary	117	37
Marital status		
Married monogamous	135	43
Married polygamous	13	4
Never married	75	24
Steady partners not living together	37	12
Steady partner living together	46	15
Others	11	2

Gender of the study population

The military is largely male dominated population as indicated in (fig 1) below. Majority 69% of the respondents were male while one hundred 31% of them were female.

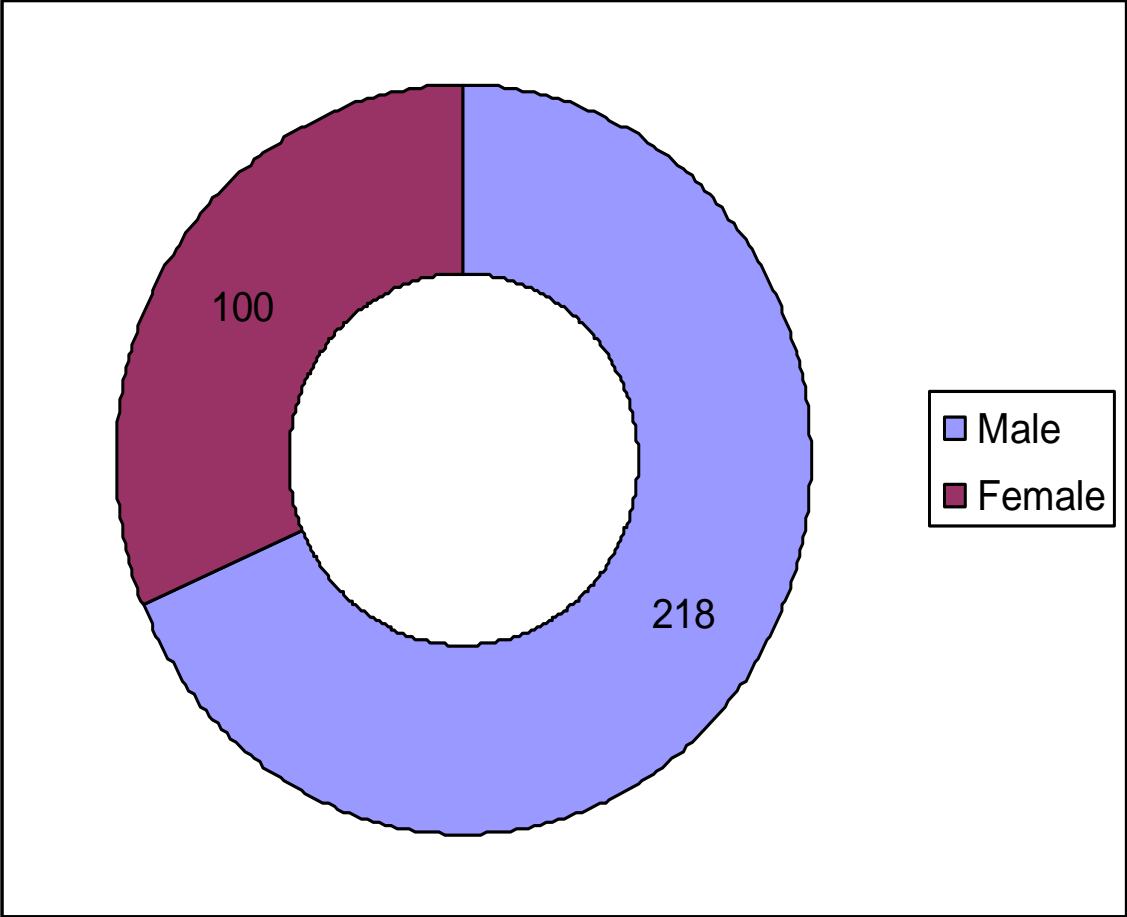


Figure 1 Gender of the respondents

Age of the respondents

The military population is generally youthful population as indicated by (fig 2) below. 47.2% of the respondents were aged between 18-30 years, 33% were aged between 31-40 years while 19.5% were aged over 41 years.

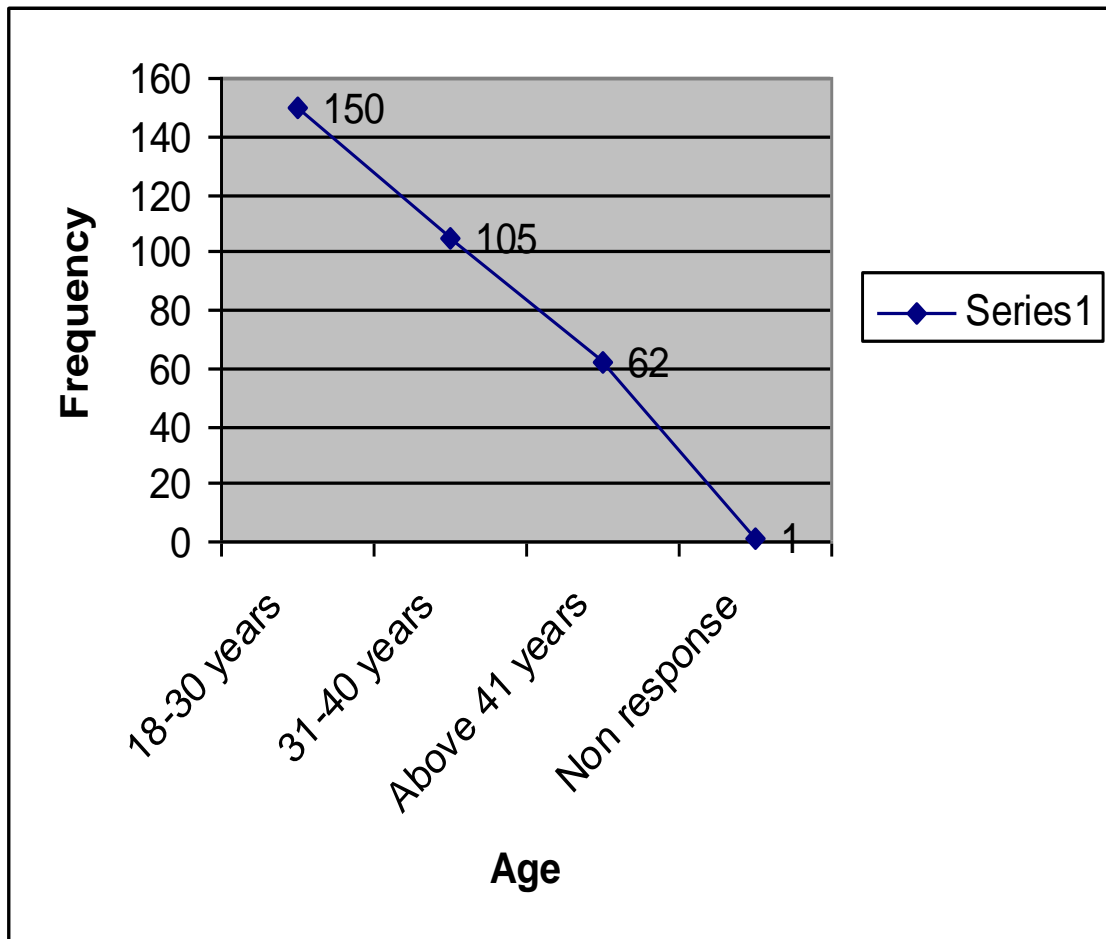


Figure 2 The age of respondents

Number of sexual partners

Despite the youthful population the military is composed of there is significant reduction in the number of sexual partners among the respondents as shown in (fig 3). Where 14.2% of the

respondents had no sexual partners, 64.5% had one partner and 19.2% had more than two partners in the past 6 months.

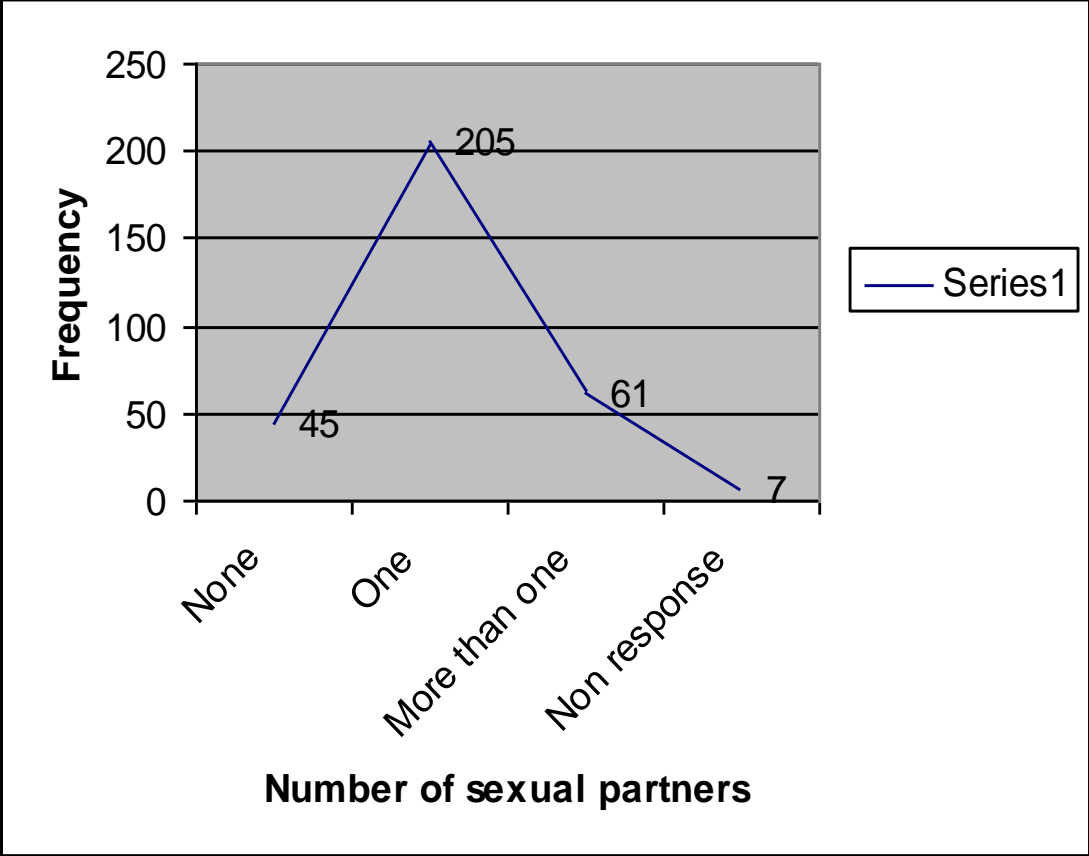


Figure 3 Number of sexual partners in the last 6 months

Sexually transmitted infections among the study population

There is decrease in the sexually transmitted infections among the study population despite the youthful and male dominated population. Overwhelming majority 90.9% of the respondents had not been infected with sexually transmitted infections as show in (fig 4). In addition there is statistically significant association between the number of sexual partners and infection with sexually transmitted diseases ($X^2=15.749$, $df=2$, $p=0.0001$). The findings showed that respondents with more than one partner were likely to be infected with a sexually transmitted infection.

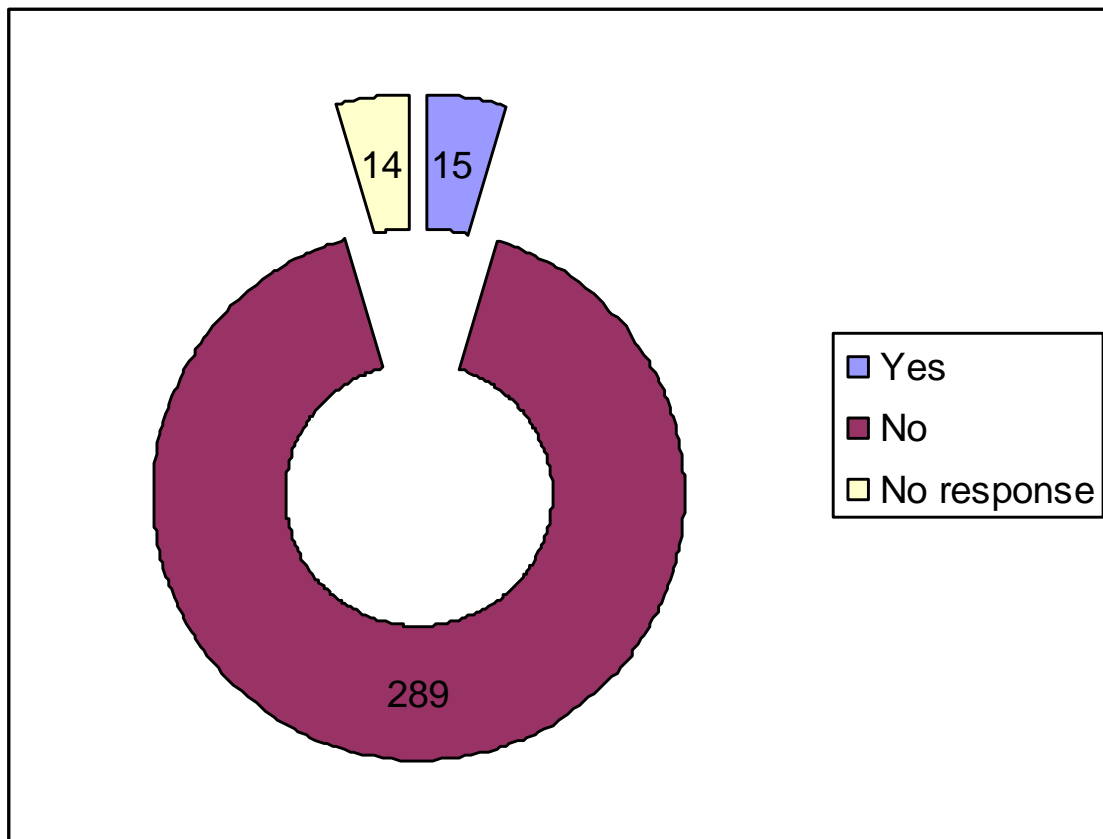


Figure 4 Respondents infected with sexually transmitted infections

Discussion

The Kenya national HIV prevalence has declined from (6.1%) in 2004 to (5.1%) in 2006. The Kenyan military has also registered significant decline in prevalence from (13%) in 2002 to (5.3%) in 2007. Increase in utilization of VCT (58.8%) from (9%) in 2003 and PMTCT (53.2%) an increase from 33.9% in 2005 has significant impact in behaviour change and eventual reduction in HIV infection and transmissions. There are established statistical relationships between knowing HIV status and VCT utilization.

The reduction of sexually transmitted infection among the majority 90.9% of the study population and reduction of multiple sexual partners where majority of the respondents 64.5% either had one sexual partner or abstained 14.2% in the last 6 months, is an indication of significant behaviour among the study population.

Conclusion

Voluntary counselling and testing has been successful as a strategic tool in behaviour change in the general prevention and control of HIV and AIDS in the Kenyan military. However the prevalence rate is still high comparatively to national prevalence and there is great need to intensify and accelerate the military HIV and AIDS prevention and control programme to protect both the military and the civil population from transmission and infection.

Recommendations

There is need to enhance appropriate policies and strategies that will not only strengthen but accelerate the gains made and encourage multi-sectoral collaboration in the prevention and control of HIV/AIDS in the military with special emphasis to behaviour change.

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