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# EXPERIENCES IN PROVISION OF COUNSELING AND TESTING TO ADOLESCENTS IN SCHOOLS IN ASEMBO, RURAL WESTERN KENYA

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# INTRODUCTION

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- HIV prevalence remains high among young people despite prevention measures
  - HIV prevalence among young females was 9% and <1% amongst males same age [Asembo cross-sectional survey]
  - Since 2003, KEMRI/ITM has been implementing a comprehensive youth program in Asembo to improve sexual and reproductive health of 10-20 yr old adolescents
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# Introduction [2]

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- Also implemented are two youth HIV curricula, Healthy choices 1 and 11, which promotes learning ones HIV status and provide knowledge and skills to abstain or practice safer sex
  - We also provide youth friendly health services incorporating VCT, clinical services, recreational facilities, support groups for young people living with HIV/AIDS and vocational skills
  - We thus describe our experiences in offering VCT to in-school adolescents in Asembo
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# DESCRIPTION

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- we sought approval from the District Education office to initiate VCT service in schools
  - We then conducted awareness and sensitization workshops for head teachers, teachers and parents about the program and its activities
  - We then identified and trained local youth from Asembo on VCT and later engaged them as volunteer peer counselors
  - Every week 3 schools are visited with youth friendly health services.
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# Description <sup>[2]</sup>

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- The services include VCT, health education, educative video shows and general clinical services [treatment of minor ailments, pregnancy counseling and testing, HIV therapy and OI treatment]
  - Counseling is done both on one-one basis and in groups
  - Whereas testing is done on individual basis
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# ISSUES

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- Working with peer counselors facilitated uptake and acceptability of VCT services among school adolescents
  - Other facilitators were the integration of clinical services free of charge to adolescents
  - Healthy choices program also helped inform adolescents on importance to know their status
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# Issues <sup>[2]</sup>

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- The tight schedule of schools limited the time allocated for health services[45-1hr per client per session challenged sometimes overwhelming numbers needing the services]
  - Few adolescents who test positive join our support groups and fewer still disclose their status despite our decentralization efforts.
  - National VCT guidelines recommend parental permission before testing minors, this is not popular with minors and hence limits those intending to initiate sex at young age[<15]
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# CONCLUSION AND RECOMENDATIONS

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- Further discussions should be held on how to involve adolescents below 15 years who are thinking of initiating sex/being in relationships without involving parents
  - The school administration and parents need to be consulted and involved in the design and implementation of VCT services in school settings
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# Conclusion and recommendation [2]

- Use of peer counselors can promote acceptability and uptake of VCT services among adolescents
  - More time and innovative strategies are needed to strengthen support groups of adolescents testing HIV positive.
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# ACKNOWLEDGMENT

- All peer counselors of Asembo
- Counselors and clinical officer
- All staff of KEMRI/ITM
- Kenya Medical Research Institute
- Institute Of Tropical Medicine, Belgium

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[THANK YOU]

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