Journal of Education and Practice www.iiste.org
ISSN 2222-1735 (Paper) ISSN 2222-288X (Online)
Vol.5, No.30, 2014

Influence of HIV/AIDS Counselling Services on the Quality of Life of Church Members in Selected Churches in Nakuru Municipality, Kenya

Eunice W. Njenga, Bernard. N. Githua and Bristol Omulema
1. Kabarak University -Student Affairs Department
2. Egerton University, Department of Curriculum Instruction
3. Egerton University Department of Psychology, Counselling and Educational Foundations

ABSTRACT
Globally and in the Africa continent HIV/AIDS has become a pandemic that has affected more than 34 million people. The world has responded to the pandemic by creating counselling services to improve the quality of life. Churches are increasingly getting involved in HIV/AIDS Counselling Services to help improve the quality of life of church members in Nakuru Municipality. However, no studies have been conducted to assess the influence of HIV/AIDS counselling services on the quality of life of church members in Nakuru Municipality. The purpose of this study was to assess the influence of HIV/AIDS counselling services on the quality of life of church members in selected churches in Nakuru Municipality. This research adopted an *ex Post facto* causal comparative research design. The target population of the study was Shabab Africa Inland Church, Nakuru West -Presbyterian Church of East Africa- and Christ the King Cathedral- Catholic Church in Nakuru Municipality with a population of five thousand, six hundred and forty three (5643) members. Accessible population of 225 respondents was the sample for the study; these included 3 pastors, 27 men, 114 women, 75 youth, and six counsellors. Questionnaires were used to collect data. Experts from the Department of Psychology, Counselling and Educational Foundations were consulted to assess the content, construction and face validity of the questionnaires and a pilot study was conducted in Deliverance Church Nakuru. The reliability of questionnaires was estimated by use of Cronbach alpha reliability coefficient where values above 0.70 were accepted. Data was analysed using descriptive statistics (frequencies and percentages) using the Statistical Package for Social Science (SPSS) programme. The study recommends and the government in motivating people to get involved in establishing and utilising counselling services to enhance the quality of life of the people in churches in Nakuru County.

INTRODUCTION
Global HIV/AIDS statistics (UNAIDS, 2012) show that at the end of 2012, 34 million people were estimated to be living with HIV, up slightly from 32.8 million in 2008. This in a large part was due to more people living longer as access to antiretroviral therapy increased. An estimated 2.6 million people became newly infected with HIV in 2009, nearly 20% fewer than 3.1 million people infected in 1999. As access to services for preventing mother to child transmission of HIV has increased the total number of children being born with HIV has decreased. An estimated 370,000 children were newly infected with HIV in 2009 (a drop of 24% from five years earlier). The number of annual AIDS related deaths worldwide is steadily decreasing from the peak of 2.1 million in 2004 to an estimated 1.8 million in 2009. The decline reflects the increased availability of antiretroviral therapy as well as care and support to people living with HIV particularly those from middle and low income countries (UNAIDS, 2010).This statistics are significant to this study since they indicate HIV/AIDS is still a global problem that has prompted the initiation of counselling services to help curb the pandemic.

Sub-Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. An estimated 22.9 million people are living with HIV in the region - around two thirds of the global total (UNAIDS, 2011). In 2010 around 1.2 million people died from AIDS in Sub-Saharan Africa and 1.9 million people became infected with HIV. Since the beginning of the epidemic 14.8 million children have lost one or both parents to HIV/AIDS (UNAIDS, 2010). The social and economic consequences of the AIDS epidemic are widely felt, not only in the health sector but also in education, industry, agriculture, transport, human resources and the economy in general. The AIDS epidemic in sub-Saharan Africa continues to devastate communities, rolling back decades of development progress. Both HIV prevalence rates and the numbers of people dying from AIDS vary greatly between African countries. In Somalia and Senegal the HIV prevalence is under 1% of the adult population, whereas in Namibia, Zambia and Zimbabwe around 10-15% of adults are infected with HIV. Southern Africa is the worst impacted by AIDS; in South Africa the HIV prevalence is 17.8% and in three other southern African countries, the national adult HIV prevalence rate now exceeds 20%. These countries are Botswana (24.8%), Lesotho (23.6%) and Swaziland (25.9%) (UNAIDS,2010). Africa as a continent is greatly affected by the pandemic this calls for all nations in the continent to seek ways to reduce the prevalence rates.

West Africa has been less affected by HIV and AIDS, but some countries are experiencing rising HIV prevalence rates. In Cameroon HIV prevalence is now estimated at 5.3% and in Gabon it stands at 5.2%. In Nigeria, HIV prevalence is low (3.6%) compared to the rest of Africa. However, because of its large population (it is the most populous country in sub-Saharan Africa), this equates to around 3.3 million people living with HIV (UNAIDS, 2010). Adult HIV prevalence in East Africa exceeds 5% in Uganda, Kenya and Tanzania **(**UNAIDS 2008). Overall, rates of new HIV infections in sub-Saharan Africa appear to have peaked in the late 1990s, and HIV prevalence seems to have declined slightly, although it remains at an extremely high level of 5 percent among adults (UNAIDS, 2011). This implies that HIV/AIDS continues to be a challenge to Africa nations, the nations have responded to the HIV/AIDS pandemic by creating awareness and programmes to curb the pandemic many of the countries are registering declines in the prevalence of the pandemic.

Kenya has the third largest population of people living with HIV in sub-Saharan Africa, and the highest national HIV prevalence of any country outside Southern Africa (UNAIDS 2008). An estimated 1.6 million people are living with HIV, around 1.1 million children have been orphaned by AIDS and in 2011 nearly 62,000 people died from AIDS-related illnesses (UNGASS, 2011 & UNAIDS, 2012). Kenya's peaked during the late 1990s and, according to the latest figures, has dramatically reduced to around 6.2 percent (UNAIDS, 2012). This decline is thought to be partially due to an increase in education and awareness, but also from high death rates (UNGASS, 2008). Whilst many people in Kenya are still not being reached with HIV prevention and treatment services, access to treatment is increasing. 72 percent of adults who need treatment are receiving it, with around 200,000 additional people on treatment in 2011 than in 2009 (UNAIDS, 2012). Unfortunately, as with many countries, the proportion of eligible children receiving antiretroviral treatment is much lower. This demonstrates that Kenya still has some way to go in providing universal access to treatment, prevention and care. According to the head of the monitoring and evaluation unit at the National AIDS Control Council HIV women do not have a high prevalence they are at 2.8%, Protestant women registered a prevalence rate of 8.4% while their Catholics counterparts are at 8% (Fortunate, 2012). This statistics are significant to this study since they indicate the fact that HIV/AIDS prevalence is still high although counselling services have been increased and also shows the religious community is affected by the pandemic this calls for the religious community to respond to the pandemic by creating awareness and programmes to cater for its members and the community.

A significant part of church's ministry is counselling members so that they may cope with spiritual, social, psychological and physical challenges that they face on a day to day basis. The church guides the parishioners through the use of scriptures in solving their problems. It is through counselling that, the church attempts to provide encouragement and guidance for those who are facing losses, indecisions, or disappointments. Counselling stimulates personality growth; development and helps people cope effectively with the problems of living with inner conflicts and crippling emotions (Chacha and Bowers, 2005). The church provides hope, reconciliation, and the purpose for living by counselling those infected or affected by the HIV/ AIDS pandemic. It is in this regard that the work of Churches in Nakuru Municipality is important to this study.

Counselling in HIV/AIDS has become a core element in a holistic model of health care in which psychological issues are recognized as integral to patient management. HIV and AIDS counselling has two general aims the prevention of HIV transmission and the support of those infected and affected by HIV. It is vital that HIV counseling should have these dual aims because the spread of HIV can be prevented by changes in behavior. One to one counseling has a particular contribution in that it enables frank discussion of sensitive aspects of patients' life and such discussion may be hampered in other settings by the patients concern for confidentiality or anxiety about a judgment response. Also when patients know that they have HIV they may suffer great psychological stress through fear of rejection, social stigma, disease progression and the uncertainties associated with future management of HIV (Chippindale & French, 2001).

Quality of life (QOL) is an important component in the evaluation of the well-being of people living with HIV and AIDS (PLWHA), especially with the appreciable rise in longevity of PLWHA. Moreover, limited studies have been conducted in Kenya on how PLWHA perceive their life (Folasire, *et al.* (2012). World Health Organization define quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (Taffa & Nyamongo, 2004). Although there are generally satisfactory ways of measuring the frequency and severity of diseases this is not the case in so far as the measurement of well being and quality of life are concerned (Taffa & Nyamongo, 2004). There is a great need to understand the quality of life of PLWHA since today PLWHAs are living longer because of the access and utilization of counselling services. The way an individual perceives himself greatly affects his wellbeing

2. METHODOLOGY

Terre Blanch and Durkheim (1999) define a research design as a "strategic framework that serves as a bridge between research questions and the execution or implementation of the research". While Copper and Schinder (2003) state that the research design is a plan for meeting objectives and answering questions. This research adopted a causal – comparative *ex post facto* research design that enabled the researcher to meet the objectives of the research and answer the research questions. According to Mugenda and Mugenda (2003) and Franenkel and Wallen (2000) causal comparative design is used to explore relationship between variables. The study sought to assess how provision of counselling services influence the quality of life. The research also sought to find out how people access and utilize HIV/AIDS counselling services by people. This design was considered as the best because the researcher intended to assess the extent to which HIV/AIDS counselling services influenced the quality of life of church members this influence has already happened and cannot be manipulated. The researcher studied the variables at their current state. This study focused on providing a picture of the situation and formed a basis for evaluation of the influence of HIV/AIDS counselling services.

This study was conducted in Africa Inland Church, Presbyterian Church of East Africa and Catholic Church congregations in Nakuru Municipality. Nakuru Municipality was chosen because the area has a high prevalence of HIV/AIDS. It was also thought that since Nakuru Municipality is highly cosmopolitan the findings of this study could be generalised to all other parts of the country given the same terms of reference. The study targeted all Christians in Nakuru Municipality. The accessible population of the study was Shabab Africa Inland Church, Nakuru West -Presbyterian Church of East Africa- and Christ the King Cathedral- Catholic Church in Nakuru Municipality. These churches were chosen because they are the only churches that have established fully operational counselling services and have registered their counselling centres with the Government

4.3 Issues that affect the quality of life

The first objective of the study was to investigate the issues that affect the quality of life of people.

Table 5
Issues Affecting Quality of Life

	Church Members					Counselors					Pastors				
	Always	Frequently	Less frequently	Occasionally	Never	Always	Frequently	Less frequently	Occasionally	Never	Always	Frequently	Less frequently	Occasionally	Never
lack of food	16	27	21	30	6	33	17	17	17	17	33	33	33	0	0
Denial/Anger	37	24	18	13	8	17	17	50	17	0	67	0	33	0	0
Bitterness	33	30	17	13	7	33	33	33	0	0	67	33	0	0	0
Guilt	46	16	19	12	8	17	50	33	0	0	33	0	33	33	0
Shame	49	18	14	11	8	33	17	50	0	0	33	0	33	0	33
Hopelessness	39	19	12	22	8	0	0	17	50	33	33	33	33	0	0
Regret	49	20	13	12	6	17	50	33	0	0	67	33	0	0	0
Unable to pay bills	16	42	19	18	6	17	17	50	17	0	67	33	0	0	0
Unable to purchase medicine	21	33	23	15	8	33	17	50	0	0	67	33	0	0	0
Lack of caregivers	30	23	19	16	12	33	17	33	17	0	67	33	0	0	0

According to Table 5, 30% Church members and 33% of counselors indicated that those infected and affected by HIV/AIDS occasionally and always lack food while 67% of the Pastors said lack of food is always and frequently an issue that affects people. 37% of church members and 67% of pastors felt people infected or affected always experience denial and anger, while half of the counselors said lack of food occurs occasionally. 33%of church members and 67% of pastors indicated people experience bitterness when infected or affected by HIV/AIDS, 67% of the counselors felt bitterness always and frequently experienced. 46% of church members indicated people always feel guilt, while 50% of counselors showed quilt is a frequently experienced emotion and although the pastors had different opinion 33% said quilt is always experienced. 49% of church members said infected and affected people always feel ashamed, half of the counselors said shame is occasionally experienced while the pastors had different opinions 33% said shame is always experienced.

Another emotion is hopelessness 39% of church members indicated that hopelessness is always experienced while 50% of the counselors said hopelessness is occasionally experienced and 67% of the counselors felt

hopelessness is always and frequently experienced. 49% of church members and 67% of pastors indicated that regret is always experienced while 50% of counselors indicated regret is frequently observed. People are frequently unable to pay hospital bills according to 42% of church members and 67% of church members while 50% of counselors felt the inability to pay hospital bills occasionally happens. Those infected or affected by HIVAIDS frequently face challenges when purchasing medicine according to30%of church members and 67% of pastors while 50% of counselors said purchase of medicine is occasionally a challenge. According to 30% of church members, 67% of pastors and 67% of counselors said there is always and less frequent a lack of caregivers. From these findings we can conclude there are various issues that affect the quality of life of people infected and affected by HIV/AID. These issues need to be addressed to improve the quality of life.

These findings agree with Muraah and Kiarie, 2001 who indicates that there are many issues that affect the quality of life of people affected or infected by HIV/AIDS. These issues are social, physical, mental, emotional and economic in nature. Patients and relatives are sometimes unable to pay hospital bills because of poverty; they also may find it difficult to afford a nutritious diet that the patient and the family require and purchase essential medicines. Both the family and other members of the community may lack the nursing skills required to manage HIV patients. Nursing of the patient may also take up a lot of time and the members of the family may be unable to continue with employment or other income generating activities. This further drains the household income and greatly affects the quality of life of those infected and affected (Muraah & Kiarie, 2001)

Table 6.3
Methods used to deal with the issues

	Church members					**Counselors**					**Pastors**				
	Confronted	**Sympathized**	**Did Nothing**	**Counseled**	**Referred**	**Confronted**	**Sympathized**	**Did Nothing**	**Counseled**	**Referred**	**Confronted**	**Sympathized**	**Did Nothing**	**Counseled**	**Referred**
Lack of Food	48	19	10	11	12	17	17	67	0	0	0	33	0	0	67
Inability to purchase medicine	25	26	16	13	20	17	17	67	0	0	33	67	0	0	0
lack of employment	16	20	22	27	15	0	0	17	33	50	0	0	100	0	0
Bitterness	19	15	16	43	8	0	0	0	100	0	0	0	100	0	0
Shame	20	25	14	33	8	0	0	0	100	0	0	0	100	0	0
Guilt	13	14	9	64	1	0	0	0	100	0	0	0	100	0	0
Hopelessness	13	11	6	65	5	0	0	50	50	0	33	0	33	0	33
Lack of caregivers	21	18	13	27	20	0	17	33	17	33	0	0	67	0	33
Unable to pay bills	24	20	21	13	22	17	83	0	0	0	33	0	0	0	67

According to Church members, 48% confront those who experience lack of food, 26 % counseled those who lack employment, 43% counseled those who experience bitterness in their lives, 33% take time to counsel those who experience guilt, 65% counseled those who experience hopelessness, 27% counseled those who have a challenge with caregivers and 24% counseled those unable to pay hospital bills. From the church members responses the most common method used in dealing with the various issues was counselling, followed by confrontation and sympathy.

The results from Counselors responses indicate that 67% did nothing for those who experience a lack of food, 50% referred those who lack employment, 100% counseled those who experience bitterness in their lives, 100% take time to counsel those who experience guilt, 100% take time to counsel those who experience shame, 50% counseled and 50% did nothing to those who experience hopelessness, 33% either did nothing or referred those who have a challenge with caregivers and 67% did nothing towards those unable to pay hospital bills. When people visit counselors and they are facing a problem with lack of food the counselors face a challenge since the churches do not offer nutrious meals frequently they either sympathize or refer this clients to places they can get food. Since counselors do not have money to assist needy clients they are left with the option of sympathizing or referring these clients to Provincial General Hospital where medicine prices are subsidized. Many people who visit the centers are unemployed some have recently lost their jobs due to their absenteeism from the work place,

the counselors play the role of counselling them on how they can start income generating projects to sustain them. People who are infected or affected by HIV/AIDS go through many emotions such bitterness, shame, guilt, hopelessness and lack of care givers, counselors responds to these emotions by counselling, referring and confronting these emotions.

The results from Pastor's responses indicate that 67% did nothing for those who experience a lack of food, 67% did nothing to those who lacked employment, 100% did nothing to those who experience bitterness, guilt and shame, 100% counseled, did nothing and referred those who experience hopelessness, 67% did nothing to those who have a challenge with caregivers and 67% referred those unable to pay hospital bills. From the pastors responses pastor did nothing concerning most of the issues facing people who are infected or affected by HIV/AIDS.

The results of this study show counselling was one of the methods that were commonly administered when dealing with various issues faced by people infected or affected by HIV/AIDS. Counselling provides emotional and psychological support to PLWHAs (People Living with HIV/AIDS) and offers encouragement, hope and help clients cope with their situation. According to Bakusi, (2007) this form of counselling carried out several times assist the client cope with the different challenges that they might experience during the course of their illness. These challenges may arise from issues in their families, their work place, their social life and many other related areas. Some of the elements of supportive counselling are: helping clients identify sources of support; providing referrals to these services, providing counselling on survival skills and positive living (Bakusi, 2007).

4. 4 Access and Utilize HIV/AIDS Counselling Services

The second objective was to find out whether people access and utilize HIV/AIDS counselling services to improve their quality of life.

Table 7
Visits to the Centre for Counselling

		Church Member	Pastors	Counselors
visits	Daily	16	33	83
	Once a week	20	67	0
	Twice a week	17	0	0
	Problem arise	46	0	17

The results show that although the counselling centres are open daily 46% of the people indicate the counselling centres are visited when a problem arises. The pastors responses show that although the counselling centres are opened daily 67% of the people indicate the counselling centres are visited once per week. 83% of the counselors indicated they receive clients' every day since the government has put in place a policy that the hospital can apply provider initiate testing of all people attending the hospital especially the pregnant women to help the patients know their HIV status and provide PMTC services.

These results agree with (KAIS, 2008) HIV testing and counseling is now offered routinely as part of clinical evaluation in health facilities. The Government provides counseling services through voluntary counseling and testing centers (VCT), antenatal clinics, TB clinics, and Home- based care HIV testing and counseling which is a new approach that involves the provision of HTC services to all family members in the convenience of the home (KAIS, 2008).

The results also agree with Yanet, 2007 that People are becoming more aware of counselling services a study recently carried out in Nicaragua shows many people are now seeking counselling services unlike ten years ago when only a few had access to HIV test and getting tested was difficult. Fear of AIDS, and the stigma that came with being HIV-positive, also stopped people from discovering their status. "Nowadays people are more respectful of those who are HIV-positive, especially family members," says Graciela Argüelles, a counsellors at Association Information and Counselling on sexually transmitted diseases, which is a non-profit organization sponsored by DFID (Department For International Development) since 2004 (Yanet, 2007).

Table 8
Methods used to Create Awareness

	Church members					Counselors					Pastors				
	Always	Frequently	Less frequently	Occasionally	Never	Always	Frequently	Less frequently	Occasionally	Never	Always	Frequently	Less frequently	Occasionally	Never
Mouth	32	28	18	16	6	0	83	17	0	0	0	100	0	0	0
Brochures	12	34	23	18	12	33	33	0	17	17	33	0	0	67	0
Radio or TV	26	30	22	14	9	0	33	50	17	0	33	0	67	0	0
Church announcement	18	29	21	22	10	0	33	50	17	0	33	0	67	0	0
Free medical camps	44	22	17	11	6	0	33	33	17	17	33	67	0	0	0
Medical services	42	29	17	10	3	17	17	50	0	0	33	67	0	0	0

The results from table 8 indicate that the following methods are used to inform people about available services. According to 32% of church members word of mouth is always used,83% of counselors and 100% of Pastors said word of mouth is frequently used to create awareness, 34%of church members and 67% of counselors said brochures are frequently and always used while 67% of pastors said brochures are occasionally used to create awareness, 44%of church members felt medical camps are always used to create awareness while 67% of the counselors felt medical camps are frequently and less frequently used and 67% of pastors indicate medical camps are frequently used. As indicated by 42% of church members said medical services are always used, 50 % of counselors indicated medical services are frequently and less frequently used to create awareness and 67% Pastors medical services are used to inform people of available counselling services.

4.5 Influence of HIV/AIDS Counselling Services

The third objective was to find out the influence of HIV/AIDS counselling services on the quality of life in selected churches in Nakuru County

Table 9
Counselling Services Offered

	Church members'			Counselors			Pastors		
	Sometimes	Always	Never	Sometimes	Always	Never	Sometimes	Always	Never
VCT	36	37	27	33	33	33	67	33	0
Home based care	41	28	30	50	33	17	100	0	0
Group counseling	42	43	14	0	100	0	0	100	0
Individual Counselling	50	38	11	100	0	0	100	0	0
Referral	36	41	22	100	0	0	33	67	0
Training	57	31	11	0	100	0	33	67	0
PMTC	39	24	36	17	50	33	33	67	0
Resource center	30	28	42	0	100	0	33	67	0
Nutritious meals	39	31	30	33	67	0	33	67	0

The following counselling services were offered in their counselling centers. 73% of church members and 67%of Pastors indicate that Voluntary Counselling and testing was sometimes and always offered. 41% of church members said home based care is always carried out and 100% of Pastors said home based care is sometimes carried out. Group counselling is always and sometimes carried out according to 85% of church members and 100% of Pastors. Individual and group counselling are always carried out according to 50% of church members and 100% of Pastors. 41% church members referrals are always carried out. According to 67 % of Pastors referrals are sometimes carried out. Training/seminars are sometimes offered according to 51% of church member, prevention of mother to child transmission (PMTC) is always carried out according to 39% of church members. Nutritious meals are sometimes available according to 39% of church members and 67% of Pastors

said meals are always provided. According to 42%of church members the church does not have a resource centres while 67% of the Pastor indicated a resource centre is always available

Counselors' responses show the following counselling services were offered in their counselling centers. 67% indicate that Voluntary Counselling and testing was sometimes and always offered, 50.0% said home based care is sometimes carried out. All counselors indicated they provide group and individual counselling effectively. When they encounter difficult situations or issues the counselors always make referrals. Training is always provided for the counselors and members of the church to know more on HIV/AIDS according to 67%, prevention of mother to child transmission (PMTC) is always carried out according to 50%, the resource centre is always available according to 100% and nutritious meals are always offered according to 67%. Based on these findings show the services are always and sometimes offered in the counselling centres

Table 10
Assessment of Different Counselling Services

		VCT	Resource	PMTC	HBC	meals	IC	GC	Referral	Training
Church members	Poor	17	26	17	29	27	21	31	15	15
	Fair	22	23	22	33	20	18	29	35	35
	Good	38	27	44	22	33	29	23	12	12
	V. Good	17	19	17	10	11	17	9	17	17
	Excellent	16	0	0	6	11	15	9	0	0
Counselor	Poor	33	33	50	67	0	0	0	33	33
	Fair	17	17	50	0	33	33	33	50	50
	Good	0	17	0	3	17	0	0	17	17
	V. Good	33	33	0	0	33	33	17	0	0
	Excellent	17	0	0	0	17	33	50	0	0
Pastor	Poor	33	33	33	33	67	0	0	33	33
	Fair	0	0	0	0	0	0	0	0	0
	Good	67	67	67	67	33	0	100	67	67
	V. Good	0	0	0	0	0	33	0	0	0
	Excellent	0	0	0	0	0	67	0	0	0

The Church members response show the VCT is good according to 38% and it is having an impact on the lives of people. 27% feel the resource centre is also good it has relevant brochures and some books that provide the necessary information. PMTC services provided are good according to 44% these services are helping the mothers and their children dealing with the HIV/AIDS status. Home based care is also fair according to 69%. The results indicate that nutrious meals provide are good. There is good provision of individual counselling but group counselling is poor according to 31%. Referrals are fairly provided as indicated by 35% to other medical departments and other resourceful people in the community. There is fair and good training being provided to the church.

According to the Pastors assessment of the quality of counselling services offered in their counselling centers 67% said voluntary counselling and testing offered was good, the resource centre, prevention of mother to child transmission, home based care, group counselling, referral and training offered is good, Individual counselling is excellent but provision of meals is very poor.

The Counselors responses on assessment of the quality of counselling services offered in their counselling centers 50% showed the voluntary counselling and testing offered is both good and excellent, the resource centre is both good and excellent according to 50%, prevention of mother to child transmission is both good and poor according to 50%, home based care is poor according to 67%, group counselling is excellent according to

50%, referral is fair according to 50% and training offered is good according to 50%, Individual counselling is good and excellent according to 67% and provision of meals according to 66% is fair and good.

Table11
Counselling Services Offered

Church members				**Counselors**			**Pastors**		
	Yes	**No**	**I don't know**	**Yes**	**No**	**I don't know**	**Yes**	**No**	**I don't know**
Caring	53	39	8	67	33	0	67	17	17
HBC	42	47	11	33	67	0	17	67	17
Behavior	56	36	7	100	0	0	83	17	0
Built a centre	18	74	7	0	67	33	17	67	0
Counseled youth	57	37	4	100	0	0	100	0	0
Counseled couples	34	57	7	100	0	0	83	17	0
Orphans	69	24	7	0	100	0	0	100	0
Individuals	66	28	6	100	0	0	100	0	0
Provide drugs	28	62	7	33	67	0	17	83	0

According to table 11the churches were involved with caring for people living with HIVAIDS as indicated by 53% of church members, 67% of counselors and pastors. Home based care was not offered as indicated by 47% of church members and 67% of Pastors and Counselors. The churches provided behavior change seminars as indicated by 56% of church members, 100 % of counselors and 83% of pastors. The churches did not built any counselling centre according to 74% of church members and 67% of counselors and pastors. Counselling of the youths was undertaken by the churches according to 57% of church members and 100% of the counselors and Pastors. There is still a need to provide counselling on faithfulness in marriage for the couples as indicated by 57% of church members who felt this kind of counselling has not been provided although 100% of counselors indicated they had provided counselling and 83% of Pastors. Although 69% of the church members indicated orphans were taken care of 100% of counselors and Pastors indicated there was no care for orphans and vulnerable children. Individual counselling has been provided effectively as derived from 66% of church members and 100% counselors and Pastors. Results also show that the church has not been providing ARVS as indicated by 62% of church members, 67% of counselors and 83% of Pastors.

Table 12
Changes in the lives of People

	Church Member			**Counselor**			**Pastors**		
	Yes	**No**	**Sometimes**	**Yes**	**No**	**Sometimes**	**Yes**	**No**	**Sometimes**
Plan their future	83	4	14	83	0	17	67	0	33
Reveal their status	30	36	35	83	0	17	67	0	33
Deal with feelings of guilt	56	18	26	33	17	50	33	0	67
Discuss loneliness	44	26	30	67	0	33	67	0	33
Seek medical examination	68	7	25	50	17	33	67	33	0

According to 83% of church members and counsellors and 67% of pastors people who receive counselling services with a positive attitude show significant changes in their lives as seen in table 12. After going through counselling they begin to plan their future this includes them preparing their wills and changing their lifestyles. For many they do not begin to accept their status as indicated by 36% of church members and they may not gain courage to disclose their status to significant people in their lives. According 56% of church members, 50% of

the counsellors and 67% of the pastors' people are sometimes able to begin to deal with their feelings of quilt. According to 44% of church members and 67% of pastors and counsellors people begin to discuss their fears of death and the loneliness they experience. A person who is infected is occasionally affected by opportunistic illnesses when faced by this illnesses they ready seek medical attention according to 44% of church members and 67% of counsellors and pastors.

These findings agree with Muraah, and Kiarie 2001, counselling services help those who access counselling to plan for their future better. If the individual is HIV negative the result of testing motivates them to stay with a positive mind by avoiding risky behaviour or taking appropriate protective measures for example using condoms, keeping to one sexual partner or practicing total abstinence. After receiving counselling many people change their lifestyles and begin to protect themselves and others. They also participate in the HIV/AIDS awareness campaigns that are essential to contain this pandemic. Some come out and lend their names to specific campaigns involved in the fight for HIV/AIDS control or live with the virus without revealing it to others but embrace and campaign HIV/AIDS causes (Muraah, and Kiarie 2001).

5.1 Summary

The study assessed the influence of HIVAIDS counselling services on the quality of life of people in selected churches in Nakuru County. The study found out there were many issues affecting the quality of life of people. Many people were accessing and utilizing the counselling services although they were not necessarily church members. Once people utilize counselling services there was a significant change in their lifestyles. The numbers visiting the centre are not large although as time goes more people are becoming aware of available counselling services offered in the church premises.

5.2 Conclusion

From the study findings the researcher has been able to draw the following conclusions:

i. People are affected by various issues that they need to be helped to address.
ii. The results of this study show counselling was one of the methods that were commonly administered when dealing with various issues faced by people infected or affected by HIV/AIDS.
iii. The results show that the counselling centres are open daily and because of provider initiated testing more people receive HIV/AIDS testing although people visit the centre when problems arise.
iv. The study revealed most churches still need to create awareness in the church. Although people pass information verbally about the availability of counselling services in the church. More brochures need to be used, radio or Television can be used, and free medical camps can be provided once in a while
v. The counselling services provided are of good quality although they still need improvement especially the provision of nutritious meals to PLWHAS and ARVS.
vi. People who receive counselling services with a positive attitude show significant changes in their lives.

5.3 Recommendations

i. The church should use any available avenue to create awareness among members of the churches and the community of available services.
ii. More funds need to be allocated to provide more services like the nutritious meals, and even projects established which can be used to create employment and an income for struggling households.
iii. Most of the centres are not able to provide ARVs but the church can collaborate with the government to get more access to affordable health care from the government comprehensive centres.

5.4 Suggestions for Further Research

i. Issues surrounding acceptance and use of Voluntary and Counselling testing centres.
ii. Preparedness and Effectiveness of Counselors to handle HIV/AIDS affected and infected people.
iii. The impact of HIV/AIDS related trauma on caregivers who handle those infected to the point of death.

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