Globally, PLWHA continues to rise, despite the fact that effective prevention strategies exist. At least 95% of the new infections occur in developing countries, including Kenya. Unless effort is made to co-ordinate a massive response to the pandemic, there will be 45 million new HIV infections by 2010 in the world. This has led to new dimensions of health care delivery worldwide such as Voluntary Counselling and Testing (VCT). Despite its proven benefits, high knowledge of VCT and its availability, its uptake is varied and often poor. It is commonly argued that teachers in Sub-Saharan African (SSA) countries have relatively higher HIV prevalence rates than the adult population. AIDS is claiming teachers more quickly than they can be trained in many countries and is the leading cause of death among teachers in the SSA countries. Teachers do play a significant information dissemination role in schools and the community in general. This study was conducted in Thika District (Kenya) to establish determinants of HIV-VCT utilization among secondary school teachers. The objectives were to establish secondary school teachers' HIV-VCT utilization levels, to identify factors that motivated teachers to utilize HIV-VCT services, to identify factors that hindered teachers from utilizing the VCT service and to establish relationship between various factors and HIV-VCT utilization among the teachers. The study employed Cross-sectional survey, where quota and simple random sampling were used. A questionnaire, interview schedule and focused group discussion guide were used to collect data. Quantitative data was analyzed using SPSS software and qualitative data was described and used to illustrate the main ideas. 246 teachers were sampled; almost half were females, 13% were in private schools. HIV-VCT utilization among secondary school teachers was 30.5%. The younger and less experienced teachers were more likely to utilize HIV-VCT services than the older and more experienced ones (Likelihood ratio, $P = 0.004$). Private school teachers were more likely to utilize HIV-VCT services than those of the public schools (OR = 2.356, 95% CI, 1.082-5.128). Teachers who were scare by the HIV prevalence in their area were three times less likely to utilize HIV-VCT services (OR = 0.312, 95% CI limit, 0.104-0.936). The teachers who had not sought HIV-VCT service were less likely to perceive HIV-VCT services as beneficial (Likelihood ratio, $P = 0.027$). Various factors were identified as barriers to HIV-VCT uptake; most of them were post test implicated. A number of factors that made some teachers to seek HIV-VCT services were also identified; HIV/AIDS awareness campaigns and urges 'to know status' were most cited factors. In conclusion, the teacher HIV-VCT utilization level was higher than the general population. The study identified socio-demographic and other factors that influenced use of VCT services and indeed some factors were found to be related to HIV-VCT use. It is recommended that the VCT promotion programs has to focus on enhancing positive perception of VCT services more specially; messages that aim at enhancing the use of VCT service should mainly target older teachers and alleviating barriers related to the use of VCT services. “HIV-VCT services are good let the teachers use them.”

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