

**FACTORS ASSOCIATED WITH VOLUNTARY
COUNSELING AND TESTING UPTAKE
AMONG COUPLES IN RURAL UGANDA: A
Study of Bushenyi and Nakaseke Districts**

BUSINGE DENIS COLLINS, B.A. (SOCIAL SCIENCES)

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ABSTRACT

The main objective of this study was to assess factors associated with Voluntary Counseling and Testing among individuals who had their first sexual intercourse with their married/cohabiting partner not more than three years prior to the survey. The study relates to primary data sourced from randomly selected respondents ages 15-49 years clustered by districts of Bushenyi and Nakaseke; a number of ideologies were borrowed from the Lot Quality Assurance Sampling (LQAS) methodology. The analysis was undertaken using cross tabulations and the multinomial logistic regression

Findings from the study showed that slightly over half (52.7%) of respondents had ever accessed VCT services, with 31.3% testing as individuals while 21.4% tested as a couple. Respondents to this study had the following profile: 56.3% were females while 43.7% were males with a median age of 29 years. Most of the respondents (70.1%) were from monogamous marriages or cohabiting relationships. Less than half (43.6%) of the respondents had taken a duration of 12-23 months in their marriage/cohabiting union and close to six in every ten (58.9%) of respondents had primary school as their highest level of education attainment. With the exception of sex, type and duration of marriage or cohabiting relationship, there was evidence of a significant association between VCT seeking behavior (outcome variable) and socio-demographic characteristics of respondents particularly in age, place of residence and highest education attainment. On the other hand, multinomial logistic results conditioned by socio-demographic and intermediate variables suggest that: respondents who were aware of couple discordance and those who had earlier discussed taking VCT services were more likely to prefer taking VCT services either as individuals or couples compared to rejecting taking the

services. On the other hand, those willing to disclose VCT results were more likely to prefer taking the services as a couple compared to rejecting the uptake of the service. Further, respondents with extra-marital sexual relationships were more likely to prefer taking VCT services as individuals, while those perceived to be at risk of acquiring HIV were less likely to take VCT services as individuals compared to rejecting the services.

Encouragingly, results of the study upheld existing literature to the effect that VCT seeking behavior varied significantly with a number of background characteristics of respondents as well as intermediate factors. Thus interventions to ameliorate the adverse consequences of HIV need to consider socio-demographic variations fitting the profile presented in the preceding paragraphs.

It is therefore recommended that HIV/AIDS programs should encourage individuals in marriage or cohabiting relationships to take VCT services as a couple. HIV couple testing as well as results will enhance increased knowledge, awareness and status of every individual in a relation to HIV couple discordance as well as the perceived risk of HIV infection and the need to promote disclosure of results to partners as a means of enhancing partner communication.