

**“Determinants of Access to HIV Counselling and Testing
Services**

In Kisaasi, Kampala,

In the Face of Increasing HIV infection rates in Uganda”.

BY

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ABSTRACT

The purpose of this study was to determine the factors that affect access of HCT services amidst reported increasing HIV prevalence country wide, especially in an urban setting in Uganda. A single urban community was targeted to give a representation of the communities' and the leadership's (HIV /AIDS management) views towards increasing access to HCT as an indicator for improved health seeking behavior in relation to HIV/AIDS prevention and care. Specifically, the study was aimed at determining: motivation factors for people's access to HCT services, challenges related to seeking and receiving HCT, and recommendations towards increasing access to the service. The variables of this study included HCT uptake as the dependent variable and, as independent variables- respondents' socio demographics, HIV/HCT knowledge and perception of risk, societal support, and the design, organisation, and operation of HCT services.

This was a cross-sectional study and data was collected using individual structured questionnaires at household level for quantitative data while HCT health service providers, health unit in-charges, and national HIV/AIDS managers, underwent interviews through structured questionnaires that gave extensive qualitative information about the subject in relation to the design and operation of HCT services at village and national level.

Logistic regressions model was used in identifying those factors that enhance or deter one taking an HIV test basing on the household data. Bivariate analysis was used to identify those factors significantly associated with "one ever tested for HIV" for consideration in the multivariate analysis using logistic regression. Such statistically significant factors at this level included: age group, marital status, respondent's view of whether HIV had a cure or not and respondent's knowledge of where HIV is done in Kampala and in Kisaasi. Only the factor "knowing where HIV test is done in Kisaasi" was found to have a statistically significant (P-value: 0.012) effect on a study participant having ever taken an HIV test. The respondents that new of HIV testing places in Kisaasi were 1.534 times more likely to have ever taken an HIV test compared to those that did not know of HIV testing places within Kisaasi. The possibility of testing for HIV for those that know of HIV testing places in Kisaasi increases compared to those that don't know; meaning that knowing places where HIV tests are done increases the chances of one seeking to be tested for HIV. People interviewed suggested they were comfortable discussing HIV testing with; friends (68.3%), health worker (65%) and siblings (55%) and they were uncomfortable discussing HIV testing issues with school teachers (62.3%), religious leaders (62.8%), other relatives (61.2%) and parents (57.3%). Qualitative data was manually analysed to show that the managers of national AIDS programs, HCT counselling coordinators, and private/NGO coordinators in this study, rated the HCT intervention in Uganda as unsatisfactory and poor. The data on challenges raised both by the national program managers and the health service providers in this study is linked to the design, organisation, and operation of HCT services variable.