

Determinants of Human Immuno-Deficiency virus testing and counselling services uptake in Narok North District, Rift Valley Province-Kenya

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Abstract:

Human Immuno-deficiency Virus testing and counseling (HTC) is globally viewed as a critical prevention component in the fight against HIV/AIDS. It is the entry point to care and treatment for HIV infected persons and a motivator to behavior change for both the infected and the uninfected person. The purpose of this study was to investigate the determinants of the uptake of HIV Testing and Counseling services in Narok North district. Despite the obvious significance of HTC to prevention of new HIV infections, previous studies have shown that HTC uptake is generally low all over the world. Only 55% of adults in the US know their status (Kates, 2006). In S. Africa, HTC uptake is only 50%. Coming closer home, the Kenya AIDS Indicator Survey (KAIS) report 2007 showed a national HTC uptake of 33.9%. This is way below the national target of 80%. Rift valley in which Narok North district lies had an uptake of 30.7% according to the same report. No such study has been carried out in Narok North. The study was guided by five objectives key amongst which was to determine the level and determinants of HTC uptake in Narok North district. The study also sought to explore ways in which HIV Testing and Counseling uptake could be improved in Narok North district. The study used both research questions and hypotheses. It was hoped that the findings of this study would be used to inform policy makers and implementers on the type of prevention strategies that were responsive to the unique circumstances in Narok. The study adopted a descriptive survey design. Multistage Probability sampling technique was employed to derive the sample from a target population of 39,133. The sample size was 204. A questionnaire was administered to 202 respondents drawn from 101 households while an interview schedule was administered to two key informants at two health facilities in the area. Document analysis involving the review of clinical reports on HTC in the district was also carried out. The data collected was analysed as descriptive statistics using SPSS (statistical package for social sciences). During analysis, the demographic characteristics of the respondents and socioeconomic factors were computed against their uptake of HTC services. Chi square tests were also run to test the hypotheses that had been stated earlier on. Correlation was carried out on some of the key determinants to establish the strength of the relationship between them and HTC uptake. Responses from the open ended parts of the questionnaire and interview schedule were analysed descriptively as per the themes. Content analysis was also carried out on the reports from the MOH. The study revealed that the uptake level in Narok North was 32.6%. Amongst the demographic characteristics, gender, marital status, and level of education significantly affected uptake of HTC while age did not. Contrary to findings in the rest of the country and other parts of the world, more men had taken the test as compared to women. Amongst the socio-economic factors, distance to HTC center, level of

income stigma and culture were strong determinants of HTC uptake. It also emerged that the availability of care and treatment services acted as a motivator to HTC uptake .In order to increase uptake, the study recommended targeted HIV· advocacy and awareness campaigns, the use of mobile VCT & PMTCT outreaches and door to door HCT approaches to mitigate access barriers, incorporation of Gender based violence approaches into HTC programs, and encouragement of male involvement in female reproductive health matters.