

ASSESSMENT OF UPTAKE OF HIV COUNSELLING AND TESTING FOR PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV IN JINJA DISTRICT- 2007.

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Introduction: Mother to child transmission of HIV is the main mode of paediatric infection. It is estimated that 27 - 30% HIV positive pregnant mothers transmit the virus to their babies. Jinja District with an HIV prevalence of 5% started the implementation of the PMTCT programme in 2002 and has since then scaled up to 17 sites in order to reduce the transmission of HIV from mothers to their children. The facility uptake has been estimated at 72% but uptake of HIV testing for PMTCT has not been established at community level.

Objective: The objective of the study was to assess the uptake of HIV counselling and testing for PMTCT at community level in Jinja District so as to assist the DHT design strategies to improve and strengthen the PMTCT service delivery in the district.

Methods: This was a cross-sectional study. Cluster sampling was employed. Questionnaires were administered to 497 mothers aged between 15 - 49 years with a child within the past one year. Data analysed at three levels that is the Univariate for frequencies, means and proportions, Bivariate to test associations between dependent and independent variables and multivariate analysis to assess the independent effects of variables while controlling for possible confounders.

Results: Community uptake of HCT for PMTCT of HIV was 64.5 % (CI 59.8%-68.9%). Of the mothers that had not had HCT for PMTCT, 10% (20/200) of mothers missed opportunity despite attending ANC. Although the level of awareness of HIV counselling and testing for PMTCT was high at 85.7% among the mothers in Jinja District, fear of test results, partner reaction, stigma and discrimination were widespread. The following factors were found to be associated with uptake of HIV counselling and testing for PMTCT: women in the younger age group (less than 24 years) (OR 1.75; 1.12 - 2.7), attending ANC (OR 8.26; 2.88 - 23.73), talking with the partner about HIV testing (OR 4.55; 2.77 - 7.14), living close to health facilities (< 5km) (OR1.9; 1.04 - 3.52), health workers being source of health information (OR 6.24; 2.99 - 12.99), and perceiving themselves to be at low risk of contracting HIV (OR 1.79; 1.14 - 2.78) being more likely to test for HIV during pregnancy.

Conclusions: Uptake of HIV counselling and testing for PMTCT of HIV is lower at the community level than facility estimate. Perceived fear of test results, partner reaction and stigma and discrimination were widespread in the district and constitute major barriers to pregnant women taking an HIV test. Personal factors like young age and low perception of risk of having HIV, household factors like discussion with partner and facility factors like proximity were positively associated with uptake of HCT for PMTCT.

Recommendations: Health workers should strengthen facility HCT for PMTCT services to minimise missed opportunity and conduct mass sensitization campaigns with focus on increasing partner support. District Health officer should scale up PMTCT services to communities using new community PMTCT approach.