

**FACTORS INFLUENCING THE UTILIZATION OF HIV VOLUNTARY
COUNSELING AND TESTING (VCT) SERVICES AMONG YOUTH
(15-35 YEARS) IN KITAGATA TOWN, SHEEMA DISTRICT**

BY

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BMS/0009/132/DF

**A RESEARCH DISSERTATION SUBMITTED TO THE FACULTY OF
CLINICAL MEDICINE AND DENTISTRY IN PARTIAL FULFILLMENT
OF BACHELOR OF MEDICINE AND SURGERY OF KAMPALA
INTERNATIONAL UNIVERSITY WESTERN CAMPUS**

OCTOBER 2018

DECLARATION

I **JOHN LUATE RAIMON ELIOBA**, declare that all the work presented in this research is my original work unless otherwise acknowledged. It has never been submitted either in part or in full for publication or award of a degree in any other University. I henceforth present it for the award of the bachelor of medicine and surgery of Kampala international university western campus.

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APPROVAL

This research titled **FACTORS INFLUENCING THE UTILIZATION OF HIV VOLUNTARY COUNSELING AND TESTING (VCT) SERVICES AMONG YOUTHS (15-35 YEARS) IN KITAGATA, SHEEMA DISTRICT** has been conducted under supervision of

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DEDICATION

I dedicated this research to my Daddy Raimon Elioba and Mummy Jerisa Keji, and my uncles Mr. Christopher Elioba and Mr. Dickson Moses for the support rendered during my initial stages of education. They opened the doors of success to me.

I also dedicate this work to my sponsor Dr. Ken Waxman, and Mrs. Anita Ayers for all the support and sacrifice that i will always cherish.

ACKNOWLEDGEMENT

First and foremost thanks be to God almighty for giving me life and love up to this far.

My special and sincere thanks go to my academic supervisor, Mr. Michael Tirwomwe for his keen interest in my work and all the valuable advice and help rendered to me during all the stages of preparation of this dissertation.

To all the academic staffs of Kampala international university western campus for their efforts and support rendered in my course.

I also acknowledge with thanks the entire administration of Kitagata town council for granting me access to conduct this research in their community and for all their support.

I do sincerely thank my research assistants Joan Mbambu, Denis Masiko, Della Katushabe, Boris Adrian, Joyce Amani, Immaculate Kirabo and Caro for their co-operation and commitment. My sincere thanks go to the heads of the households and participants who spared their time to give us their contributions.

I extend my gratitude to my classmates especially Geoffrey Sianga for the support, advice and co-operation throughout the course. I thank you for every support you gave me to complete this dissertation

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LIST OF ACRONYMS

AIC	Aids Information Centre
AIDS	Acquired Immune Deficiency Syndrome
CDC	Center for Disease Control
HCT	HIV Counseling and Testing
HIV	Human Immune Deficiency Virus
HIV +VE	Human Immune Deficiency Virus positive
HIV –VE	Human Immune Deficiency Virus negative
KIU	Kampala International University
LC	Local Council
NGO	Non-governmental organization
NHU	Nearest Health unit
SRH	Sexual and Reproductive Health
UNAIDS	United Nation program on HIV/AIDS
VCT	Voluntary counseling and Testing
WHO	World Health Organization.

OPERATIONAL DEFINITIONS

AIDS - Is a disease in which there is a severe loss of body's cellular immunity.

Confidentiality - obligation not to reveal information of a youth without his/her consent **Counseling** - A person is allowed to talk about their problems and feelings in a confidential and dependable environment.

Discrimination - is an action that results from stigma. It occurs when a distinction is made against persons that result in their being treated unfairly on the basis of HIV/AIDS status. This does not only occur to the infected persons but also to their families, relatives and friends.

Ethics - Is the moral principles that govern a person's behavior or the conducting of an activity

HIV - Is a virus that attacks the body immune system causing AIDS

Informed consent - an agreement the youth makes with the researcher after having received and understood the purpose of the exchange of information. **Morbidity** - The condition of being diseased

Mortality - The state of being subject to death

Participant - A person who takes part in something

Stigma – Stigma refers to the negative thoughts about a person or group based on prejudiced.

Student- Is a learner or someone who attends an educational institution

Utilization - The action of making practical and effective use of something

Voluntary - Done, given or acting of one's own free will. Voluntary implies freedom and spontaneity of choice or action without external compulsion

Voluntary Counseling and Testing - Process whereby a person undergoes counseling to enable him/her make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and must be assured that the process is confidential.

Youth – Is the time of life when one is young, but often means the time between childhood and adulthood. Any persons aged between 15-24 years, (MoH, 2004)

ABSTRACT

The study sought to identify factors influencing VCT services utilization among youth (15-35years of age) in Kitagata town of Sheema district

The study employed a quantitative approach. The data was collected from a sample of 180 youths of age (15-35years), data analyzed using Microsoft excel program.

The study findings indicated that 84% of the youths were aware of the availability and location of VCT services. 38% of the youths heard about VCT services when they visited health Centre, 28% from radio/TV, 17% from drama, 10% from friends and 2% from posters while 5% heard from other sources like parents and school.

This had promoted utilization of VCT services among youths in the district because the VCT services were free and nearer to the people. 81% of the youths go for VCT because they want to know their status.

Some youths (19%) were not going for VCT services because of inconvenient hours of the VCT services (34%), long distance to be travelled to the VCT services centers (29%), fear of being found HIV positive (26%), lack of confidentiality from health workers (3%) and other reasons like health workers asking money for the services, use of protective like condoms, health workers being rude and inadequate counseling contributing to 8%

Therefore the study shows that there is a need to provide more information on VCT to the youths through various media with special focus on the use of peer educators, youth radio program and school as important sources of information

There is also need for health workers to access the needs and the preference of youth with the regards to VCT services and then provide these so as to increase utilization and therefore promote healthy living of the youth of this society.

CHAPTER ONE

1.1 BACKGROUND INFORMATION

Human immune deficiency virus (HIV) is a virus that attacks the immune system, the body's natural defense system causing acquired immune deficiency syndrome (AIDS). Globally, 36.7 million people were living with HIV at the end of 2016, making it a global health emergency by the World Health organization (WHO). An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Approximately 2.1 million new HIV infections occur worldwide, the majority in young adults and 1.0 million people died of HIV related illnesses worldwide in 2016 (WHO-2017). Sub-Saharan Africa remains the most affected region in the world with an estimate of 22.5 million People living with HIV. Approximately 1.7 million new infections occurred in sub-Saharan Africa in the year 2007 (Dirar, A, et al 2003). Three countries; Nigeria, South Africa and Uganda represented almost 48% of the new HIV infections in the region

(WHO-2017). In Uganda, 1.5 million people are living with HIV, an estimated 7.1% adults aged 15-49 years are living with HIV and 28000 deaths due to AIDs (UNAIDS-2015)

Young people account for more than 50 percent of all HIV infections worldwide. More than 6800 young people are newly infected with HIV and 5700 die each day throughout the world Young people are vulnerable to HIV infection due to early sexual debut, emotional and developmental factors, low condom use, biological and social vulnerabilities, sexual transmitted infections, poor health seeking behaviors and alcohol and substance abuse. (UNAIDS-2003).

Since HIV/AIDS has currently neither cure nor reliable vaccine, the control remains entirely on either preventing the infection of healthy people or containing the problem size to the minimum that would enable those already infected live longer, healthy and non-infective to others. The Voluntary HIV Counseling and Testing Centre (VCT) is among of HIV intervention measure with the purpose of giving education about living with HIV and avoiding infecting others, and to uninfected ones on how to maintain their sero negative status. It assist in early detection of the of HIV infection. It also assists individuals in accessing intervention and support services including management of infectious diseases. Moreover, it assists infected individuals in assessing their personal risks and adopting risk reduction behaviors. It does not work at individual level only, but also provides strength to prevention efforts

particularly at the community level. (Campbell, Jr. et al. 92-104). By definition voluntary counseling and testing is a process by which individuals or couples undergo counseling to enable them to make an informed choice about being tested for HIV. This decision must entirely be the choice of the individuals who must be assured of confidentiality (ministry of Health 2004, Boswell et al, 1999, Baggeley 1997). HIV and AIDS counseling has two general aims: 1) The prevention of HIV transmission and 2) The support of those affected directly and indirectly by HIV. It is vital that HIV counseling should have these dual aims because the spread of HIV can be prevented by changes in behavior [ABC of AIDS, 2001]. VCT is based on the principle that those tested HIV–ve should receive counseling to identify and reduce the high risk behavior and those who tested HIV+ve should be helped to get proper clinical care, support services, and counseling to reduce the chance of transmitting HIV. Uganda VCT policy 2004 shows clearly the benefits of VCT can lead to the use of other services including prevention and clinical management of HIV- related illness, tuberculosis control, psychosocial and legal support, and prevention of mother to child transmission. VCT can also be an effective behavior change intervention. VCT offers benefits to those who test positive or negative, alleviates anxiety, increase clients' perception about their vulnerability to HIV, promote behavior change, facilitates early referral for care and support- including access to ARV therapy and assists in reducing stigma in the community because of the awareness on the sero- status.

Despite the usefulness of VCT services as an entry point to prevention for uninfected people and care, treatment and support for those who test HIV positive, VCT service remains poorly utilized among the youth in Uganda (MOH-2004) Therefore, there was a need to assess factors influencing VCT service utilization among the youth aged 15 - 35 years in Kitagata town.

1.2 PROBLEM STATEMENT

Since HIV/AIDS has currently neither cure nor reliable vaccine, the control remains entirely on either preventing the infection of healthy people or containing the problem size to the minimum that would enable those already infected live longer, healthy and non-infective to others.

In Sheema district, 9.8% of people between the ages of 15-49 years are living with HIV (UNAIDS2014). Several measures have been put in place to curb the spread of the deadly HIV virus, including the delivery of free or highly subsidized the quality VCT service. The (VCT) services centers offer the settlement through which the youths can obtain reliable HIV/AIDS information. The youths have access to having a wide discussion with trained counselors on the meanings of HIV/AIDS, causes,

various transmission routes, management regimes with emphasis on self- protection motivation or sexual behavioral change that aims at minimizing the risk of getting infected and or, infecting others. However, VCT service remains poorly utilized among youth aged 15-35 years in Uganda (MOH2004) Therefore there was a need to establish the factors influencing VCT in Kitagata town of Sheema district.

1.3 STUDY OBJECTIVES

1.3.1 GENERAL OBJECTIVE

To determine the factors influencing VCT services utilization among youths in Kitagata town.

1.3.2 SPECIFIC OBJECTIVE

1. To established the level of awareness of VCT service among the youths in Kitagata town.
2. To determine the extent of VCT services utilization among youths in Kitagata town
3. To determine the motivation factors of utilizing VCT service among the youth in Kitagata town
4. To determine the barriers that led to the prevention of VCT use among youth

1.4 RESEARCH QUESTIONS

- 1) What was the level of awareness of VCT services among youth in Kitagata town?
- 2) To what extent did the youth in Kitagata town use VCT services?
- 3) What factors encouraged the utilization of VCT among youth in Kitagata town?
- 4) What factors discouraged the use of VCT among youth in Kitagata town?

1.5 JUSTIFICATION

The findings of this research will explore various ways that would promote the increase use of VCTs among young people, hence preventing the infection of healthy people or containing the problem size to the minimum that would enable those already infected live longer, healthy and non-infective to others. The government and NGOs working in this sector will gain insights from the findings that may help to identify the necessary changes in making VCTs attractive, more appropriate and acceptable to youth. It will also provide updated literature for academicians willing to do more research in this field.

1.6 STUDY SCOPE

1.6.1 Content scope.

The study investigated the factors influencing the utilization of VCT among the youths aged 15-35 years in Kitagata town and their level of awareness.

1.6.2 Geographical scope

This study was conducted in Kitagata town of Sheema district in western Uganda. The town lies approximately 17 kilometers south of Ishaka-Bushenyi municipality and 62 kilometers southwest of Mbarara city. The coordinates of Kitagata are: 0° 40' 21.00"S, 30° 9' 18.00"E (Latitude: -0.672499; Longitude: 30.154991)

1.6.3 Time scope

The study was carried out in duration of nine months. Proposal writing took 2 months; data collection one month and data analysis took 6 months. The study was conducted between the months of August 2017 and April 2018.

1.7 CONCEPTUAL FRAMEWORK

The Health Belief Model (HBM) is one of the most useful conceptual framework for understanding, explaining and predicting health behavior. (Campus, 2005).

The HBM was developed in the early 1950's by Rosen Hochbaum and Kegeles to provide a framework for exploring why some people who are illness free take actions to avoid illness while others failed to take such protective actions (Pender, 1987). The model was viewed as potentially useful to predict those individuals who would or would not use preventive measures such as VCT and to such interventions that might increase predisposition of resistant individuals to engage in preventive or health protecting behaviors.

When the adolescents perceived that they are susceptible to HIV and are threatened by it, and yet they can benefit from appropriate timely actions, they are likely to take a response such as going for VCT. The response may produce changes which may be positive or negative.

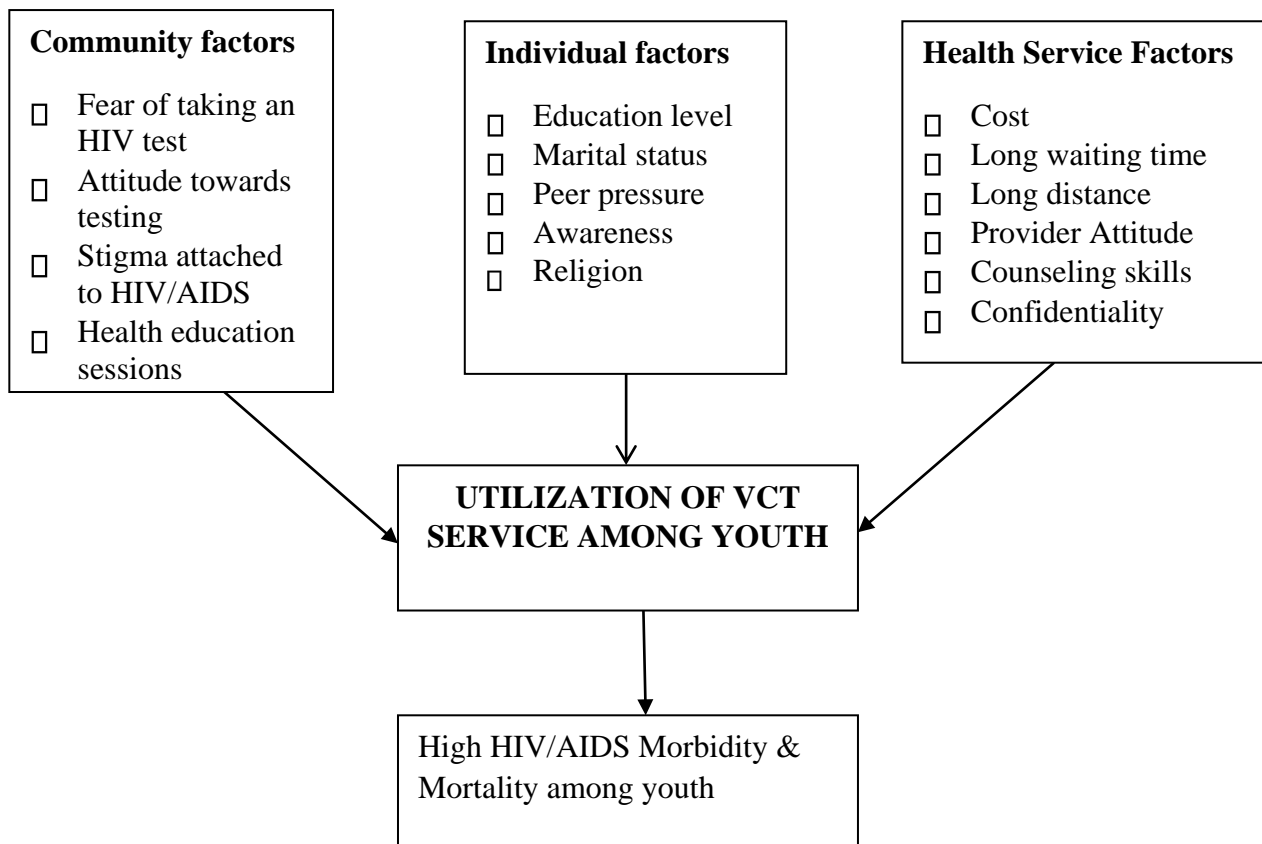


Figure 1: Conceptual framework on VCT access and utilization in Kitagata town (Source: Researcher's concept)

CHAPTER TWO

LITERATURE REVIEW

VCT is the process whereby an individual or couple undergoes counseling to enable him/her makes an informed choice about being tested for HIV. This decision must be entirely the choice of the individual/s and he/she must be assured that the process will be confidential. (Deborah et al.2002).

Voluntary counseling and testing facilitates early referral for care and support of HIV-infected individuals and is an effective method of preventing infection. Provision of voluntary confidential counseling and testing is an entry point to other HIV services and an opportunity for individuals to learn their HIV status, and knowledge about accurate risk perceptions thereby encouraging safer behaviors therefore testing and counseling must be scaled up for universal access (UNDP, 2007).

VCT programs have demonstrated their ability to increase safe sexual behavior and use of care and support services among adults (Coates et al.1998). By helping patients learn their HIV serostatus and creating a personalize HIV risk reduction plan.

Voluntary counseling and testing services can result in positive behavior change including a decrease in unprotected sexual intercourse (Youth net, 2007). It is part of health seeking behavior which refers to those entire things humans do to prevent diseases and to detect diseases in asymptomatic stages or even when they become symptomatic to seek care.

A study done in Zimbabwe on lifetime uptake of VCT showed that knowledge of HIV increasing education and age were associated with VCT uptake with an increase from under 6% to 11% at follow-up. Women who took a test were more likely to be HIV positive and to have greater HIV knowledge and fewer total lifetime partners; sexual behavior was not independently associated with VCT uptake. Motivation for VCT uptake was driven by knowledge and education rather than sexual risk (Sherr et al., 2007).

In Uganda, HIV/AIDS remains a major public health problem, mainly affecting people in the productive and reproductive age group of 15-49years. About 1.2 million people are living with HIV while 1.8million people have died of HIV/AIDS (MOH, 2003). However, Uganda has reversed the HIV sero-prevalence from 30% in 1990 to 6.5% in 2003(MOH, 2006). This remarkable success has been achieved through promotion of the ABC strategy (Abstinence, Be faithful, Condom use)

effective treatment of opportunistic infections, prevention of Mother-to-child transmission of HIV, use of antiretroviral therapy and HIV VCT (MOH, 2006).

HIV VCT is now widely accepted as the cornerstone of HIV prevention program in many because of its multiple benefits. (Bunnell R, et al, 2006). Furthermore, VCT is a gateway to comprehensive HIV care and support including access to antiretroviral therapy (WHO, 2002). Newer approaches of VCT delivery including routine HIV counseling and testing (Bassett MT, et al, 2002), home-based VCT , use of community-based lay counselors (Bunnell RE, et al, 2007) and some-day mobile VCT have been added to the traditional VCT delivery systems, of free standing, health unit based, and outreach VCT services (MOH, 2003).

2.1 THE LEVEL OF AWARENESS OF VCT SERVICES

VCT is an important measure for preventing HIV/AIDS infections and it allows young people to evaluate their behavior and the consequences therefore a negative test offers a key opportunity to reinforce safety and risk reduction behavior. Voluntary counseling and testing services should be accessible, unrestricted by geography, economic, social and cultural or language barriers. Geographic access may be measured by modes of transport, distance, travel time and any other physical barriers that could keep the client from receiving the services. Social or cultural access relates to service acceptability within the context of the clients' cultural values, beliefs and attitudes (Ndwiga et al 2014).

Because young people naturally reflect their community, the variety of their behaviors and practices is diverse in the same way as adults. Knowing how young people are infected and affected by HIV/AIDS in a given context is important in developing effective service delivery models. VCT services may have to be general or targeted depending on the range of factors including HIV prevalence, health-seeking behaviors and level of stigma, access to reach groups and supportive legal and policy environments (Deborah et al.,2002). Very high levels of knowledge of VCT for HIV/AIDS were reported by men in western Uganda (Bwambale et al, 2008). UNAIDS (2004) showed that the current reach of HIV testing services are poor and the uptake is low largely because of fear of stigma and discrimination. Despite the fact that the majority of the youth knew about VCT, study done by (Sherrh et al, 2007) has demonstrated that there are still no innovative ways of disseminating the information on HIV/AIDS and particularly on VCT other than the common methods of using the print media, posters and radio programs. Some studies have shown that it is

often difficult for both men and women to discuss HIV testing in general and their own HIV status in particular because of cultural and social taboos surrounding discussion of sexual issues (Baggaley et al., 1997; MOH, 2007). This can be worse among the young people where sexuality issues are never discussed openly. There is high level of awareness with the majority being aware of the VCT services through print media, TV/radio and from the bill boards (Ndwiga et al 2014).

2.2 EXTENT OF VCT SERVICES UTILIZATION

Despite the array of delivery approaches and the advantages of VCT, uptake in sub-Saharan Africa is disappointingly low with reports of 12% to 56% among couples or the general public (WHO, 2002). Furthermore, there is very little information on VCT uptake among men and also on the factors that influence it. It is not known whether factors that influence VCT uptake in the general population are also operational in VCT uptake by men only (Sherrh et al, 2007). Men's utilization of VCT is important because they control decisions and resources that are essential for HIV prevention and care. As Uganda gears to consolidate gains in HIV prevention, it is vitally important that Men are fully involved in the HIV prevention and control strategies.

In many countries, young people actively seek VCT. However patterns of health service use differ, for instance young people in industrialized nations often do not attend formal health services for reproductive health and STI/HIV health services (Mirza et al., 1998) for their preventive health needs where as in some developing countries like in Zambia Kara clinic there are increasing number of youth seeking VCT, especially in the context of premarital testing. Marital status has also been found to affect uptake of HIV/AIDS health care services. In a study carried out by Nuwaha et al. (2002) in Bushenyi District, South western Uganda, it was found that sexual partner influence were among the factors that affected acceptability of VCT for HIV the same was found in other studies however the decision to undertake VCT was mainly a personal decision though it was also influenced by other people such as spouses, sexual partners and prospective marriage partners.

It has been documented that young people do actively seek and receive VCT in several Sub-Saharan Africa countries such as Uganda, even though the available VCT services were not designed specifically for young people/adolescents (McCauley, 2004).

Several studies have been carried out to establish the relationship between uptake of VCT with age; a randomized trial conducted in Zambia on acceptability of voluntary counseling and testing revealed that acceptability varied greatly with age with about 47% of the respondents in the young

age group of 20-24years accepting to take VCT services compared to only 18% of those in age group of 40-49 years (Fylkensnes et al., 2004).

In developing countries, VCT has not been available to young people. However when young people were asked whether they would like to be tested, they often said they would like VCT services to be available (Boswell and Baggaley, 2002).

2.3 MOTIVATORS TO VCT SERVICE UTILIZATION

Nsabagasani and Yoder (2006) examined individuals' reasons for attending VCT service in Kamuli and Mbarara districts. Symptoms of a chronic illness often triggered testing, particularly when these symptoms were apparent to all, when symptoms did not respond to treatment, when symptoms impaired one's ability to work normally, or when people knew their partner had died of AIDS. Oftentimes, friends or family members would advise these individuals to go for testing. Hope of obtaining ARVs and resultant improvement was a further reason. Respondents knew that ARVs would help them live longer.

Concern about past sexual activities also emerged as a motivating factor. These include past sexual experiences with a person who later died with conditions similar to AIDS, recent unprotected sex, personal anxiety over having multiple sexual partners, or concern over the condom "leaking." The potential to gain access to support services was also influential, as was concern about initiating or continuing a sexual relationship. Several married men had been asked by their wives to get an HIV test repeatedly.

2.4 BARRIERS TO SEEKING VOLUNTARY COUNSELING AND TESTING

According to Boswell et al. (2002), barriers to VCT for young people include availability and acceptability of services, including waiting time, costs and pressure by health staff to notify partners, worries about confidentiality and fears that results would be shared with parent(s) or partner(s). Inaccurate risk perception, fear of being labeled and stigmatized by their families, friends and communities perceptions of the consequences of living with HIV, inadequate responses from health care providers, including counselors, to effectively meet the HIV prevention, care and support needs of youth.

In a report by International information support center on implementing HIV testing for individuals revealed that costs affected whether or not people sought HIV counseling and testing. Deborah &

Rachel, (2002) found that barriers to VCT for the young people included costs attached to the service which was similar to a study conducted by Nuwaha et al., (2002) in Bushenyi district which found cost and physical accessibility of VCT services was among the factors that influenced acceptability of HIV testing. A study carried out by Matoro et al., (2002) found that health-seeking behavior of youth with regard to VCT was low mainly because of different kinds of fear, this is similar to a survey done among urban youth in Kampala Uganda, which revealed that only 9% were involved in VCT activities although 81% of youth 16-28 had ever heard of VCT (Muganzi et al, 2002). This was due to being scared of results, fear of psychological effects and stigma which is in agreement with a study carried out in South Africa that indicated only one in five people who know about VCT have been tested for HIV however the reasons that South Africans gave for not seeking HIV testing were negative perceptions of testing services (Kalichman, 2003). This study explored why there is still low VCT uptake in the district despite the availability of youth friendly services.

Waiting time and cost- sharing, even though it is small amount of penny to adults, prohibits some youths from seeking HIV test, worries of the positive results to be informed to their sexual partners and or parents were among of the barriers in use of VCTs services. (Samet et al.1997). Also in Zambia confidentiality was among the reasons behind negative response to VCT services.

Individuals preferred to attend services whereby they are not known by VCT service providers and privacy was assured. Worries of meeting anybody whom you know at the clinic were among the barrier to young people accessing VCT services.(Younde and Priscila, 2004)

CHAPTER THREE

METHODOLOGY

3.1 STUDY AREA

This study was carried out in Kitagata town of Sheema district in western Uganda. The town lies approximately 17 kilometers south of Ishaka-Bushenyi municipality and 62 kilometers southwest of Mbarara city. The coordinates of kitagata are: 0° 40' 21.00"S, 30° 9' 18.00"E (Latitude: - 0.672499; Longitude: 30.154991)

3.2 STUDY DESIGN

The research design was based on descriptive study, where young people between the age of 15 and 35 years were studied to have views that were representative of all sexes. Random selection study was used to determine the factors influencing the utilization of HIV voluntary counseling and testing (VCT) services among youths

3.3 STUDY POPULATION

The target population was the youths of age bracket (15-35) years living in Kitagata town of Sheema district. The respondent population was both schooling and non-schooling youth in kitagata town.

3.4 SELECTION CRITERIA

3.4.1 Inclusion criteria

All youths in the age bracket (15-35) living in Kitagata town and consented to participate in the study were included. **3.4.2 Exclusion criteria**

All youths in the age bracket (15-35) living in Kitagata town who refused to give consent were excluded from the study.

3.5 STUDY SAMPLE

3.5.1 Sample selection

Simple random sampling was used to select group of people that were representative of the study population.

3.5.2 Sample size determination

To arrive at the sample size, standard statistical formula was used to calculate the population required. $n = \frac{Z^2 p (1-p)}{d^2}$

$$\frac{Z^2 p (1-p)}{d^2}$$

Whereby: n = Minimum Sample
size required

Z = Standard normal deviation set at 95% confidence level corresponding to 1.96

P = Expected proportion of VCT utilization among youth set at 35% (0.35) from a study done in Ethiopia (Getachew et al. 2014)

$1-P = 0.65$

d = accepted margin of error = 0.05 (Daniel et al. 1986)

Therefore the sample size was; $n = (1.96 * 0.35 * 0.65) /$

$(0.05)^2$ $n = 0.49 / 0.0025 = 178$

Therefore; the minimum sample size was 178

3.6 DATA COLLECTION INSTRUMENT AND STORAGE

A questionnaire containing structured questions was used in collecting data. The questionnaire was researcher administered. Pens, papers, ruler and a set were also be used for recording the necessary information. The data was stored in a computer.

3.7 DATA ANALYSIS

The Data was entered into a computer and Microsoft offices excel 2007 was used for computing addition and percentages. Other assistance was sought from statisticians.

3.8 DATA QUALITY CONTROL.

The researcher accessed relevant articles available on the internet, as well as articles available in hardcopy which address the subject of factors influencing HIV voluntary counseling and testing in order to develop structured questionnaire for the interviews. The researcher submitted draft of the proposed structured questionnaire to his academic supervisor for feedback on whether the questions could be considered valid for the intended study. Pre-testing of the questionnaire was done under supervision of the researcher and the research assistant. Training of the research assistants in data collection using the questionnaires was done.

3.10 ETHICAL CONSIDERATIONS.

The researcher obtained an introductory letter from Kampala international University. The letter was presented to the authority of Kitagata town and the study was recommended by LC5 office. The rights of individuals and institutions were respected. The researcher first asked consent of all the respondents prior to the interviews and respondents were assured of confidentiality of their respond and that information would not be used for anything else other than that of the study

3.11 STUDY LIMITATIONS

Time was a limiting factor since the researcher had ongoing classroom studies alongside the research study. Long distance was also a limiting factor.

Climatic conditions also hindered the activity since it sometimes rained and some participants were not able to adhere to the activity.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.0 INTRODUCTION

The study was conducted in Kitagata town of Sheema district in western Uganda for the purpose of determining the factors influencing the utilization of VCT services among youths of age bracket (15-35) years in Kitagata town. There were 180 participants who were randomly selected.

4.1: THE AGE DISTRIBUTION OF THE RESPONDENTS IN YEARS

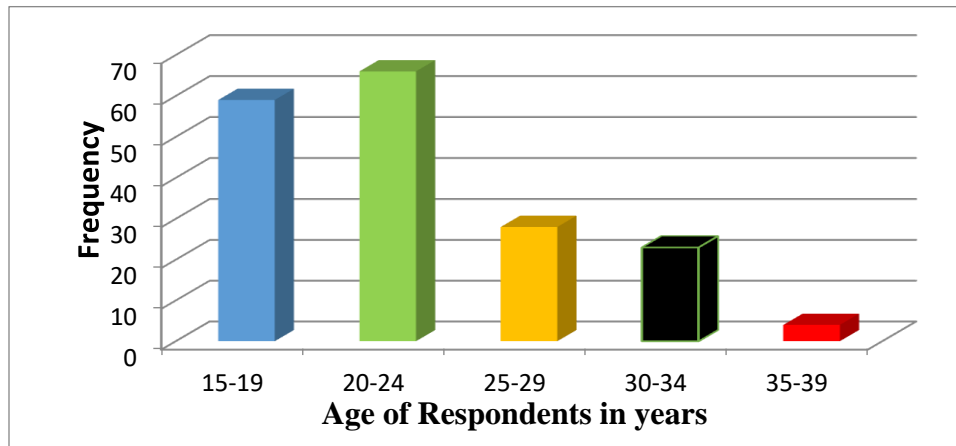


Figure 2: A bar graph showing the age distribution of the respondents in years

The age group 20-24 years was the most(37%), followed by 15-19 years(33%) while the least age group was 35-39 years old(2%).

4.2: GENDER DISTRIBUTION OF THE PARTICIPANTS

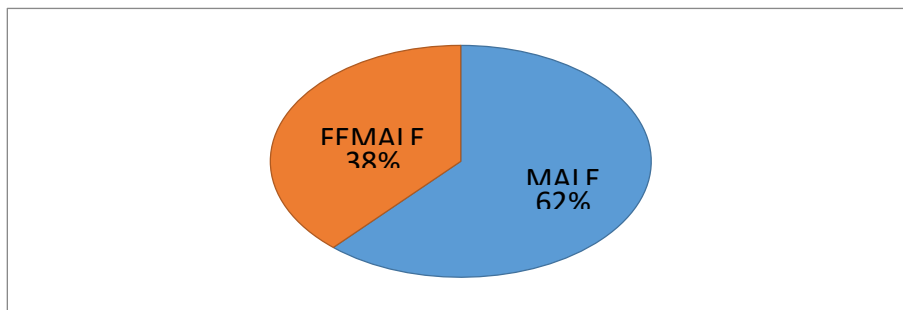


Figure 3: A pie chart showing gender distribution of the respondents

Most of the participants were males with 62 % (111) while females 38 % (69).

4.3: MARITAL STATUS OF THE RESPONDENTS

Table 1: A table showing marital status of the respondents

MARITAL STATUS	FREQUENCY	PERCENTAGE
SINGLE	139	77%
COHABITING	6	4%
MARRIED	33	18%
OTHER SPECIFY	2	1%

Most of the participants were single (139) followed married (33) and cohabiting (6). Few participants were divorced (2)

4.4: TRIBE OF THE RESPONDENTS

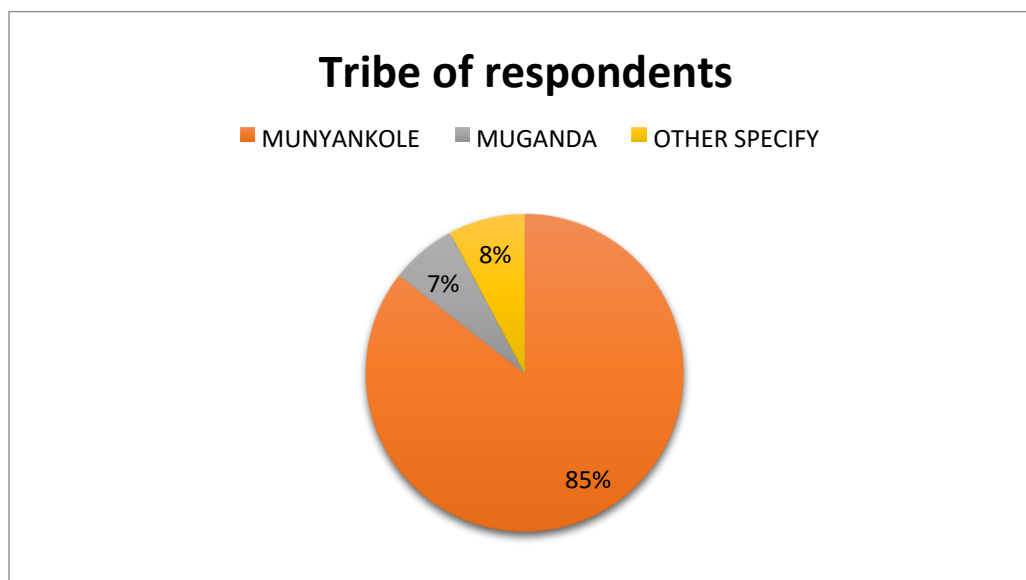


Figure 4: A pie chart showing the tribe of the respondents

Most of the participants were Munyankole (85%) by tribe, 8% were other tribes like Mukiga, Mutoro, Kuman, Mutabarwa, Mugisu and Mukonjo while 7% of the participants were Muganda.

4.5: RELIGION OF THE RESPONDENTS

Table 2: A table showing the religion of the participants

RELIGION	FREQUENCY	PERCENTAGE
PROTESTANT	79	44%
CATHOLIC	61	34%
MOSLEM	24	13%
ADVENTIST	14	8%
BORN AGAIN	2	1%

Out of 180 participants, 79 were Protestants, 61 were Catholics, 24 were moslem, 14 were Adventist and 2 were born again by religion.

4.6: EDUCATION LEVEL OF THE PARTICIPANT

Table 3: A table showing educational level of the participants

EDUCATION LEVEL	FREQUENCY	PERCENTAGE
NONE	2	1%
PRIMARY	34	19%
SECONDARY	106	59%
TERTIARY	38	21%

From the table above, 59% of the participants attended secondary education, 21% attended tertiary education, 19% attended primary education and 1% did not attended any level of education.

4.7: DISTANCE FROM THE NEAREST HEALTH UNIT

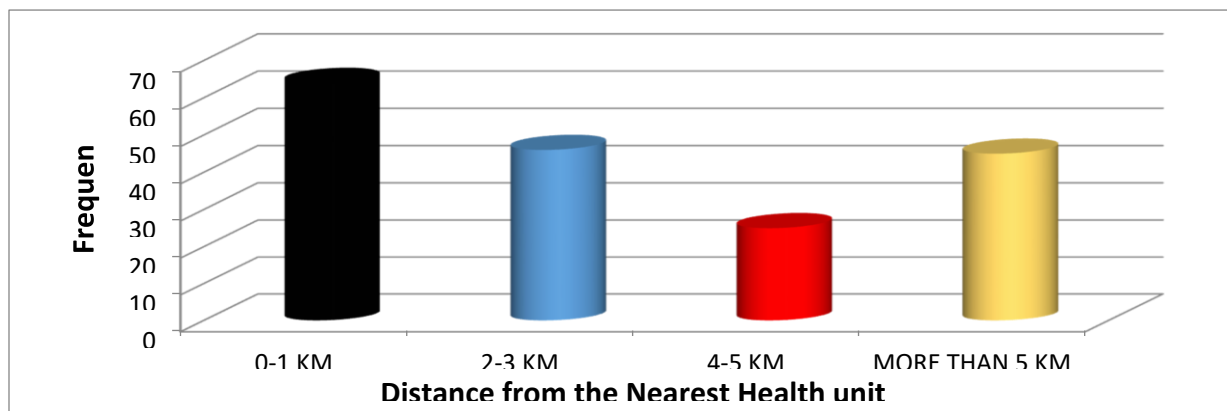


Figure 5: A cylinder graph showing the distance from the nearest health unit

35% of the respondents covered a distance of 0-1km to reach the nearest health unit, followed by 26% of the participants who lived a distance of 2-3 kilometers from the nearest health unit and 14% a distance of 4-5km while 25% lived a distance of more than 5 kilometers.

4.8: MEANS OF TRANSPORT TO THE NEAREST HEALTH UNIT (NHU)

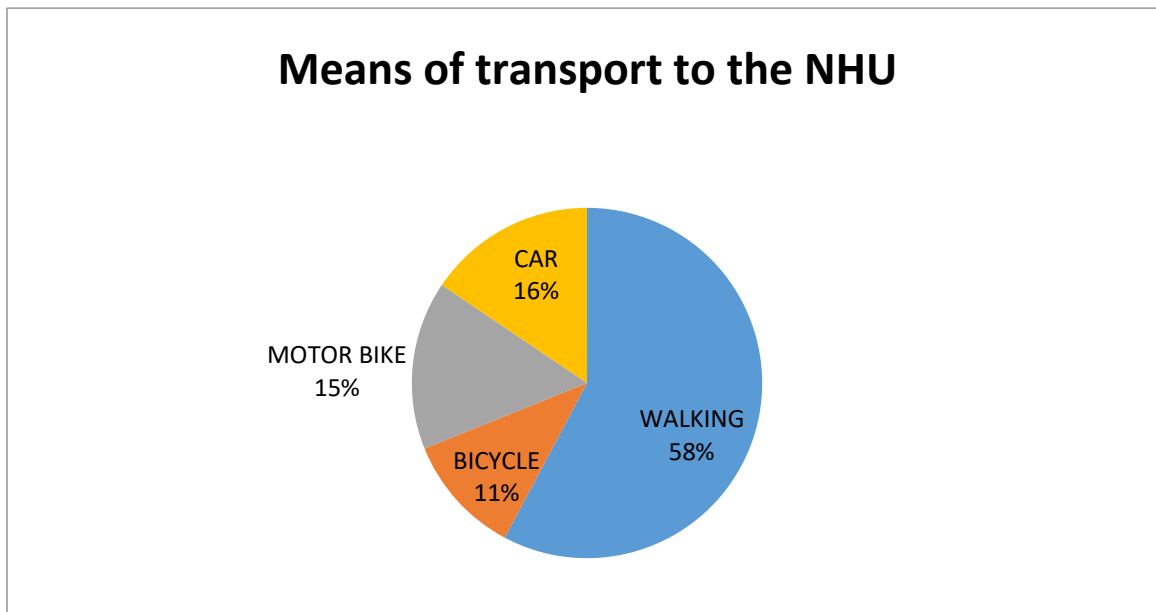


Figure 6: A pie chart showing the means of transport to the nearest health unit

Most of the participants (58%) walked to the nearest health unit, 16% and 15% used motor bike and car respectively while 11% used bicycle.

4.9: COST OF TRANSPORT TO THE NEAREST HEALTH UNIT

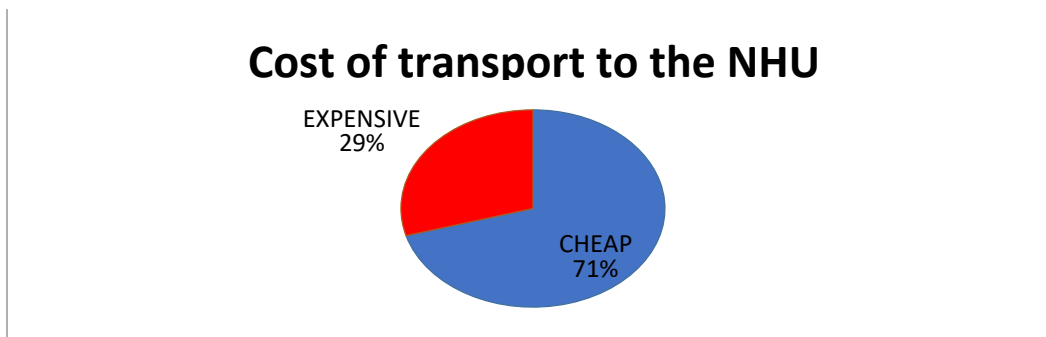


Figure 7: A pie chart showing the cost of transport to the nearest health unit

Most of the participants (71%) reported that the cost of transport to the nearest health unit was cheap while 29% reported that it was expensive.

4.10: MODE OF TRANSMISSION OF HIV

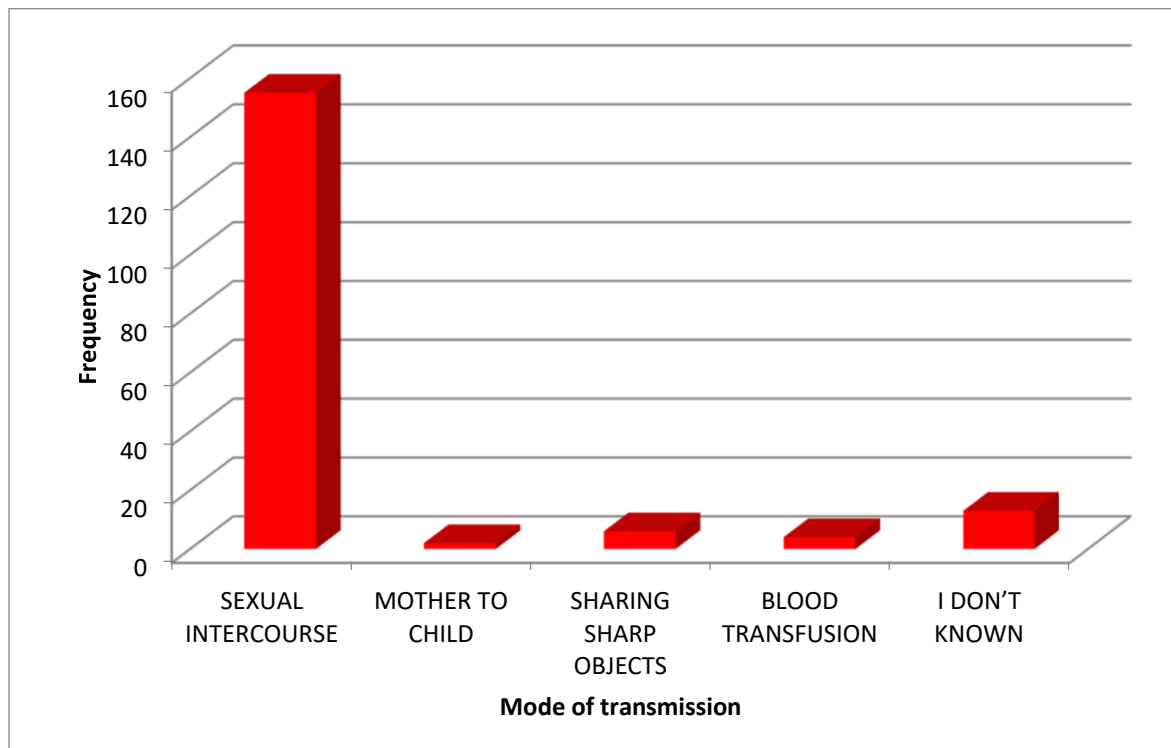


Figure 8: A bar graph showing the mode of transmission of HIV

86% of the participants reported that; HIV is transmitted through sexual intercourse, 4% through sharing sharp objects, 2% through blood transfusion and 1% said from mother to child while 7% did not know how HIV is transported from one person to another.

4.11: KNOWLEDGE ABOUT HIV/AIDS DIAGNOSIS

Table 4: A table showing the participant's knowledge about HIV diagnosis

Knowledge about diagnosis	Frequency	Percentage
Taking HIV test	139	77%
Doctor's examination	10	6%
Don't know	22	12%
Other specify	9	5%

77% of the respondents reported that HIV/AIDS can be diagnosed by taking HIV test, 6% and

5% through doctor's examination and signs like loss of weight respectively. 12% of the participants did not know how HIV/AIDS is diagnosed.

4.12A: LEVEL OF AWARENESS ABOUT HIV VCT

Table 5: A table showing the level of awareness about HIV VCT

HAVE YOU EVER HEARD ABOUT HIV VCT	FREQUENCY	PERCENTAGE
Yes	151	84%
No	29	16%

84% of the participants have ever heard about HIV voluntary counseling and testing while 16% have not heard about it.

4.12B: SOURCE OF INFORMATION ABOUT HIV VOLUNTARY COUNSELING AND TESTING SERVICES

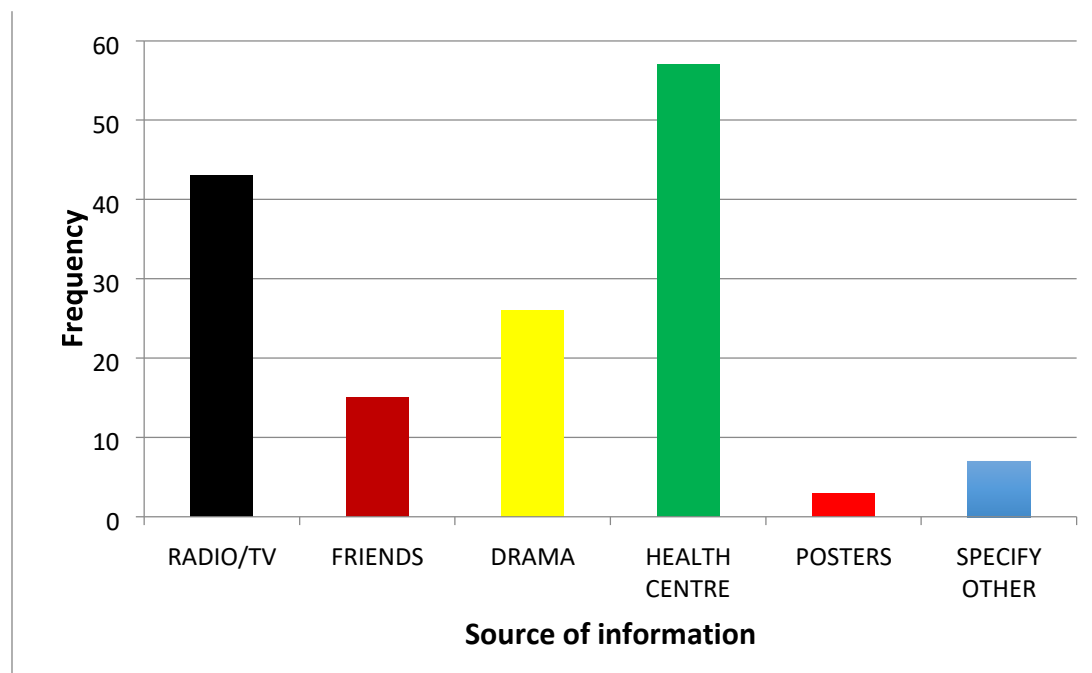


Figure 9: A bar graph showing the source of information about HIV VCT services

Most of the respondents (38%) heard about VCT services when they visited health Centre, followed by (28%) of the respondents who heard about VCT services from radio/TV. 17% of the respondents heard about VCT services from drama, 10% from friends and 2% from posters while 5% heard from other sources like parents and school.

4.13A: HIV VCT PARTICIPATION OF THE RESPONDENTS

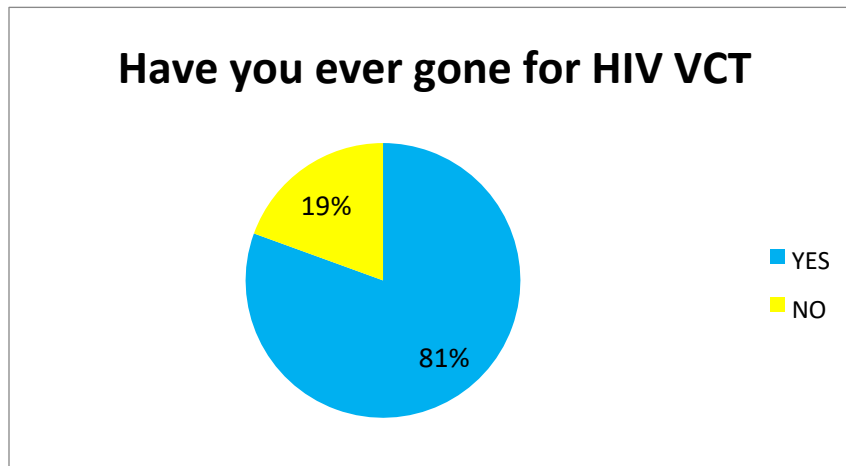


Figure 10: A pie chart showing HIV VCT participation of the respondents

Out of 180 participants, 145 (81%) have ever gone for HIV voluntary counseling and testing while 35 (19%) of the participants have never gone for HIV voluntary counseling and testing.

4.13B: NUMBER OF VCT PARTICIPATIONS

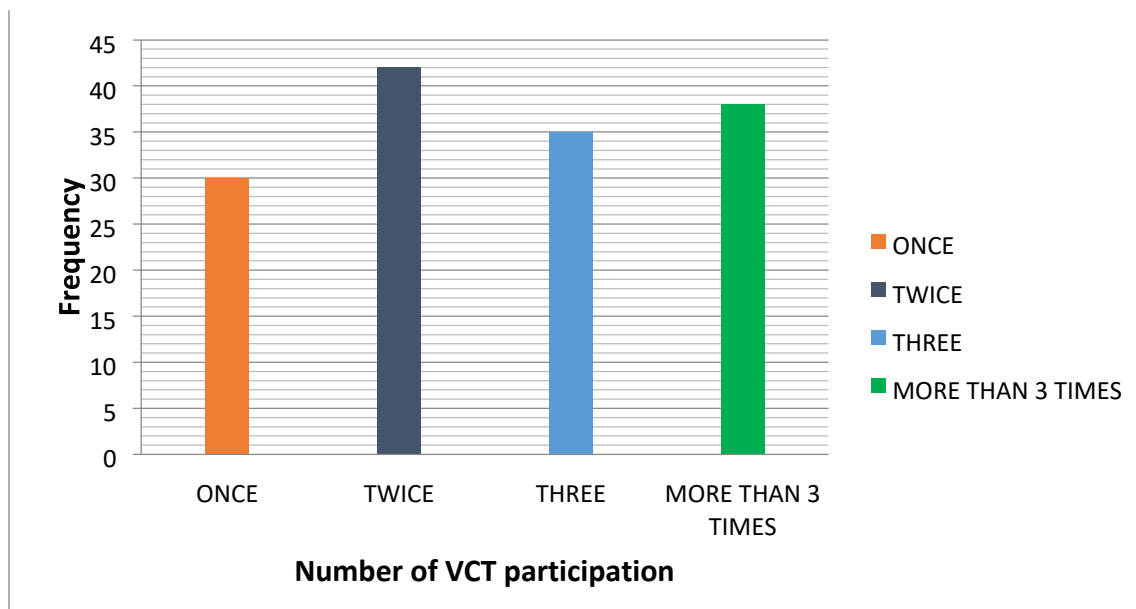


Figure 11: A bar graph showing the number of VCT participations

42 of the respondents have participated in VCT services twice, 35 thrice and 38 more than 3 times while 30 respondents have participated only once.

4.13C: PARTICIPANT’S MOTIVATORS TO VCT SERVICES

Table 6: A table showing participant’s motivators to VCT services

PARTICIPANT'S MOTIVATORS	FREQUENCY	PERCENTAGE
Know the status	117	81%
Services are easy to reach	3	2%
To get married	4	3%
To get treatment	3	2%
Specify others	18	12%

From the table above, 81% of the respondents went for VCT because they wanted to know their status while 2% went because they wanted to get married and another 2% went because they wanted to get treatment. 3% of the participants went because services are easy to reach while 12% reported other reasons like counselors influenced, parents and peer group influenced

4.14: PARTICIPANT’S KNOWLEDGE ABOUT THE BENEFITS OF HAVING HIV TEST

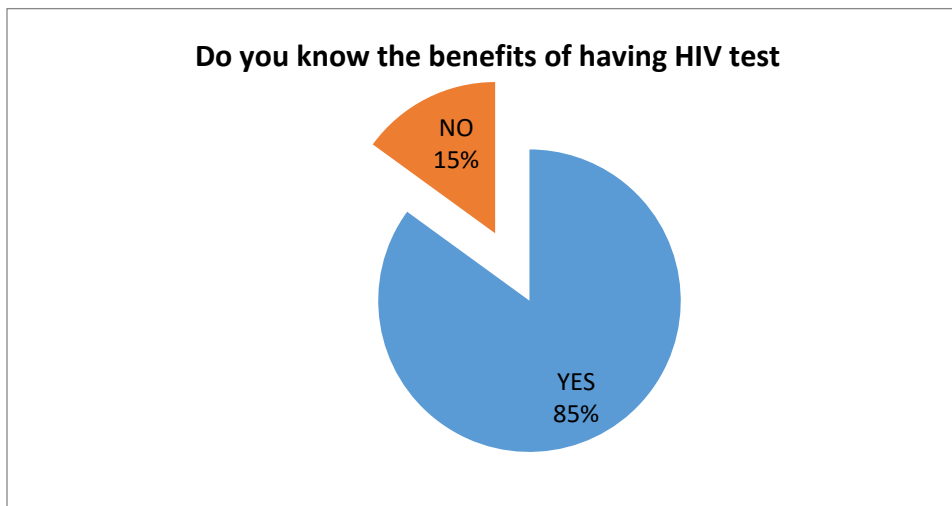


Figure 12: A pie chart showing participant’s knowledge about the benefits of having HIV test

85% of the respondents reported knowing the benefits of having HIV test while 15% did not know the benefits of having HIV test.

4.15: BENEFITS OF GOING FOR VCT

Table 7: A table showing the benefits of VCT as reported by participants

BENEFITS	FREQUENCY	PERCENTAGE
Get treatment	80	52%
Prevent spread of HIV	32	21%
Increase awareness	17	11%
Reduce stigma	5	3%
None	19	13%

From the table above, 52% of the participants reported that the benefit of going for VCT was to get treatment while 21% said it prevent the spread of HIV. 11% believed that going for VCT increases community awareness about HIV and 3% said it reduced stigma among HIV/AIDS infected people. 13% of the respondents did not know the benefits of going for VCT.

4.16 CHALLENGES FACED DURING VCT VISIT

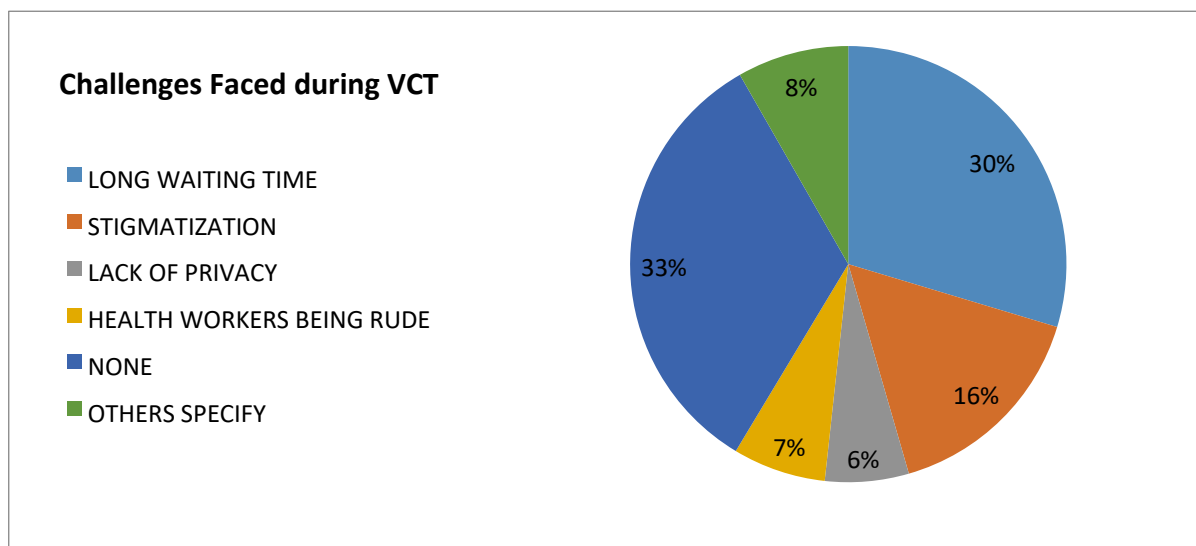


Figure 13: A pie chart showing participant's challenges faced during VCT visit

33% of the respondents reported no challenges faced during VCT visit while 67% reported challenges like long waiting time (30%), Stigmatization (16%), Health workers being rude (7%), lack of privacy (6%) while 8% reported others challenges like payment for services, pressure over results release and forged results.

4.17 REASONS FOR NOT GOING FOR HIV VOLUNTARY COUNSELING AND TESTING

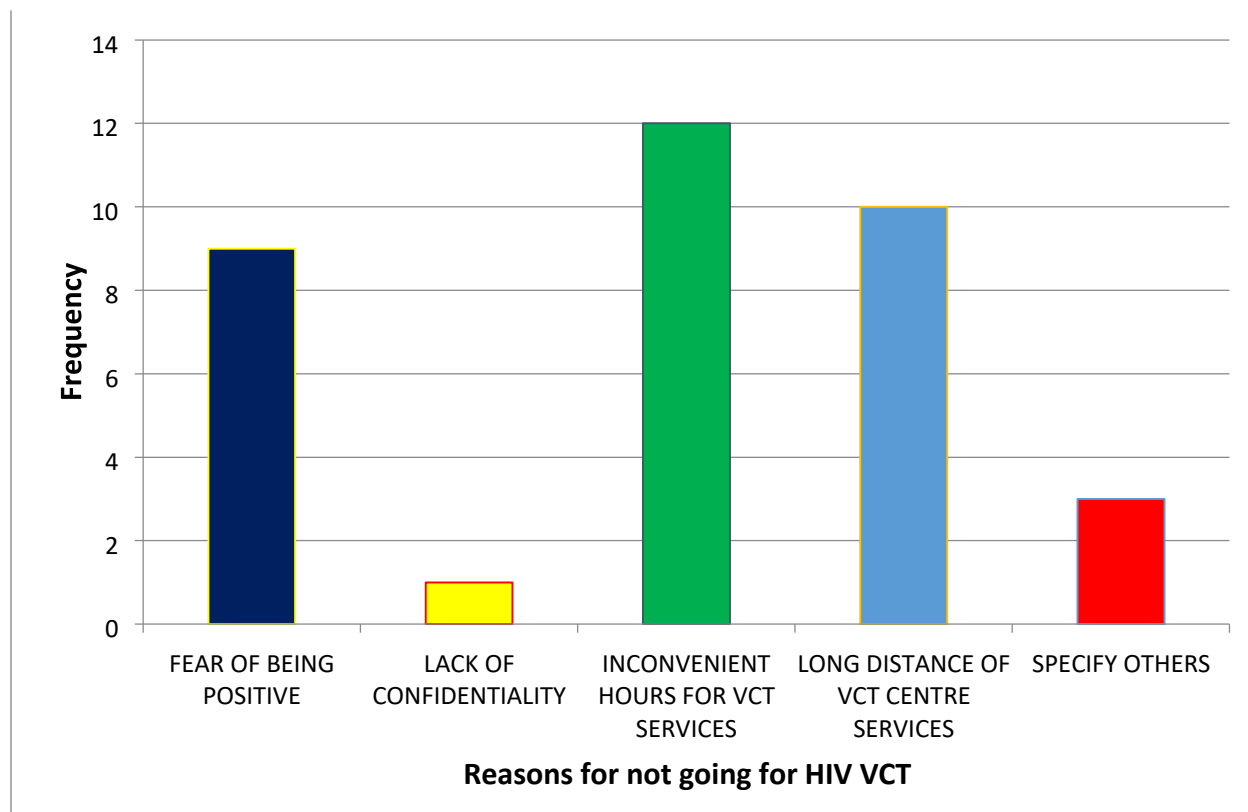


Figure 14: A pie chart showing participant's reason for not going for HIV VCT

Of the 35 respondents who did not attend HIV VCT, 34% reported inconvenient hours for VCT, 29% reported long distance of VCT Centre services, 26% reported fear of being found positive and 3% reported lack of confidentiality from health workers while 8% reported other reasons like health workers asking money for the services, used of protective like condoms, health workers being rude and inadequate counseling.

CHAPTER FIVE

DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS

5.1.0: DISCUSSION

This chapter discusses the results of the study. The purposes of the study was to determine the factors influencing voluntary counseling and testing (VCT) service utilization among the youths of age bracket 15-35 years in Kitagata town of Sheema district. The information will be used to recommend ways in which VCT services in the rural setting could be more accessible to the youths. The objectives of the study were; to establish the level of awareness of VCT service, to determine the extent of VCT services utilization, to determine the motivators of utilizing VCT service and to determine the barriers to voluntary counseling and testing utilization among youth aged 15-35 years old in Kitagata town.

5.1.1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

A structured questionnaire was administered to 180 participants, 111(62%) were males while 69 (38%) were females because most males consented and were willing to participate in the study compared to females. Most of the respondents were of age group 20-25(37%) and 15-19(33%) because most were school going. Majority of the participants (85%) were Munyankole because the study area was in Ankole region of western Uganda which is predominately inhabited by Munyankole people. Most of the respondents were Christians (87%). These results are in line with the report from Uganda National population and housing census (2008) which shows that Sheema district is predominantly occupied by Christians. This probably explains why most of the respondents were Christians. According to the findings, 77% of the respondents were single because most were in secondary school and the rest were married or cohabiting. Most of the respondents attended formal education with 59% attended secondary education and only 1% who did not attend school. This was probably due to the increased education awareness in the region. 75% of the respondents reside less than 5 kilometers from the nearest health center, therefore the health services were easily accessible. According to the findings, most respondents (58%) used walking as a means of transport to the nearest health unit because of the short distance to the NHU while the rest used other means like bicycle, motor bike and private car. Most of the participants (71%) said transport was cheap to the nearest health unit with few describing it as expensive.

5.1.2: LEVEL OF AWARENESS OF VCT SERVICES

According to the study findings, a significant majority of the respondents were aware of VCT services that are currently being provided. They knew that it was possible to get a HIV test in their community. Most of the respondents (84%) had knowledge about VCT services with only 16% of the respondents who had no knowledge about VCT services. This supports the findings from a study which was done in western Uganda where it was found that there was a high level of awareness of VCT for HIV/AIDS among men (bwambale et al, 2008).

The respondents knew about VCT services from the health center (38%), radio/TV (28%), drama (17%), friends (10%), school (5%) and posters (2%). This is in line with findings of the study which reported that there were high levels of awareness with majority being aware of the VCT services through radio/TV, print media, and from the bill boards (Ndwiga et al, 2014).

5.1.3: EXTENT OF VCT SERVICES UTILIZATION

According to this study, 81% of the participants (145) had gone for VCT services while 19% of the respondents (35) had never gone for VCT services. This contradicts the findings of a study carried out in Zimbabwe by (Fylkesnes et al. 1999) where 37.0% expressed their willingness to be tested but only 9.0% of that group went for the testing. Of the 145 participants who had gone for testing, 79% had gone more than twice while 21% had gone once.

According to the participants, the benefits of having HIV test includes getting treatment when found positive (52%), reduce transmission of HIV from infected to non-infected (21%), increase community awareness about HIV infection (11%) and reduced stigmatization (3%). Only 13% of the participants didn't know about the benefits of having HIV test.

5.1.4: MOTIVATORS TO VCT SERVICE UTILIZATION

When asked what encouraged them to seek VCT services, of 145 participants who had gone for testing, 81% reported that they wanted to know their status that motivated them to testing. 19% reported other reasons like services are easy to reach, some said to get married while others said to get treatment. These contradict a study by Nsabagasani and Yoder (2006) which examined individuals' reasons for attending VCT service in Kamuli and Mbarara districts. According to their study, Symptoms of a chronic illness often triggered testing, particularly when these symptoms

were apparent to all, when symptoms did not respond to treatment, when symptoms impaired one's ability to work normally, or when people knew their partner had died of AIDS

5.1.5: BARRIERS TO SEEKING VOLUNTARY COUNSELING AND TESTING

According to this study out of 180 participants (100%), 35 respondents (19%) did not attend HIV VCT services because of inconvenient hours for VCT services (34%), long distance (29%), fear of being found positive (26%), lack of confidentiality from health workers (3%) and other reasons like health workers asking money for the services, use of protective like condoms, health workers being rude and inadequate counseling contributing to 8%

These findings were in line with Boswell et al. (2002), which stated that barriers to VCT for young people include availability and acceptability of services, including waiting time, costs and pressure by health staff to notify partners, worries about confidentiality and fears that results would be shared with parent(s) or partner(s). Inaccurate risk perception, fear of being labeled and stigmatized by their families, friends and communities perceptions of the consequences of living with HIV ,inadequate responses from health care providers, including counselors, to effectively meet the HIV prevention, care and support needs of youth.

5.2: CONCLUSION

180 youths participated in this study, 62% were males while 38% were females. This study revealed that 84% of the youths in Kitagata town were aware of the availability and location of VCT services. This had promoted utilization of VCT services among youths in the district because the VCT services were free and nearer to the people. This study showed that many youths (81%) go for VCT because they want to know their status.

Some youths (19%) were not going for VCT services because of inconvenient hours of the VCT services (34%), long distance to be travelled to the VCT services centers (29%), fear of being found HIV positive (26%), lack of confidentiality from health workers (3%) and other reasons like health workers asking money for the services, use of protective like condoms, health workers being rude and inadequate counseling contributing to 8%.

5:3 RECOMMENDATIONS

Based on the data yielded, this study makes the following recommendations on the future planning and decision making relating to utilization of VCT services by youths aged 15-35 years.

- Intensifying training and support of counselors in confidentiality and dealing with psychosocial aspects of HIV testing. In particular, counselors should be trained to give specific support to families to reduce potential tension and negative consequences.
- Adopting and enforcing a code of ethics and good practice for counselors to ensure professionalism in counseling.
- Young people should be involved in the provision of the VCT services in all levels that is community level, health facility levels and youth centers.
- More information on VCT should be provided to the youths through various media with special focus on the use of peer educators, youth radio program and school as important sources of information.
- VCT services should be offered to the youths at their convenient hours and mobile services should be conducted especially in schools
- Promoting client's feedback on the quality of VCT services through the quality assurance system.

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APPENDIX I: INFORMED CONSENT FOR A STUDY ON THE FACTORS INFLUENCING THE UTILIZATION OF HIV VOLUNTARY COUNSELLING AND TESTING (VCT) SERVICES

Dear participant,

I am a student from Kampala international university western campus, studying bachelor of medicine and surgery. As part of the course, a study on the factors influencing the utilization of VCT services among youth aged 15-35 years in kitagata town is being conducted. The objective of this study is to find out the factors influencing the utilization of HIV voluntary counseling and testing (VCT) services among youths.

In order to collect information for the research, structured questionnaires will be used and you are expected to fill in answers. Some of the questions may border on personal information but please be assured that your response will be treated with maximum confidentiality and used purely for academic purposes. Please also note that:

1. Participation is on voluntary basis
2. You are free to withdraw at any stage during the question and answer session.
3. All information given will be treated with strict confidentiality
4. The information will be very useful on improving VCT services utilization among youth
5. Please be informed that there is no direct risk or harm to you if you did consent to participate in this study. However, some of your time will be used up during answering the questions.
6. If you have any questions or would want any clarification, please call John Elioba on Telephone +256753819673/+256787282661

Your participation will be greatly appreciated. If you agree to participate in this research, please indicate your consent by signing below.

Yours sincerely,

JOHN LUATE RAIMON ELIOBA

I accept participation in the study

Participant's Signature.....Date.....

APPENDIX II: QUESTIONNAIRE FOR A STUDY ON THE FACTORS INFLUENCING

THE UTILIZATION OF HIV VOLUNTARY COUNSELLING AND TESTING

SOCIO- DEMOGRAPHIC CHARACTERISTICS OF RESPONDANT		
1.	Questionnaire Number
2.	What is your age
3.	Gender of respondent	a) Male <input type="checkbox"/> b) Femal <input type="checkbox"/>
4.	What is your Marital status?	a) Single <input type="checkbox"/> b) cohabiting <input type="checkbox"/> c) Married <input type="checkbox"/> d) Other specify <input type="text"/>
5.	What is your tribe?	a) Munyankole <input type="checkbox"/> b) Muganda <input type="checkbox"/> c) Other specify <input type="text"/>
6.	What is your Religion?	a) Catholic <input type="checkbox"/> b) Moslem <input type="checkbox"/> c) Adventist <input type="checkbox"/> d) Other specify <input type="text"/>
7.	What is your highest level of education?	Primary educ ation <input type="checkbox"/> Secondary ed ucation <input type="checkbox"/> Tertiary <input type="checkbox"/> None <input type="checkbox"/>

8.	How far is your home from the nearest health unit (KM)?
9.	What means of transport do you use to reach the nearest health unit?	a) Walking <input type="checkbox"/> b) Bicycle <input type="checkbox"/> c) Car <input type="checkbox"/> d) Other _____ ify..... spec
10.	Do you see transport to the nearest health center cheap or expensive	a). Cheap <input type="checkbox"/> b) Expensive <input type="checkbox"/>

11. What is the best known mode of HIV/AIDS transmission?

- i. by having sexual intercourse with a person who is infected with HIV ☐
- ii. Mother passing it to the unborn baby. ☐
- iii. Sharing sharp objects. ☐
- iv. I don't know ☐
- v. Other (specify).....

12. Could you please tell me how you can find out if one has the virus that causes AIDS? i.

- Taking an HIV test ☐
- ii. Doctor's Examination ☐
 - iii. Don't know ☐
 - iv. Other (specify).....

13. A) Have you ever heard of HIV voluntary counseling and testing (VCT)?

☐
☐

a) Yes

b) No.

B) IF yes where did you hear it from?

I-Radio/TV ☐ II -friends ☐ III - drama ☐ IV - ☐ Health Centre ☐
V-posters

IV-Specify others.....

14.a. Have you ever gone for HIV counseling and testing services?

a). Yes ☐ b) No ☐

b. If yes, how many times have you gone for HIV counseling and testing services

i) once ☐ ii) Twice ☐ iii) T ☐ hree times iv) More than three times

c). If Yes, what encouraged you to go for it?

I- Know the status ☐

II- Services are easy to reach ☐

III-To get married ☐

IV- To get ☐ treatment

V- Specify others reasons.....

15. Do you know the benefits of having an HIV test?

i. Yes ☐ ii. No ☐

16. What benefits does a person get in going for VCT?

i. People who test positive can get treatment ☐

ii. Effective at preventing spread from those who are positive to the Negative ☐

iii. Increases community awareness about HIV iv. ☐ Reducing stigma among HIV/AIDS people. ☐

v. Specify other.....

17. What challenges did you meet when you went for HIV counseling and testing services? I-Long

waiting time ☐

II-Fear of being labeled and stigmatized by community. ☐

III-Lack of privacy ☐

IV-Health workers being rude. ☐

V-specify others.....

18. If you have never used HIV counseling and testing services, what discourages you from going for those services,

I-Fear of being found HIV positive ☐

II-Lack of confidentiality by health workers ☐

III-Inconvenient hours for VCT services ☐

IV-Long distances from VCT Centre services ☐

V-Specify other reasons.....

Thank you for participating in this research, May God bless you

APPENDIX III: BUDGET

ITEM	UNIT COST	QUATITY	TOTAL
Binding	2,000/=	4 books	8,000/=
Files	1,500/=	2	3,000/=
Foolscaps (Ream)	12,000/=	1	12,000/=
Internet	1000/=	2 weeks	14,000/=
Notebook	5,000/=	1	5,000/=
Overhead or incident expenses			5,000/=
Pencils	500/=	4	2,000/=
Pens	500/=	4	2,000/=

Photocopying	100/=	400 pages	40,000/=
Printing services	100/= page	4 books	50,000/=
Punching machine	3,000/=	1	3,000/=
Research assistant allowance e.g. lunch	3,000/=	5	50,000/=
Stapler	3,000/=	1	3,000/=
Supervision facilitation	20,000/= /Week	2 weeks	40,000/=
Transport	5000	6	30,000
TOTAL			267000

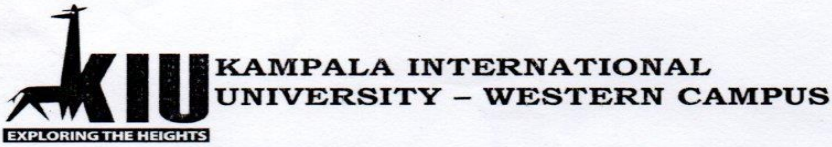
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APPENDIX IV: WORK PLAN

ACTIVITY	DATE
Writing research proposal	August 2017
Training of research assistants	September 2017
Research site survey	September 2017
Data collection using questionnaires	October 2017
Data analysis, interpretation and discussion	November 2017-February 2018
Report typing, printing and binding	March 2018
Anticipated changes	April 2018

Printing of final copy	April 2018
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APPENDIX V: MAP OF KITAGATA TOWN APPENDIX VI: INTRODUCTORY LETTER



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OFFICE OF THE DEAN
FACULTY OF CLINICAL MEDICINE & DENTISTRY

28/09/2017

TO WHOM IT MAY CONCERN

RE: JOHN LUATE RAIMON ELIOBA (BMS/0009/132/DF)

The above named person is a fifth year student at Kampala International University pursuing a Bachelor of Medicine, Bachelor of Surgery (MBChB) Programme.

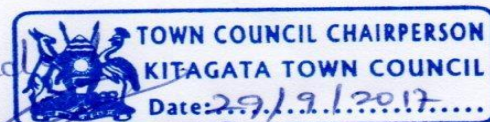
He wishes to conduct his student Research in your community.

Topic: Factors influencing the utilization of HIV Voluntary counseling and testing (VCT) Services among youth (15-35) years in Kitagata town, Sheema District

Supervisor: Mr.Tirwomwe Michael

Any assistance given will be appreciated.

S-O
Dr. Akib Surat O
Deputy Executive Director/Assoc Dean (FCM & D)



Received and Recommended

"Exploring the Heights"

Assoc. Prof Ssebuufu Robinson, Dean (FCM & D) 0772 507248 email: rssebuufu@gmail.com
Dr. Akib Surat Associate Dean FCM & D) email: doctorakib@yahoo.com