

**FACTORS CONTRIBUTING TO INCREASED HIV INFECTION
AMONG MARRIED COUPLES ATTENDING ART CLINIC
AT ISHAKA ADVENTIST HOSPITAL,
BUSHENYI DISTRICT**

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND
MIDWIVES EXAMINATIONS BOARD**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
AWARD OF THE DIPLOMA IN NURSING SCIENCES**

BY

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ABSTRACT

Globally, about 36.7 million people are living with HIV of which 51% are women worldwide. In Africa there is still prevalence of new HIV infections with 12% occur in married couples many of whom are unaware of both partners' sero-status.

The study purpose was to establish factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

The study used a descriptive cross-sectional design which employed quantitative methods of data collection within a short period of only two weeks. The study was conducted in ART clinic in Ishaka Adventist Hospital.

Study results showed that out of the 85 participants 47 (55%) were female and 38 (45%) were male. Most participants 43 (51%) had sex outside their relationship meanwhile few 12 (14%) never had sex outside relationship. A large proportion of the participants 51 (60%) were unemployed while the few 34 (40%) were employed. The participants revealed that HIV infection is common with married couple 66% (56), majority 46 (54%) culture say sex outside marriage is for pleasure meanwhile 4 (5%) were other like to satisfy needs. The nearest distance from health facility to home most 40 (47.1%) reside 6 km or more. Most with 45% (38) spend less than 1 hour waiting for couple HIV services from the clinic and few 8% (7) spend over 4 hours.

Uganda MOH should know that Couples counseling and testing activities need to be made available at all the health facilities to reduce the hindrance of travel costs.

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AUTHORIZATION

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DEDICATION

I dedicate this piece of work to the Almighty God and my husband, parents for they have been source of inspiration, engine of courage and secret of my achievements since my course training begun. I also dedicate this report to my sisters, brothers and friends for all the support.

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Acknowledgement goes to the almighty God, my family, my children and friends for their encouragement words to me.

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LIST OF ABBREVIATIONS

| | |
|--------------|-------------------------------------|
| AIDS | Acquired Immunodeficiency syndromes |
| <i>et al</i> | and others |

| | |
|---------------|--|
| HIV | Human Immunodeficiency Virus |
| IAH | Ishaka Adventist Hospital |
| KIU-WC | Kampala International University-Western Campus |
| MoH | Ministry of Health |
| SSA | Sub Saharan Africa |
| STI | Sexual Transmitted Infection |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

DEFINITIONS OF KEY TERMS

Cultural factors: refer to influential traditions, norms, and beliefs on HIV infection and married couple.

Factors: is the circumstances, facts that contribute to increased HIV infections.

Married couples: refer to situation of being in a marriage or cohabitating partnership between the male head of household and his wife.

Social factors: refer to social factors contribute to HIV infection in the society.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter describes the background of the study, problem statement, purpose of the study, specific objectives, research questions and justification of the study on factors contributing to increased HIV infections among married couples.

1.1 Background of the Study

Human Immunodeficiency Virus (HIV) epidemic is one of the biggest public health problem the world has ever experienced in the recent history (Hailemariam, 2012). According to the joint United Nations Programme on AIDS (UNAIDS) at the end of 2011, an estimated 34 million persons were infected with HIV globally, and at least 69% of victims were in sub-Sahara Africa (SSA), a region with only 12% of the global population (UNAIDS, 2012).

According to Wekesa and Coast (2013), report that living with HIV and AIDS changes everything for people diagnosed with HIV and it can be the most difficult experience in life. HIV transmission in couples has been associated with high HIV viral load, lack of male circumcision, extramarital sex, low literacy, ignorance of self or partner's HIV status, limited understanding that HIV discordance can exist within couples and other sexually transmitted infections in Kenya (Kaiser *et al.*, 2011).

In Rwanda has an estimated 52–93% in 2005 highest proportion of incident HIV infections that occur within married or cohabitating heterosexual couples, it is

estimated that over half of new infections occur within marriage or in cohabitating relationships (Dunkle *et al.*, 2009).

The current Health Sector Strategic Plan (HSSP) reports that the sero-prevalence among Ugandans has consistently remained above the national target of 5% (Government of Uganda, 2010). In the recent past, the country has seen a reversal in the trend in new HIV infections.

According to the Uganda AIDS Commission, the new infections rates nearly doubled from 73,000 in 2002 to over 130,000 by 2009 (Uganda AIDS Commission, 2009). Therefore, only a small proportion of Ugandans know their HIV status thus, a substantial proportion such as married couples among others of infected individuals have never been tested, and such individuals have an increased risk of spreading the disease (Kasirye, 2013).

However, Ishaka Adventist Hospital verbally reported that the growth of this assumption has been halted by the discovery of the phenomenon of increased HIV infection among married couples. In addition, condom use is infrequent among married couples for multiple reasons, including the desire for children and the widespread association of condoms with infidelity and lack of trust, this prompted the investigation which focused on factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

1.2 Statement of the Problem

Globally, about 36.7 million people are living with HIV of which 51% are women worldwide (Vermund, 2014). In Africa, HIV spread has been reduced by 80% with effective interventions like HIV counseling and testing but there is still evidence that a prevalence of new HIV infections with 12% occur in married couples many of whom are unaware of both partners' sero-status (Kaiser *et al.*, 2011).

In East Africa, 50% of married HIV-infected persons are in an HIV-discordant partnership (Kaiser *et al.*, 2011). Anand *et al.* (2009), found in Kenya that over 80% of unprotected sex acts by HIV-infected persons occur with married partners having extramarital sex, low literacy and those ignorance of self or partner's HIV status.

Although Uganda has achieved some commendable results in combating the spread of HIV/AIDS through antiretroviral drugs provision, couple-specific counseling and testing challenges still remain with 40% of the married couples reported at a risk to be HIV-infected persons due to low premarital HIV screening (Kasirye, 2013). In western Uganda, the HIV/AIDS situation remains dire despite the increased resources devoted to control of the disease (Government of Uganda, 2010).

Despite Ishaka Adventist Hospital having HIV/AIDS services amongst the HIV care centers in Bushenyi, the causes of HIV infection among married couple is unknown this could be the reasons for continue infection. Therefore, the study was carried out to establish the factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

1.3 Purpose of the Study

The study purpose was to establish factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

1.4 Study Objectives

1.4.1 General Objective

To establish factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

1.4.2 Specific Objectives

- i. To assess the social factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.
- ii. To assess the cultural factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.
- iii. To determine the health facility factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

1.5 Research Questions

- i. What are the social factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District?
- ii. What are the cultural factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District?
- iii. What are the health facility factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District?

1.6 Justification of the Study

Married couples are a population at high risk for HIV transmission and acquisition, acute phase of a new infection pose a high risk for onward transmission within the couple or if they have unprotected sex outside of the couple (Jacqui and Manuela, 2013). Without intervention, 8-12% of HIV infected adults living in married or cohabiting relationship will transmit HIV to their partners annually (UNAIDS, 2012).

Therefore, it was very crucial to establish the factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. The findings would alert health workers improve on health education status be viewed as a pillar to successful reduction of HIV infection among married couples. The results also would help the Uganda MoH, Ishaka Adventist

Hospital authorities and other organization to identify policies that are crucial in prevention of HIV infection. It can also be used as study references by other researcher in the similar field.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews the available literature from different authors in relation to the social, cultural and health facility factors that contribute to increase of HIV infection among Married Couples according to the research objectives.

2.2 Social factors that contribute to increase of HIV infection among Married Couples

A study in Nigeria found that HIV prevalence was highest among those who were formerly married at 5.9%, compared with 3.4% among currently married/cohabitating women and 3.4% were not married women (Fagbamigbe *et al.*, 2016). Adebayo *et al.* (2013), reported lack of formal education and low knowledge about HIV transmission and prevention which could result in a poor ability or inability to negotiate safe sex among the formerly married women.

About 3.4% of the never married women had engaged in transactional sex within the 12 months preceding the survey, compared with 3.7% among currently married/cohabitating women and 6.3% among formerly married women (Fagbamigbe *et al.*, 2016). Nearly one fifth (19.1%) of the never married women had had multiple sex partners against 7.1% among the currently married/cohabitating and 10.7% among the formerly married (Fagbamigbe *et al.*, 2016).

In the same vein, a US study established a significant association between marital status and HIV/AIDS-related death. The authors attributed the association to the

health care system that historically disadvantaged the poor (Kposowa, 2013). Gender inequality occurs because men are entitled to control the household's financial resources (Camlin *et al.*, 2014). It was found that being married for less than 5 years significantly increased the likelihood of risky sexual behaviour, which is consistent with sexual violence in marriage (Puri *et al.*, 2012).

Africa has been found to have high rates of gender-based violence, alcohol and other drug abuse, and risky sex behaviors with multiple partners; all of which are interrelated within a backdrop of health disparities and gender inequality because these interrelated risk phenomena occur in settings where drinking and social life take place and are often tied to gender role expectations (Browne & Wechsberg, 2010).

Higher infection rates, combined with internal residential shifts, are playing a major role in patterns of increased infection in East Africa (Higgins, Hoffman, & Dworkin, 2010). Despite these regions have a lower cost of living, a greater number of residential transplants enter into these countries, thus worsening the problem of the spread of the disease (Higgins, Hoffman, & Dworkin, 2010).

Furthermore, HIV prevalence occurred as follows: Commercial Sex Workers 23%; Students 21%; Single Parents 20%, Long-Distance-Truck- Drivers 19%, Street Children 16%. Major mode of HIV transmission was heterosexual transmission; severe economic repression (poverty), illiteracy, economic-driven migration activities and unemployment were chief socioeconomic risk factors (Fagbamigbe *et al.*, 2016). Those living in low socioeconomic communities have become highly susceptible to engaging in risky behaviors, which can lead to HIV infection (UNAIDS, 2013).

2.3 Cultural factors that contribute to increase of HIV infection among Married Couples

Cultures have values that give meaning and provide guidance to humans as they interact with the social world but these values and beliefs affects men and women living in the same society. Most studies explore knowledge about HIV and STIs, technical skills in condom use, couple skills in communication and negotiation, economic status, as well as problem solving and goal setting. Additionally, discussions occur about couple power imbalances associated with sexual decision-making (Burton *et al.*, 2010).

Cultural beliefs and customs influence sexual behaviors which in turn determine the risk of exposure to HIV/AIDS. This study considers the extent such cultural believes and customs affect the risk of exposure among the study population (Dibua, 2009). Opinions suggested that cultural beliefs and customs allow greater freedom to men in relation to sexual encounters while tabooing the behavior for women (Dibua, 2009).

A study in South Africa found that men have more power in sexual matters in marriage than women (Hargreaves *et al.*, 2009). The power is rooted in cultural norms and values that place married women subordinate to men because of the belief that bride price, locally known as “lobola”, gives men unlimited sexual rights over their wives (Scott, 2010). As a result, efforts to avoid risky sex by women may be construed by men as infringement on their conjugal rights (Adamczyk & Greif, 2011). The study also found that women who perceived they are unlikely to contract STIs were significantly more likely to have engaged in risky sexual behavior, this is

because individuals who perceive themselves at low risk of STIs are unlikely to adopt STI prevention behaviors (Nunn *et al.*, 2011). This line of thought is consistent with a study which found that individuals who perceived their risk of HIV infection to be low had multiple sexual partners (Nunn *et al.*, 2011).

Furthermore, women who engaged in sex to achieve motherhood are more at risk of engaging in risky sexual behaviour. It is also likely that women are under pressure by their partners and in-laws to give them children, which may force them to engage in unprotected sex even if they know their partner has STI such as HIV (Wekesa and Coast, 2014). In Botswana and Swaziland, women's proneness to risky sexual behaviour to gender inequality in sexual decisions (Shannon *et al.*, 2012).

Another study revealed that men resist use of condoms for a variety of reasons including reduced sexual pleasure and virility; to achieve men's fertility desires because of the perceived negative risk of STIs in sex with wives and to show faithfulness to their wives (Osuafor and Natal, 2015).

Nonetheless, the research revealed that compared to married and cohabiting adults, young unmarried adults are highly susceptible to risky sexual behaviour (Hoque, 2011). However, the increasing prevalence of HIV in marriage indicates that risky sexual behaviour could be prevalent in this group as well as employed couples working far away their partners (Omanje *et al.*, 2015).

In addition, women engage in unprotected sex to show love and view such sex as an important means of increasing their connectedness with their partners (Jones *et al.*,

2013). In addition to the study, cultural attitudes and lack of knowledge may diminish women's rights to make informed sexual decisions in order to gain access to basic needs (USAID, 2014).

2.4 Health facility factors that contribute to increase of HIV infection among Married Couples

Limited knowledge of and access to Voluntary Counseling and Testing (VCT) services, especially among women in relationship, may increase their vulnerability to HIV infection (NAP, 2015). In Egypt, fewer women present for HIV testing and counseling than men in health facility; only 23.3% of all VCT clients are females (NAP, 2015). Some women added that it was better to be tested in private facilities because government hospitals are not good (Oraby *et al.*, 2016).

Unreliable transport is a barrier to access skilled delivery in rural areas, failure to plan in advance for transport cause higher number of women to deliver in their homes even if they had planned to deliver in health facilities (Magoma, 2010). In addition, the health providers were blamed to report late on duty which delay the timely services made clients for long waiting hours before they were attended to and this diverted them from reproductive health services and ended up using local medicine and traditional healers (United Nations Population Fund, 2009).

Although people who test positive are advised to inform their sex partners, a survey of People Living with Human Immunodeficiency Virus (PLHIV) who had regular

follow-up visits with the NAP in Egypt in 2010 indicated that 66% of the married men in the sample had not informed their wives of their HIV status (Khatab, 2010).

According to Gage (2009), reported financial barrier was highly mention, distance from home to hospital and poor customer care in health centers and hospitals coupled with rude languages from nurses and doctors. For example we pregnant mothers are afraid of going to hospital because when doctors discover that you are HIV positive they have tendency of leaking such information to the public, these and other reasons normally keep us away from hospitals for delivery (Prisca, 2015).

Furthermore the qualitative study revealed that there are many hidden costs during delivery a mother has to incur, and when the money is not enough this has been always big barrier utilizing maternal health services (Prisca, 2015). Nearly 11% of women who delivered in a facility in a Bumbuli District council reported paying for delivery, majority said they were to pay the staff for allowances and 33% were buying gloves (Prisca, 2015).

Despite the free, available and accessible combination antiretroviral therapy for HIV patients in most European Union countries (Gourlay *et al.*, 2017). This results in many HIV couples coping with their diagnosis through (none)-disclosure of HIV-positive status, isolation and avoidance, support and empathy and alcohol/substance abuse (Marsicano *et al.*, 2014). According to Arrey (2015), report that HIV remains a much stigmatized illness in the society that influences the process of disclosure and often necessitates secrecy about illness in the families, communities and healthcare settings.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter consisted of the study design, study setting, study population, sample size determination, sampling procedure, inclusion criteria, exclusion criteria, study variables, research instruments, and data collection procedures, data management, data analysis and presentation, ethical considerations, study limitations and dissemination of results.

3.2 Study design and rationale

The study used a descriptive cross-sectional design which employed quantitative methods of data collection. This design was considered because of it being easy in developing explanations of social phenomena that aims at helping the researcher why things are the way they are. The data collection took a period of two weeks.

3.3 Study setting and rationale

The study was carried out in ART clinic in Ishaka Adventist Hospital (IAH) which is one of the hospitals in Uganda. It is located in the town of Ishaka, Bushenyi District in Western Uganda. Ishaka Adventist Hospital is located immediately north of the junction of the Ntungamo-Kasese Road with the Mbarara-Ishaka Road (en.wikipedia.org/wiki/Ishaka_Adventist_Hospital#cite_note_1).

Its location is approximately 77 kilometres, by road, west of Mbarara, the largest city in the sub-region. This location lies approximately 360 kilometres, by road, southwest

of Kampala, the capital of Uganda and the largest city in that country. The hospital was founded in 1950 affiliated with the Seventh-day Adventist Church.

Ishaka Adventist Hospital is a 110-bed community hospital that is owned and administered by the Seventh-day Adventist Church in Uganda. It primarily caters to the health needs of the rural subsistence farmers who live in the community where the hospital is located. The hospital maintains a nurse's training school on the hospital premises. IAH is affiliated with Loma Linda University, in Loma Linda, California in United States of America.

3.4 Study population

The target population were married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. This group was considered for easy understanding explanation.

3.4.1 Sample Size Determination

My sample size of the study respondents was determined using Kish and Leslie's

formula of 1965 which state that; $n = \left(\frac{Z^2 p q}{d^2} \right)$

Where; n Desired sample size,

Z = Standard deviation at desired degree of accuracy which is 95%, the standard deviation is 1.96.

p = Proportion of married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. Since no survey were done to establish factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. p was estimated at 50% = 0.5 thus, $p = 0.5$

$$q = 1 - p, (1 - 0.5) = 0.5$$

d = the marginal error allowed at 5%, $d = 0.05$

$$n = \left(\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} \right)$$

n = 384 participants

However, the sample size for the married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital would be 384 respondents. But this samples size was too big for my study population since they are less than (<) 10, 000

Therefore, the researcher calculated the sample size estimation of the study population less than 10,000 using;

$$nf = \left(\frac{n}{1 + \frac{n}{N}} \right)$$

Where; N= Population of married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital in the last 2 weeks of December 2017 which was 109 married clients (ART register, 2017).

n = the calculated sample size above = 384 respondents

nf = target population who are < 10,000 (married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital).

$$nf = \left(\frac{384}{1 + \frac{384}{109}} \right)$$

$nf = 85$ participants

Basing on the calculations above, the researcher used sample size of 85 participants.

3.4.2 Sampling procedure

The researcher used a probability sampling method because every member of the population would be having a known chance but not necessary equal of being selected in the sample. Patients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital were interviewed in the study until a required respondents were reached.

3.5 Inclusion and exclusion criteria

3.5.1 Inclusion criteria

The study considered only married clients aged 20 to 60 years old attending ART Clinic of both sex who would freely consent to participate in the study during the time of interview.

3.5.2 Exclusion criteria

It excluded married clients aged 20 to 60 years old attending ART Clinic of both sex who did not freely consent to participate in study during the time of interview.

3.6 Study variables

3.6.1 Dependent variable

Increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District

3.6.2 Independent variables

Socio-economic factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Cultural factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Health facility factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

3.6.3 Confounding variable

Confounding variables were used in order to give the true picture of the possible factors contributing to increased HIV infection among Married Couples. These included; age of the respondents, sex, tribe, education level, religion and occupation.

3.7 Research instruments

The researcher considered a questionnaire which contained both close and open-ended questions to enable the researcher ensure privacy and confidentiality as the respondents could fill them independently during data collection. The questionnaire written in English to interview with the respondents.

3.8 Data collection procedures

The self-administered questionnaire were used to obtain information from married clients aged 20 to 60 years old. However, those who could not understand English would be interviewed with the help of Researcher so that they were translated the questions into local Language (Runyankole). Data were collected every morning from 9:00 am up to mid-day, then in the evening from 4:00 pm to 8:00 pm.

3.8.1 Data management

The study participants received a unique participant identification number that were recorded on the questionnaire. Collected data from the study were thoroughly checked and validated for accuracy and completeness. Data on the questionnaire were be kept by only the Researcher to avoid access by unauthorized person.

3.9 Data analysis and presentation

The data collected using a questionnaire were compiled, coded by using Microsoft excel and Microsoft word 2013. Descriptive statistics including mean, standard deviations, cross tabulation and frequencies were performed. Data were presented in

form of tables, pie-charts and graphs. This would form the basis for the interpretation, discussion and conclusion.

3.10 Ethical considerations

When this research project was approved by the research committee of KIU-WC, School of Nursing Sciences and the Supervisors, an introductory letter from the Research Coordinator School of Nursing Sciences were addressed to the Medical Super-intendant of Ishaka Adventist Hospital that allowed and introduced the researcher to start data collection.

The verbal and written consents during the study process were sought from respondents by explaining and reading the purpose of this study.

Every client's rights, and privacy as per research ethics were respected and the information handled were confidential.

3.11 Limitations of the study

Time since the study had to be done alongside other school academic programs. Translating the questionnaire to study participants who could not understand English language in local language were tired some however the researcher tried with all her level best to following the schedule plan.

3.12 Dissemination of the results

This research report's copies were submitted to;

- i. Kampala International University-Western Campus, School of Nursing Sciences.
- ii. Library of Kampala International University-Western Campus.
- iii. Uganda Nurses and Midwives examination board as partial fulfillment of the award of Diploma in Nursing Sciences.

CHAPTER FOUR: RESULTS

4.1 Introduction

In this chapter there is analyzed and presented field data collected on the factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. Eighty five respondents (married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital) participated on this study and the results are presented in tables, figures, pie chart, graphs and brief narration as seen below.

4.2 Demographic characteristics of the study participants

Table 1: Show the study participants according to the demographic data

| Variables | | Frequency (n) | Percentage (%) |
|------------------|--------------|----------------------|-----------------------|
| Age group | 20-30 years | 23 | 27 |
| | 31-40 years | 27 | 32 |
| | 41-50 years | 23 | 27 |
| | 51-60 years | 12 | 14 |
| | Total | 85 | 100 |
| Sex | Male | 38 | 45 |

| | | | |
|--------------------|-------------------------------------|-----------|------------|
| | Female | 47 | 55 |
| | Total | 85 | 100 |
| Level of education | None | 17 | 20 |
| | Primary | 34 | 40 |
| | Secondary | 26 | 31 |
| | University | 8 | 9 |
| | Total | 85 | 100 |
| Religion | Protestants | 21 | 25 |
| | Catholics | 36 | 42 |
| | Muslim | 15 | 18 |
| | Others were born again, Pentecostal | 13 | 15 |
| | Total | 85 | 100 |
| Occupation | Peasant | 39 | 46 |
| | Housewife | 13 | 15 |
| | Business person | 19 | 22 |
| | Civil servant | 4 | 5 |
| | Others like driver | 10 | 12 |
| | Total | 85 | 100 |

The findings on table 1 above show that majority of the study participants 27 (32%) were age group 31-40 years while the lowest 12 (14%) were age group of 51-60 years.

Of the 85 most of the participants were female 47 (55%) and the lowest were male 38 (45%).

The finding show out of 85 study participant most 34 (40%) had primary education compared to very few 8 (9%) who were university graduate.

The results on table 1 show that out of the 85 study participants, majority 36 (42%) were Catholics while lowest 13 (15%) were others religion such as born again, Pentecostal.

Majority of the study participants, out of the 85 participants 39 (46%) were peasant compared to the few 4 (5%) who were civil servant.

4.3 Social factors that contribute to increase of HIV infection among Married Couples

Table 2: Show distribution of the participants according to their socio factors

| Variable | Responses | Frequency (n) | Percentage / % |
|---|-----------------------|---------------|----------------|
| Current marital status of the study participants | Currently in marriage | 17 | 20 |
| | Formally married | 68 | 80 |
| | Total | 85 | 100 |
| Place of residence of the participants | Rural | 45 | 53 |
| | Urban | 40 | 47 |
| | Total | 85 | 100 |
| Duration of time spend in marriage or been living together | Less than 5 years | 21 | 25 |
| | More than 5 years | 64 | 75 |
| | Total | 85 | 100 |
| Whether participants ever had sex outside relationship | Yes | 43 | 51 |
| | No | 30 | 35 |
| | Never | 12 | 14 |
| | Total | 85 | 100 |
| Whether participants ever had sexual intercourse in the past 6 months | Yes | 35 | 41 |
| | No | 23 | 27 |
| | No response | 27 | 32 |
| | Total | 85 | 100 |
| How participants earn a living | Employed | 34 | 40 |
| | Unemployed | 51 | 60 |
| | Total | 85 | 100 |

Tables 2 above revealed, out of 85 participants most 68 (80%) were formally married while only 17 (20%) who were currently in marriage.

On the same table above majority of participants were from rural area with 45 (53%) compared to minority 40 (47%) who were residing in urban area.

Results revealed that out of 85 participants, a large proportion 64 (75%) spend more than 5 years in marriage living together while only 21 (25%) spend less than 5 years.

A majority of the study participants 43 (51%) had sex outside their relationship meanwhile few 12 (14%) never had sex outside relationship.

Most of the study participants with 35 (41%) ever had sex in the past 6 months (Yes) compared to very few 23 (27%) who did not have sex in the past 6 months (No).

A large proportion of the participants 51 (60%) were unemployed while the few 34 (40%) were employed.

4.4 Cultural factors that contribute to increase of HIV infection among Married Couples

Figure 1: A bar graph show participants say about risk of contracting HIV

n=85

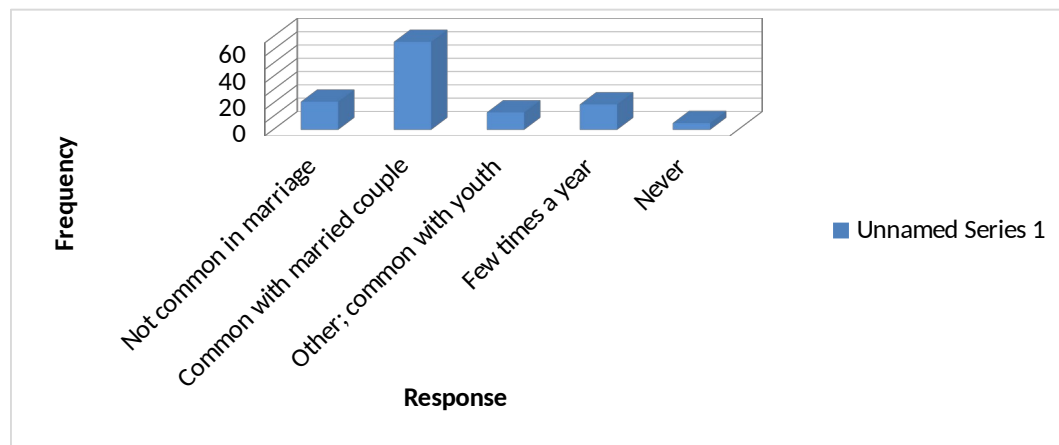


Figure 1 above out of 85 study participants, 66% (56) say HIV infection is common with married couple and lowest 13% (11) were others that its common with youth.

Table 3: Show participants cultural say about sex outside marriage and use of condom amongst married couple

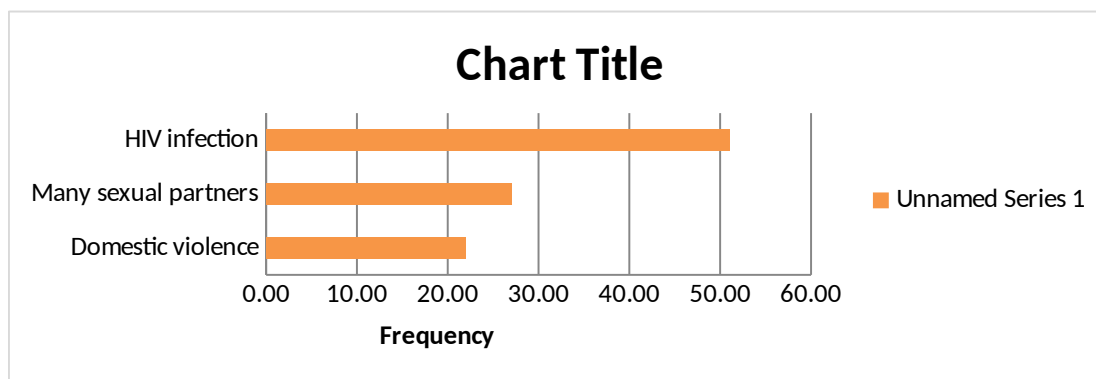
| Variables | | Frequency (n) | Percentage (%) |
|---|----------------------|----------------------|-----------------------|
| Participants cultural say about sex outside marriage | Pleasure | 46 | 54 |
| | Child bearing | 35 | 41 |
| | Other; satisfy needs | 4 | 5 |
| | Total | 85 | 100 |
| Whether participants tradition support use of condom amongst married couple | Yes | 49 | 58 |
| | No | 24 | 28 |
| | No response | 12 | 14 |
| | Total | 85 | 100 |

Table 3 above, out of 85 participants, majority 46 (54%) culture say sex outside marriage is for pleasure meanwhile 4 (5%) were other like to satisfy needs.

Of 85 participants most 49 (58%) tradition support the use of condom amongst married couple (Yes) compared to the few 12 (14%) who did not response to it.

Figure 2: A bar graph show participants' how sexual behavior outside relationship affect health of married couple

n=85



Majority on figure 2 above, of 85 participants 51% (43) supported that sex outside relation causes HIV infection while 22% (19) said causes domestic violence.

Table 4: Show whether participant's belief on use of force to have sex and spouse should communicate his/her HIV status

| Variables | Responses | Frequency (n=85) | Percentage (100%) |
|--|-----------|------------------|-------------------|
| Whether participant's belief on use of force to have sex | Yes | 33 | 39 |
| | No | 52 | 61 |
| Whether spouse should communicate his/her HIV status | Yes | 47 | 55 |
| | No | 38 | 45 |

Out of 85 on table 4, most 52 (61%) participants do not belief on use of force to have sex (No) while few 33 (39%) belief on use of force to have sex (Yes).

A majority out of 85 participants with 47 (55%) said spouse should communicate his/her HIV status (Yes) compared to very few 38 (45%) who did not (No).

Figure 3: A pie chart show participant's opinion on HIV exposure in marriage

n=85

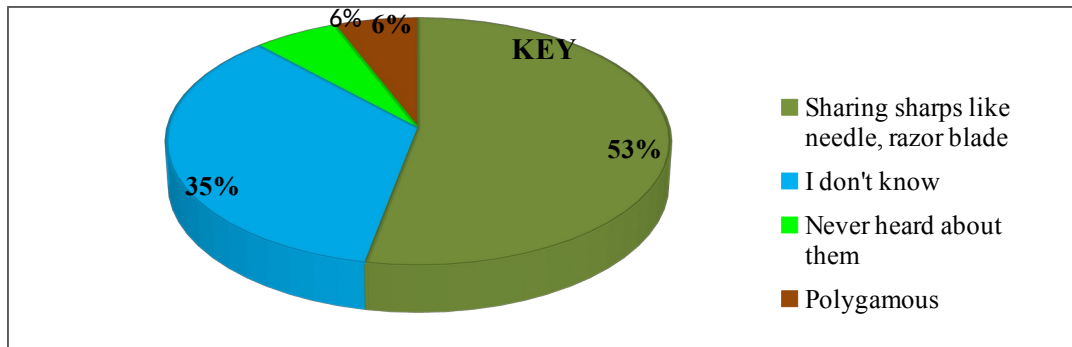


Figure 3 above, out of 85 participant's opinion on HIV exposure in marriage a majority 53% (45) were through sharing sharps like needle, razor blades while few 6% (5) through polygamous and 6% (5) never heard about them in their culture.

4.5 Health facility factors that contribute to increase of HIV infection among Married Couples

Figure 4: A bar graph show nearest distance from health facility to home

n=85

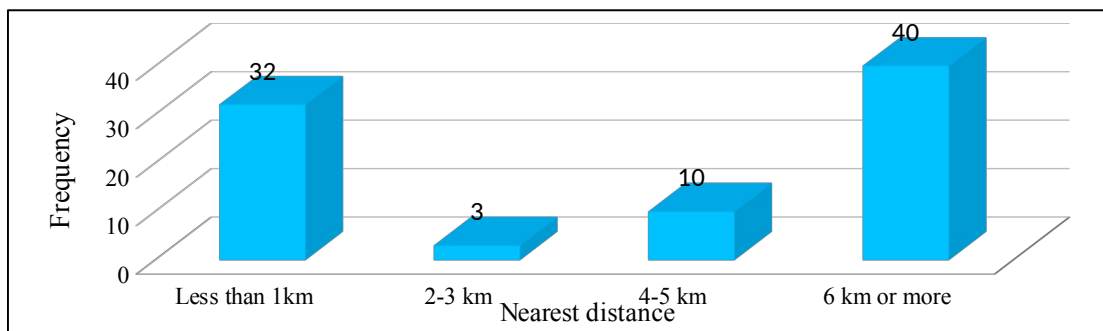


Figure 4 above, out of 85 participants nearest distance from health facility to home a majority 40 (47.1%) reside 6 km or more while few 3 (3.5%) reside 2-3 km away.

Table 5: Show type of health facility near to the participants and whether couple HIV services are available

| Variables | Responses | Frequency, n=85 | Percentage, 100% |
|--|---------------------|------------------------|-------------------------|
| Type of health facility near to the participant | Public (Government) | 67 | 79% |
| | Private | 18 | 21% |
| Whether participants couple HIV services are available | Yes | 69 | 81% |
| | No | 5 | 6% |
| | I don't know | 11 | 13% |

Table 5 above majority 67 (79%) of the participants are nearer to Public (Government) health facility while only 18 (21%) near to the private health facility.

Most 69 (81%) had couple HIV services available and few 5 (6%) do not have.

Figure 5: A pie chart show time spend waiting for couple HIV services at clinic

n=85

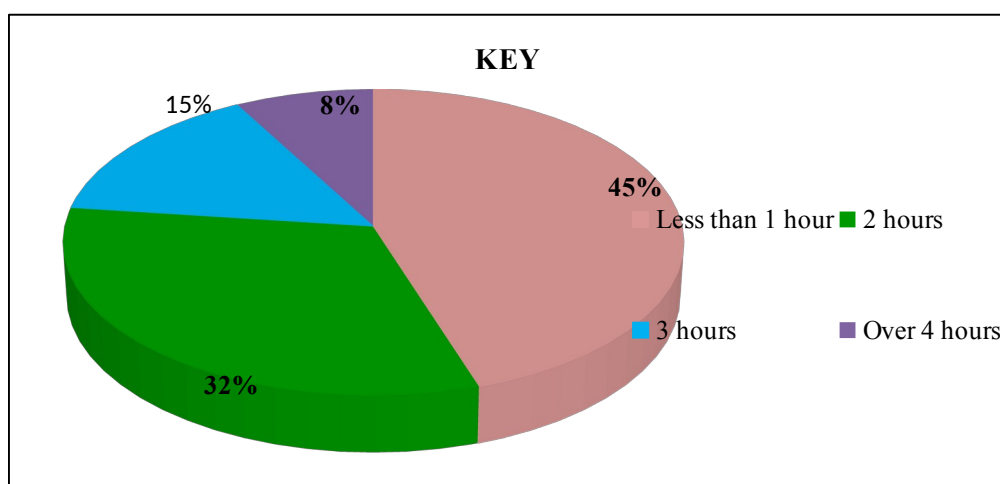


Figure 5 above, out of 85 participants most with 45% (38) spend less than 1 hour waiting for couple HIV services from the clinic and few 8% (7) spend over 4 hours.

Table 6: Show what participants do not like during HIV clinic visit

| Variables | Frequency (n) | Percentage (%) |
|---------------------------------|---------------|----------------|
| Blame | 24 | 28.2 |
| Non supportive health worker | 19 | 22.4 |
| Fees attached on the services | 30 | 35.3 |
| Others; poor service deliveries | 12 | 14.1 |
| Total | 85 | 100.0 |

On table 6 above of 85 participants' majority 30 (35.3%) do not like fees attached on the services at the HIV clinic while only few 12 (14.1%) do not like others such as poor service delivery.

Figure 6: A bar graph show whether participant feel comfortable with the privacy and confidentiality at the clinic

n=85

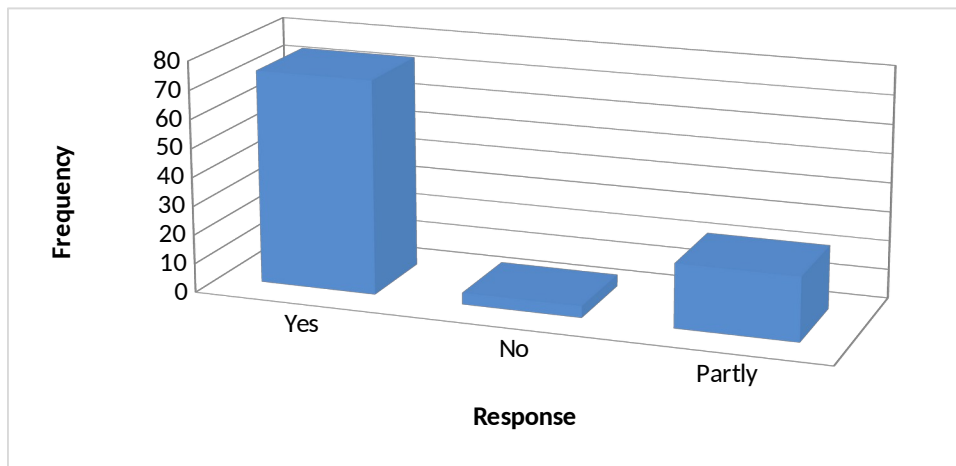


Figure 6 above, out of 85 participants most 74% (63) feel comfortable with th privacy and confidentiality at the clinic (Yes) while few 4% (3%) do not (No).

Figure 7: A pie chart show overall rating the quality of HIV services from the health facility

n=85

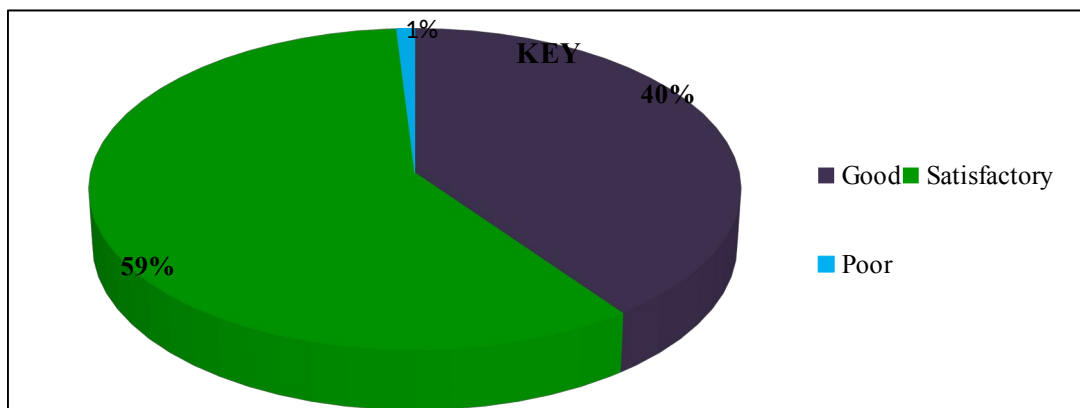


Figure 7 above, out of 85 participants most with 59% (50) rates quality of HIV services satisfactory compared to only 1% (1) who rated poor.

CHAPTER FIVE: DISCUSSION, CONCLUSION, RECOMMENDATIONS

5.1 Introduction

This chapter presented the discussion, conclusion, recommendation and implications of results from the study on factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. Eighty five respondents/married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District participated in the study.

5.2 Discussion.

5.2.1 Demographic characteristics of the study participants

The findings show that out of 85 married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District majority of the study participants 27 (32%) were age group 31-40 years while the lowest 12 (14%) were age group of 51-60 years. it is the most age bracket who sexually active to make family as well as bringing up children.

Many participants were female 47 (55%) and the lowest were male 38 (45%). the finding show out of 85 study participant most 34 (40%) had primary education compared to very few 8 (9%) who were university graduate. The result from the study implied that near to half of the participants has attained primary education.

According to the results show that out of the 85 study participants, majority 36 (42%) were Catholics while lowest 13 (15%) were others religion such as born again, Pentecostal.

Majority of the study participants, out of the 85 participants 39 (46%) were peasant compared to the few 4 (5%) who were civil servant.

5.2.2 Social factors that contribute to increase of HIV infection among Married Couples

The social factor has strong significance in regard to HIV infection among the married couples. In this study out of 85 participants most 68 (80%) were formally married while only 17 (20%) who were currently in marriage. The findings is in line with Fagbamigbe *et al.* (2016), found that HIV prevalence was highest among those who were formerly married at 5.9%, compared with 3.4% among currently married/cohabitating women and 3.4% were not married women.

Majority of participants were from rural area with 45 (53%) compared to minority 40 (47%) who were residing in urban area. Higher infection rates, combined with internal residential shifts, are playing a major role in patterns of increased infection in East Africa (Higgins, Hoffman, & Dworkin, 2010).

A large proportion 64 (75%) spend more than 5 years in marriage living together while only 21 (25%) spend less than 5 years. It correspond with Puri *et al.* (2012), found that being married for less than 5 years significantly increased the likelihood of risky sexual behavior, which is consistent with sexual violence in marriage

According to the study finding a majority of the study participants 43 (51%) have ever had sex outside their relationship meanwhile few 12 (14%) never had sex outside relationship. This result correspond to Fagbamigbe *et al.* (2016), who said one fifth

(19.1%) of the never married women had had multiple sex partners against 7.1% among the currently married/cohabitating and 10.7% among the formerly married.

Most of the study participants with 35 (41%) ever had sex in the past 6 months (Yes) compared to very few 23 (27%) who did not have sex in the past 6 months (No). Similarly Fagbamigbe and colleagues found that about 3.4% of the never married women had engaged in transactional sex within the 12 months preceding the survey, compared with 3.7% among currently married/cohabitating women and 6.3% among formerly married women (Fagbamigbe *et al.*, 2016).

Major mode of HIV transmission was heterosexual transmission; severe economic repression, economic-driven migration activities and unemployment were chief socioeconomic risk factors (Fagbamigbe *et al.*, 2016). Out of 85 study participants, a large proportion of the participants 51 (60%) were unemployed while the few 34 (40%) were employed. This result also correspond to UNAIDS (2013), report that those living in low socioeconomic communities have become highly susceptible to engaging in risky behaviors, which can lead to HIV infection.

5.2.3 Cultural factors that contribute to increase of HIV infection among Married Couples

The findings above show that of 85 study participants, 66% (56) say HIV infection is common with married couple and lowest 13% (11) were others that it's common with youth. This results was in line with Puri *et al.* (2012), found that being married or

cohabitating for less than 5 years significantly increased the likelihood of risky sexual behaviour, which is consistent with sexual violence in marriage.

According to the study a majority 46 (54%) culture say sex outside marriage is for pleasure meanwhile 4 (5%) were other like to satisfy needs. This could be the reasons that opinions suggested cultural beliefs and customs allow greater freedom to men in relation to sexual encounters while tabooing the same behavior for women (Dibua, 2009).

Of 85 participants, above average 49 (58%) their tradition support the use of condom amongst married couple (Yes) compared to the few 12 (14%) who did not response to it. This finding disagree with Osuafor and Natal (2015), that men resist use of condoms for a variety of reasons including reduced sexual pleasure and virility; to achieve men's fertility desires; because of the perceived negative risk of STIs in sex with wives; and to show faithfulness to their wives.

Furthermore, 51% (43) supported that sex outside relation causes HIV infection while 22% (19) said causes domestic violence. It correspond to support Scott (2010), that the power is rooted in cultural norms and values that place married women subordinate to men because of the belief that bride price, locally known as “lobola”, gives men unlimited sexual rights over their wives.

The results further indicate that out of 85, above average 52 (61%) of the participants do not belief on use of force to have sex (No) while few 33 (39%) belief on use of force to have sex (Yes). This results was contrary to USAID (2014), report that

cultural attitudes and lack of knowledge may diminish women's rights to make informed sexual decisions in order to gain access to basic needs.

A majority out of 85 participants with 47 (55%) said spouse should communicate his/her HIV status (Yes) compared to very few 38 (45%) who did not (No). It is impossible according to Wekesa and Coast, (2014), result revealed that women are under pressure by their partners and in-laws to give them children, which may force them to engage in unprotected sex even when they know their partner has STI such as HIV.

5.2.4 Health facility factors that contribute to increase of HIV infection among Married Couples

The study results revealed that out of 85 participants nearest distance from health facility to home a majority 40 (47.1%) reside 6 km or more while few 3 (3.5%) reside 2-3 km away. Similarly Gage (2009), reported financial barrier was highly mention, distance from home to hospital and poor customer care in health centers and hospitals coupled with rude languages from nurses and doctors.

More than average 67 (79%) of the participants live nearer to Public (Government) health facility while only 18 (21%) stay near to the private health facility. It correlates to Oraby *et al.* (2016), report that some women prefer to be tested in private facilities because government hospitals are not good.

Furthermore, study results found that most 69 (81%) of the participants had couple HIV services available compared to very few 5 (6%) that did not have. This finding

was in line with NAP (2015), report that limited knowledge of and access to Voluntary Counseling and Testing (VCT) services, especially among women in relationship, may increase their vulnerability to HIV infection.

Result show out of 85 participants most with 45% (38) spend less than 1 hour waiting for couple HIV services from the clinic and few 8% (7) spend over 4 hours in disagreement with United Nations Population Fund (2009), report that health providers were blamed to report late on duty which delay the timely services made clients for long waiting hours before they were attended to and this diverted them from reproductive health services and ended up using local medicine and traditional healers.

Nevertheless, results showed majority 30 (35.3%) do not like fees attached on the services at the HIV clinic while only few 12 (14.1%) do not like others such as poor service delivery. It does not support Prisca (2015), that many hidden costs during delivery a mother has to incur, and agree with Prisca that when the money is not enough always big barrier utilizing maternal health services.

In addition most 74% (63) of the study participants feel comfortable with the privacy and confidentiality at the clinic (Yes) while few 4% (3%) do not (No). This findings in disagreement with Prisca (2015), result that mothers are afraid of going to hospital because when doctors discover that you are HIV positive they have tendency of leaking such information to the public, these and other reasons normally keep us away from hospitals for delivery.

Finally, out of 85 participants most with 59% (50) rates quality of HIV services satisfactory compared to only 1% (1) who rated poor. According to Arrey (2015), report that HIV remains a much stigmatized illness in the society that influences the process of disclosure and often necessitates secrecy about illness in the families, communities and healthcare settings. The study results do not concur with Gage (2009), reported poor customer care in health centers and hospitals coupled with rude languages from nurses and doctors that prevent clients from accessing health services.

5.3 Conclusion

Many participants were formally married compared to those currently in marriage and spend more than 5 years in marriage living together. They have ever had sex outside their relationship and large proportion of them were unemployed.

The participants revealed that HIV infection is common with married couple, they do not belief on use of force to have sex, supported that sex outside relation causes HIV infection and domestic violence.

Participants reside 6 km or more distance from nearest health facility to home and do not like fees attached on the services at the HIV clinic. HIV services were satisfactory at Ishaka Adventist Hospital.

5.4 Recommendations

The Uganda MoH should know that Couples counseling and testing activities need to be made available at all the health facilities to reduce the hindrance of distance and

related travel costs, this is ground for institutionalizing and scaling up couples counseling service in the country.

Community linkage through seeing that couples who get to a counseling and testing site end up being tested and community volunteers should actively encourage people to attend couples testing and link them to the health facilities.

5.5 Future research topic

Assess the knowledge and attitude of the health workers providing HIV/AIDS services married couple.

Assess the impact of couple HIV testing amongst the community.

5.6 Implications to nursing practice

Nurses and midwives should collaborate with other health care providers in linking the HIV positive couples.

More need for health education on most clients who have ever having sex outside their relationship.

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APPENDICES

Appendix I: Consent Form

INTRODUCTION

I'm **Atuhaire Ritah**, a student of Kampala International University-Western Campus, School of Nursing Sciences who is carrying out a research study on the above topic. The aim of this study is to find out social, cultural and health facility factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. Your participation in this study is entirely voluntary. The study will not result in any loss of benefits you need from this hospital. If you accept proceed to sign the consent form. No name is required. For any information contact the principal researcher;

Atuhaire Ritah, (Principal researcher)

Kampala International University-Western Campus, School of Nursing Sciences

P. O. Box 71, Bushenyi, Uganda.

Telephone: +256 (0) 750365638

Informed consent

I have been requested by the Principal researcher to participate in the above study and I have been explained the purpose of the study in the Language that I do understand, I hereby willingly accept to participate.

Signature or Thumb print: Date:

Appendix II: Questionnaire

TOPIC: Factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Serial Number: Date of interview:

SECTION A: Demographic data

1. Age group

- | | |
|--------------------|--------------------|
| a) 20-30 years () | c) 41-50 years () |
| b) 31-40 years () | d) 51-60 years () |

2. Sex

- a) Male ()
- b) Female ()

3. Level of education

- | | |
|----------------|-------------------|
| a) None () | c) Secondary () |
| b) Primary () | d) University () |

4. Your religion

- | | |
|-------------------|------------------------|
| a) Protestant () | c) Muslim () |
| b) Catholic () | d) Other specify |

5. Occupation

- | | |
|-----------------------|------------------------|
| a) Peasant () | d) Business person () |
| b) Housewife () | e) Civil servant () |
| c) Other specify..... | |

SECTION B: Socio-economic factors that contribute to increase of HIV infection among Married Couples

6. What is your current marital status?
 - a) Currently married ()
 - b) Formally married ()
7. Where is place of residence?
 - a) Rural ()
 - b) Urban ()
8. How long have you spend in marriage or been living together?
 - a) Less than 5 years ()
 - b) More than 5 years ()
9. Have you ever had sex outside your relationship?
 - a) Yes ()
 - b) No ()
 - c) Never ()
10. Have you ever had sexual intercourse in the past 6 months?
 - a) Yes ()
 - b) No ()
 - c) No response ()
11. How do you earn a living?
 - a) Employed ()
 - b) Unemployed ()

SECTION C: The cultural factors that contribute to increase of HIV infection among Married Couples

12. What does your community say about risk of contracting HIV infection?

- a) Not common in marriage ()
 - b) Common with married couple ()
 - c) Other (specify).....
13. What do your culture say about sex outside marriage?
- a) Pleasure ()
 - b) Childbearing ()
 - c) Other (specify).....
14. Does your tradition support use of condom by married couple?
- a) Yes ()
 - b) No ()
 - c) No response ()
15. How does sexual behavior outside relationship affect health of married couple?
- a) Domestic violence ()
 - b) Causes multiple sexual partners ()
 - c) HIV infection ()
16. Does your partner belief on rights to use force to obtain sex?
- a) No ()
 - b) Yes ()
17. Does your spouse communicate his/her status to you about HIV?
- a) Yes ()
 - b) No ()

18. In your own opinion what are some of the practices in your culture which expose you to HIV infection in a marriage relationship?

.....

.....

.....

SECTION D: Health facility factors that contribute to increase of HIV infection among Married Couples

19. How far is the nearest health facility from your home?

- a) Less than 1km () c) 4-5km ()
- b) 2-3km () d) 6km or more ()

20. What type of health facility found near your area?

- a) Public (Government) ()
- b) Private ()

21. Has it got couples HIV services?

- a) Yes () b) No () c) I don't know ()

22. How much time do you spend whenever you visit the HIV clinic?

- a) In less than 1 hour () c) 2 hours ()
- b) 3 hours () d) Over 4 hours ()

23. Identify what you do not like during your HIV clinic visits?

- a) Blame () d) Non supportive health workers ()
- b) How delivery of services are done () e) Fees attached on other services ()
- c) Other specify.....

24. Are you comfortable with Privacy and Confidentiality of the Service?

- a) Yes () b) No () c) Partly ()

25. Over all, how do you rate the quality of services you received from health institution?

- a) Good () b) Satisfactory () c) Poor ()

“THANK FOR YOUR PARTICIPATION AND TIME”

Appendix III: Letter of Authorization



KAMPALA INTERNATIONAL
UNIVERSITY
WESTERN CAMPUS

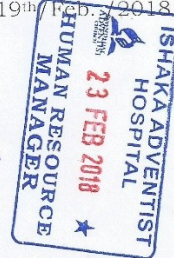
School of Nursing Sciences,
P.O.BOX 71 Bushenyi, Ishaka
Tel: +256 (0) 701 975572
E-mail: akabanyoro@gmail.com
Website: <http://www.kiu.ac.ug>

Office of the Dean - School of Nursing Sciences

Date: 19th Feb. 2018

To: HUMAN RESOURCE, ISHAKA
ADVENTIST HOSPITAL

*planned
from*



Dear Sir/Madam,

RE: ATUHAIRE RITAH

DNS/E/6827/163/DU

The above mentioned is a student of Kampala International University - School of Nursing Sciences undertaking Diploma in Nursing Science - Extension and she is in her final academic year.

She is recommended to carry out her data collection within two weeks from the time of approval as a partial requirement for the award of the Diploma in Nursing Science.

Her topic is: **FACTORS CONTRIBUTING TO INCREASED HIV INFECTION AMONG MARRIED COUPLES ATTENDING ART CLINIC AT ISHAKA ADVENTIST HOSPITAL, BUSHENYI DISTRICT.**

Any assistance rendered to her will be highly appreciated.

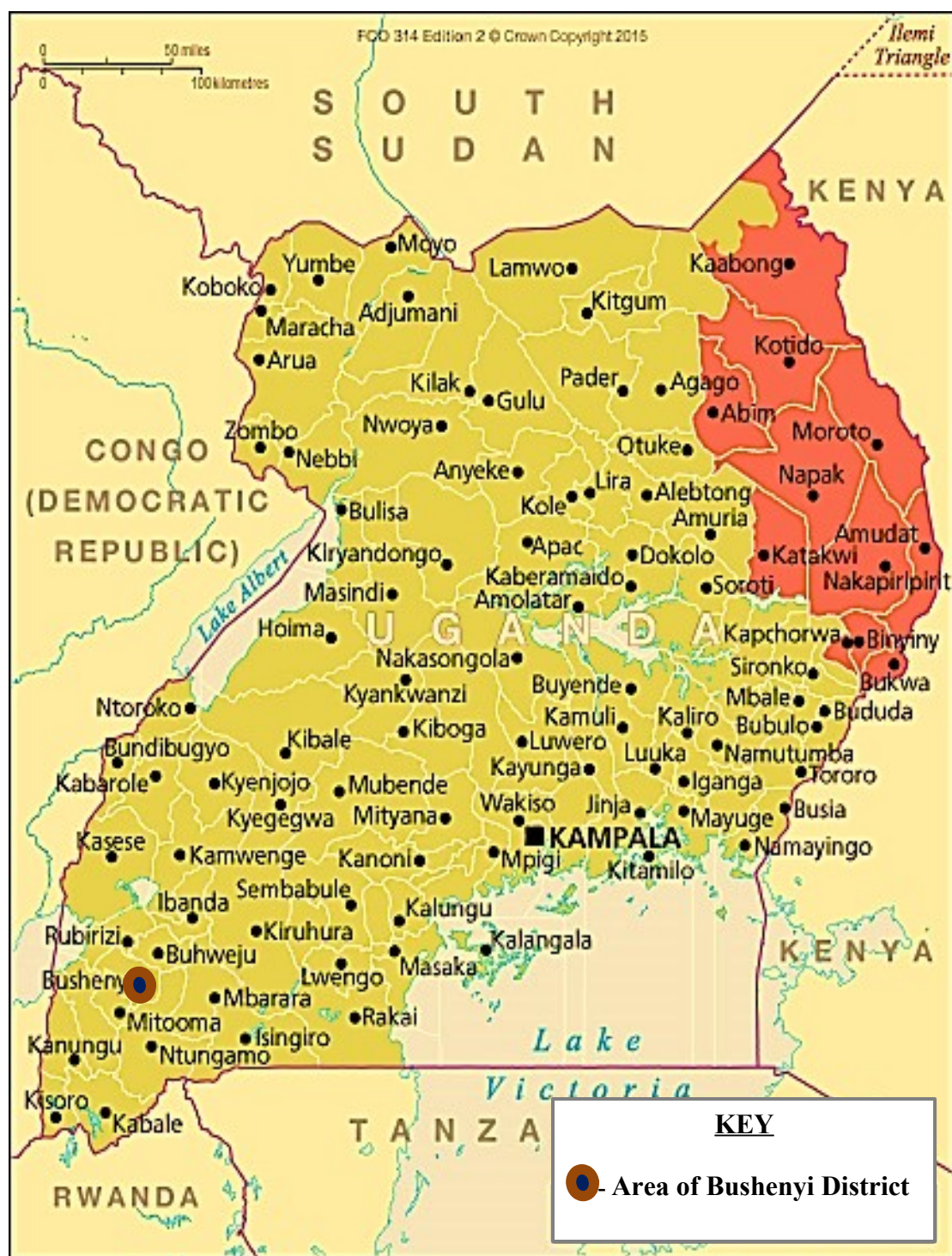
Thank you in advance for the positive response.



Baluku Yosiah
RESEARCH COORDINATOR
Tel: +256782-835901/756-013899
Email: balyos766@gmail.com

"Exploring the Heights"

Appendix IV: A map of Uganda showing location of Bushenyi District



Appendix V: A map of Bushenyi District showing Ishaka Adventist Hospital

