

FACTORS ASSOCIATED WITH HIV/AIDS COUNSELING AND TESTING IN
KANUNGU DISTRICT. A CASE STUDY OF TERTIARY INSTITUTIONS

BY

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DECLARATION

I, Kwesiga Barigye, hereby declare that this is my own original work. To the best of my knowledge and belief, this work has never been submitted for any award or a degree or certificate at any University or Institution.

Signed.....

KWESIGA BARIGYE

Date:.....

16/3/2010

DEDICATION

This piece of work is dedicated to my dear wife Mrs Kobusingye Christine. It also dedicated to my children: Natiisa Castro Barigye and Akaka Nkrumah Barigye.

APPROVAL

This dissertation, which is a result of research carried out by Kwesiga Barigye, under my supervision, is now with my approval for submission and examination

Signed:

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SUPERVISOR

Date:

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ABSTRACT

The purpose of the study is to find out factors associated with HIV/AIDS counseling and testing among students in Great lakes Regional College Kanungu. The study was guided by three objectives, namely: to establish the socio-economic factor associated with HIV/AIDS counseling and testing, to examine the demographic factors associated with HIV/AIDS counseling and to identify health services factors associated with HIV/AIDS counseling and testing among students in tertiary institutions.

The study was conducted in three tertiary institutions in Kanungu district in Kihikihi polytechnic, Nyakatare technical institute and great lakes regional college. The study used a cross section descriptive survey design. The researcher selected 100 students from three tertiary institutions and 10 counselors from health centre IVs. The main instruments for data collection were questionnaires and interviews. After data collection, data were summarized and presented in table in form of frequencies and percentages. Data were analyzed on the basis of the themes of the study guided by objectives of the study.

Among other things, the study found out that majority of the respondents (students) who participated in the study, were aged between 26 – 36 were in their 1st Year. It was also found out that majority students have heard about HIV/AIDS Counseling and testing but very few have been tested for HIV. The findings also show that students have access to HIV/AIDS counseling and testing services but they are not using them. The study findings further show that students in tertiary institutions negative attitudes towards HIV/AIDS. It was also found out that stigma is the main factor hindering HIV/AIDS counseling and testing among students in tertiary institutions.

The study among other things concluded that students in tertiary institutions in Kanungu district do not go for HIV/AIDS counseling and therefore majority do not know their HIV status. It is also concluded that stigma associated with having HIV/AIDS is a main factor limiting students from tertiary institutions in Kanungu district from accepting HIV/AIDS counseling and testing. The study recommends that students in tertiary institutions be sensitized to accept HIV/AIDS counseling and testing to remove the negative attitudes that are associated with it.

CHAPTER ONE

INTRODUCTION

1.1 Background

According to UNAIDS (2002) an estimated four billion people worldwide are living with HIV and majority of these live in sub-Saharan Africa. According to UNAIDS and WHO (2006) since the first case of HIV was recognized in United States in 1981, HIV has spread rapidly throughout the world. The report further shows that the number of people living with HIV at the end of 2005 totaled 38.6 million (33.4-46.0 million). An estimated 4.1 million were newly infected with HIV and an estimated 2.8 million lost their lives to AIDS. Young people are particularly vulnerable to the HIV pandemic. Over half of all new infections worldwide are among young people between the ages of 15 and 24 years.

Every day, 6,000 young people become infected with HIV, more than every five minute. In the United States alone, half of all new infections are estimated to be among people under age 25 years and the majority of young of young people are infected sexually (CDC, 2005)

Both sexually active and promiscuous young people in developing countries especially university students, are more likely to be among the affected target population.

Knowledge about the importance of HIV/AIDS counseling and testing is essential if young people are to prevent themselves from HIV/AIDS infection. However, this knowledge is not common in many developing countries and especially in young people.

There is a strong positive correlation between educational attainment and knowledge of HIV/AIDS counseling and testing. In a study by Abdolmoneim et al (2002) a higher

Proportion of respondents who had formal education were aware of Voluntary counseling and testing compared to those who had no formal education. Students from tertiary institutions have access to knowledge regarding the importance of counseling and testing and are likely to have good attitudes to counseling and testing. Yet counseling and testing for HIV/AIDS is important in that it enables early commencement of treatment, protecting others from getting infected and preventing mother-to-child transmission in case of pregnant women. Research has it that with lack of adequate information and knowledge regarding HIV counseling and testing and behavior, individuals might be hit hard by the HIV pandemic.

It is however important to note that demand and utilization of voluntary counseling and testing remains very low especially among young people and students from tertiary institutions inclusive. Information from HIV/AIDS counseling and testing sites in Uganda shows high sero-prevalence in young people 15-30 and these mostly are from tertiary institutions. Lack of timely HIV testing leads to missed HIV prevention opportunities. Therefore, it is essential to assess the factors associated with HIV/AIDS counseling and testing among students from tertiary institutions.

1.2 Statement of problem

HIV/AIDS is a major public health concern the world over especially in developing countries like Uganda leading to death, orphan hood, reduced economic activity among

others. HIV/AIDS prevalence is high among the young people and their acceptance for counseling and testing remains very low. They have access to information and have the knowledge about HIV/AIDS counseling and testing but their practices on counseling and testing for HIV/AIDS remains wanting. Hence this study is to find out factors associated with HIV/AIDS counseling and testing among students in Great Lakes Regional College Kanungu

1.3 Purpose of the study

The purpose of the study is to find out factors associated with HIV/AIDS counseling and testing among students in Great lakes Regional College Kanungu.

1.4 Objectives of the study

The objectives of the study were;

1. To establish the socio- economic factor associated with HIV/AIDS counseling and testing among students in tertiary institutions.
2. To examine the demographic factors associated with HIV/AIDS counseling among students in tertiary institutions.
3. To identify health services factors associated with HIV/AIDS counseling and testing among students in tertiary institutions.

1.5 Research questions

The study was guided by the following questions

1. What socio-economic factors are associated with HIV/AIDS counseling and testing among students in tertiary institutions?

2. What demographic factors are associated with HIV AIDS counseling among students in tertiary institutions?
3. What health services factors are associated with HIV AIDS counseling and testing among students in tertiary institutions

1.5 Scope of the study

The study was conducted in three tertiary institutions in Kanungu district. The study specifically assessed socio- economic factors, demographic factors and health service delivery factors affecting HIV/AIDS counseling and testing among students in tertiary institutions.

1.6 Significance of the study

The study findings will be of value in the following ways:

Programme managers. The findings of the study will inform the programme managers of the factors that affect counseling and testing among students in Great lakes Regional College Kanungu so that they can design appropriate programmes for these students.

Tertiary institutions' administrator. The findings will help administrators of tertiary institutions by availing information regarding students' knowledge and practices on HIV and this information may be used to advocate for increased knowledge on HIV AIDS counseling and testing.

The findings will also inform the policy makers on the factors affecting HIV AIDS counseling and testing. This will lead to the formation of a policy on counseling and testing every body as a means of reducing on the infections.

The findings of the study will also be used for further research by students and other researchers in areas which will not be exhausted in this research.

CHAPTER TWO

LITRETURE REVIEW

2.1 Introduction

The literature is about the topic will be based on the following research questions:

1. What socio-economic factors are associated with HIV/AIDS counseling and testing among students in tertiary institutions?
2. What demographic factors are associated with HIV/AIDS counseling among students in tertiary institutions?
3. What health services factors are associated with HIV/AIDS counseling and testing among students in tertiary institutions?

2.2 Socio- economic and demographic factors influencing HIV/AIDS counseling and testing

2.1.1 Education and HIV/AIDS counseling and testing

Knowledge influences service utilization. Knowledge about the availability of HIV/AIDS counseling and services offered is a prerequisite for their utilization (UNAIDS, 1999). In relation to this, Lwanga & Nakazibwe (1999) reported that awareness or specific knowledge of existence of voluntary counseling and testing services and their usefulness was rather limited especially among the rural population, probably due to inadequate sensitization and mobilization. The DISH project, on the other hand, reported that even where knowledge of some VCT sites is available, utilization was still very low (DISH, 1998). Kyambogo University students have increased access to knowledge about HIV/AIDS counseling and testing but few accept to test for HIV/AIDS. This means that the factors limiting their acceptance to counseling and testing are different from mere

access to knowledge and awareness of the availability of HIV/AIDS counseling and testing services.

People living with HIV/AIDS (PLHAs) are seen as promiscuous in many societies, where the infection is associated with minority groups and irresponsible and bringing shame upon the family and community (PARIOS, 1990, Warwick et al 1998). In some societies, one with HIV is stigmatized and may be abandoned to die without any care. It is realized that because of lack of knowledge, people refuse to share a meal with someone infected with HIV/AIDS. Therefore having a test is feared since people do not want to know about their sero-status and get neglected and stigmatized by their communities. Such stigma may deter a woman from taking an HIV test for fear of repercussion.

2.1.2 Gender and HIV/AIDS counseling and testing

Gender is one of the factors that influence health seeking behavior in many developing countries with men influencing women's decisions for this care or not approving seeking care altogether. In some situations, men are reluctant to take their children to health centers or even themselves when they fall sick. However, in a study by Alwano (2002), this was not the case. He found that there was no statistically significant difference in the willingness to seek VCT services among different gender although there were more women 79.5% than men 66.7% (Alwano, 2002). However, studies from many parts of the world show that more men than women use VCT service.

In Zambia, attendance to counseling and testing was at 70% for men (Kelly et al 1994). However, none of these studies suggests any reasons as to why more men than women sought VCT. In universities, both male students and female students show low levels of utilization of HIV/AIDS counseling and testing. This may not be due to gender factors since female students are not yet married that men refuse them to test.

2.2 Services delivery factors influencing HIV/AIDS counseling and testing

Although the policy in Uganda promotes universal availability of HIV counseling and testing, the service is not widely available, especially in the rural areas in the country. However, in Kampala, there is AIDS Information Centre and The Aids Support Organization (TASO) in addition to government health centers that offer this service, it is noted however that some people who would have used the services may be far away from the service centers.

According to Lwanga and Nakazibwe (1999), long distance to HIV counseling and testing sites limited access to health units which affected utilization of health care services overall. This was also realized by Alwano (2000) in the study, which was carried out in Mukono. He found out that distance was the main reason put forward by many respondents to use health services. However, Kyambogo University students have access to these services since they live in Kampala which controls the highest percentage of health units that offer these services. But it is not clear why they do not test for HIV/AIDS.

Cost of the services is always mentioned as a limitation to utilization of health services.

In poor countries like Uganda, services may appear to be expensive to the people and hence people may not use them. However, in this instance, many voluntary counseling and testing service providers provide these services freely and when a cost is put on them it is a small cost.

According to DISH (1998) cost was not a major barrier to testing but women felt that the cost of transport deters many from access. Today these services are provided freely in Uganda's health units but still people accepting to be counseled and tested have remained few.

The way counseling is done and the willingness of the providers (counselors to welcome and treat patients) will influence continuity and attendance by new entrants. According to Sliver Man et al (1992), concerns about quality of counseling have been at the center of voluntary counseling throughout the history of VCT. As noted by Kessler (1997), Programmes providing VCT should develop the quality assurance measures and systems to monitor the provision of counseling.

The beliefs of the patients about protection and confidentiality are critical to utilization of VCT services by pregnant women. Women may fear that their information regarding HIV status will be shared among health service providers and community members and this may lead to stigma (UNAIDS, 1999). In a line with the above, Lwanga Ntale & Nakazibwe (1999), also noted that clients expressed fear of possible breach of confidentiality by the counselors.

2.3 Other factors that affect Voluntary Counseling and HIV Testing

According to HIV AIDS and STI Strategic Plan for South Africa, 2007 - 2010 factors that affect voluntary counseling and HIV testing revolve primarily around stigma and discrimination. Stigma and discrimination fuel the HIV & AIDS epidemic, with the adverse effects extending beyond the infected individuals into the broad society. Stigma is predominantly fuelled by domestic and societal pressures, as well as some cultural and religious factors (Khan, 2000). Another factor is the emotionally-laden disclosure of status, especially as it affects children. Relevant factors that determine whether or not an individual will disclose his or her status include:

- Adverse reaction from relatives and the fear of hurting the parents: relatives of the subject including the parents might not take the news easily, especially as the condition is regarded as a terminal situation. For adults, it will be taken that the affected is/was promiscuous.
- Apprehension of an employer's reaction: the subject might be worried about the way the employer will take the news, including the possibility of severance. This is predominant in organizations that subject their employees to HIV & AIDS tests.
- Loss of acquaintances: friends and associates of the affected might reduce interaction with the infected individual.
- Feeling of guilt, especially for members of same cultural community: this situation arises when such cultural affiliations attach much value to subjects revolving around sexual ethics, etc.

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- The likelihood of having the integrity of one's sexual relationship questioned or of losing a relationship: when one sexual partner tests positive, this might lead to questioning the sexual fidelity of the infected.
- The probability of being subjected to prejudice and stigma: this is very common especially in developing countries' societies. This is fuelled by ignorance about HIV & AIDS issues.
- The prospect of being labelled an unfit parent: this is also predominantly propelled by ignorance. There is the tendency to label the affected as being 'sick' with HIV.
- Vulnerability to violence, and in this context a woman intending to disclose to her partner. The difficulty here is that the woman needs to be supported and shielded from physical and emotional abuses as well as to prevent being re-infected or infecting her partner if sero-discordant. These are ultimately the responsibility of the partner to provide for, including economic support.

All of these factors highlight the necessity of social support in advocating for and implementing voluntary testing and counseling of antenatal pregnant women and preventing mother-to-child transmission of HIV (Khan, 2000).

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was followed in this study. It includes the type of the study, sample data instruments, procedure and data analysis.

3.2 Study design

The study used cross section descriptive survey design. The design was seen to be appropriate for investigating factors affecting HIV/AIDS counseling and testing by students in tertiary institutions. The institutions selected were; Kihikihi polytechnic, Nyakatare technical institute and great lakes regional college.

3.3 Sample

The researcher selected 100 students from three tertiary institutions in Kanungu district and 10 counselors from health centre IVs. These were selected using simple random sampling. This means that all students in the college and all health center IVs had equal chance of being selected to participate in the study.

3.4 Data Collection Instruments

The main instruments for data collection were questionnaires and interviews.

3.4.1 Questionnaires

One set of questionnaire were used to collect data from the students. This contained semi-structured questions. The questionnaire contained both open ended and close-ended questions. This helped in gathering both qualitative and quantitative data. The questionnaires were preferred because they are easy to answer and do not consume a lot

time both to the respondent and the researcher. The respondents can also fill the questionnaire at his/her own pace and the researcher can only collect it when the respondent has finished filling it.

3.4.2 Interview guide

The researcher conducted interviews with students to gain a deeper understanding of factors that affect their acceptance to counseling and testing. The interviews were guided by an interview guide to maintain consistency and reduce bias. Information from interviews was triangulated with information from questionnaires.

3.5 Procedure

The researcher obtained an introductory letter from the University to introduce him to the respondents.

3.6 Data analysis

After data collection, data were summarized and presented in table in form of frequencies and percentages. Data were analyzed on the basis of the themes of the study guided by objectives of the study.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the survey that was carried out in three tertiary institutions. Presentation of findings has been done with the background characteristics of the respondents being presented first. Later, the researcher has presented the findings objective by objectives as shown below.

Table 4.1 Background information of the respondents

Variable	Number	Percent
Age group		
20-25	26	26
26-30	40	40
31+	34	34
Total	100	100
Gender		
Male	59	59
Female	41	41
Total	100	100
Year of study		
1 st	59	59
2 nd	22	22
3 rd	16	16
4 th	3	3
Total	100	100
Accommodation		
Resident	38	38
Non-resident	62	62
Total	100	100
Religion		
Catholic	35	35
Protestant	31	31
Muslim	14	14
Other	20	20
Total	100	100
Occupation		
Working	23	23
Not working	77	77
Total	100	100

From table 4.1 above, the findings show that most of the students in tertiary institutions who participated in the study (40%) were between age 26-30 and this was followed closely by 36% aged above 30 years. This could be because students reach tertiary level of education when they are in middle ages. Also, majority of the respondents were males (59%) and females were 41%. This could be due to the tradition of boys being favored to go to school in case of scarcity of family resources and the negative perceptions about girls and women in general.

Also majority of the respondents interviewed 59% were in the 1st year and the least 3% were in the 4th year. This means that there are few students who spend 4 years doing their courses since the highest duration of the courses at many tertiary institutions is three years. The table also shows that majority of the respondents (62%) resided out side the institutions and 38% were residents. It is also shown that majority 77% were not working and most of the respondents 35% were Catholics and protestants were 31% and the least 14% were Muslims.

4.2 Knowledge and HIV/AIDS counseling and testing practices among students from tertiary institutions

In order to understand the practices of students on HIV/AIDS counseling and testing,

Majority of the students have never need counseled or tested as shown in Table 4.2 below

4.3 Attitudes towards counseling and testing for HIV/AIDS

The respondents were asked whether they had ever been counseled and tested for HIV/AIDS and majority 78% had never counseled/tested for HIV while 22% had been counseled and tested. Those who had never been counseled and/or tested said that they fear that they may find when they have the virus which may disappoint them from performing normally their dairy routines and planning for the future. One of the respondents thus noted *"I cannot offer my self for testing for HIV because it ca disorganize me in my plans. I will first marry so that when my wife is pregnant and she goes for antenatal, I will find out my HIV status. When I test now and I find that I am "dead, I may not continue schooling"* Male respondent. This means that students in tertiary institutions fear positive HIV/AIDS results.

To test the attitude of students on HIV/AIDS counseling and testing, they were asked about what they think hinders students from tertiary institutions' counseling and testing practices and their responses are presented in the table below:

Table 4.3 Students' perceptions on the factors that limit students from accepting to be counseled and tested for HIV/AIDS

Item	Percent
Fear of positive results	88
Fear of stigma from friends	71
Lack of confidence in one's HIV/AIDS status	50
Fear to lose a lover	62
Lack of access to testing services	11

According to the table above, majority of the students (88%) mentioned that students fear getting positive results and 71% mentioned fear of stigma from friends and peers. Also

62% of the students mentioned fear to lose a lover and 50% mentioned lack of confidence in one's HIV/AIDS status and only 11% mentioned lack of access to testing services.

Table 4.4 Rating of students' attitudes towards HIV/AIDS counseling and testing

Item	Frequency	Percent
1	2	2
2	22	22
3	30	30
4	27	27
5	19	19

The table shows that most of the respondents rated students attitude towards HIV/AIDS counseling and testing as moderate (3). This was mentioned by 30%. Only 2% mentioned that it was low and only 19% realized it as being high.

4.4 Factors that influence students' HIV/AIDS counseling and testing practices

The factors that influence students' acceptance of counseling and testing for HIV/AIDS were explored and the mostly mentioned was stigma (See table 4.5)

Table 4.5 Factors that influence students' attitudes and practices towards HIV/AIDS counseling and testing

Item	Frequency
Knowledge about HIV/AIDS counseling and testing	9
Stigma associated with HIV/AIDS positive results	100
Access to HIV/AIDS testing services	5
Timing for counseling and testing	6

According to the table above, the respondents (100%) mentioned that stigma associated with HIV/AIDS positive results was the main factor influencing the students from accepting to test. Only 9% mentioned knowledge of HIV/AIDS counseling and testing, 5% mentioned access to HIV/AIDS testing services and only 6% mentioned timing of HIV/AIDS counseling and testing services.

4.5 Responses from counselors on the practice of HIV/AIDS counseling and testing among students from tertiary institutions

Counselors in health facilities were also asked whether they received students from tertiary institutions who needed counseling for HIV/AIDS. The findings seem to say that many students do not go for these services (See table 4.6 below)

Table 4.6 Counselors' responses on the practice of counseling and testing by students

Normally receives tertiary institution students for counseling and testing	Freq	Percent
Yes	2	20
No	8	80
Total	10	100
Services easily accessible		
Yes	9	90
No	1	10
Total	10	100
Category of students by sex		
Male	3	30
Female	7	70
Total	10	100

From the table above, when counselors were asked whether they normally receive tertiary institution students for counseling and testing, majority 8(80%) said no while only 2(20%) accepted. This means that it is not common for students from tertiary institutions to go for HIV/AIDS counseling and testing. The majority of the counselors also observed that even those who come do it irregularly and it is difficult to get a person coming for testing regularly. Many of those who come do not come again for the same services. On the reasons why students from tertiary institutions do not go for these services counselors observed that many fear to know their HIV/AIDS status due to stigma and discrimination while others argued that students think that they are HIV negative so there is no need to test.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

In chapter four, the findings have been presented and this chapter is a discussion of the findings. The findings have been discussed on the basis of the objectives that guided the study. It is on the basis of the discussion that conclusions and recommendations are made.

5.1 Discussion

5.1.1 Background characteristics of the respondents

Majority of the respondents (students) who participated in the study, were aged between 26 – 36 followed closely by those above 30years. This is common because these are the ages at which people enter tertiary education. Below this age, many students are still in secondary schools or in primary schools. As a case in most tertiary institutions in developing countries, majority of the respondents were males. This could be due to the tradition of boys being favored to go to school in case of scarcity of family resources and negative perceptions about girls and women in general.

Also majority of the correspondents interviewed were in the 1st Year and least were in the 4th year. This means that 1st years are more likely to be free and therefore available for interviews in tertiary institutions and majority of the respondents resided out side the institutions. This could have been due to scarcity of rooms, institutions and also because many do not have money to pay for expensive accommodation at their institutions.

5.1.2 Knowledge and the practice of HIV/AIDS counseling and testing among students in tertiary institutions

The field findings indicate that students in tertiary institutions have heard about HIV/AIDS Counseling and testing. The students mentioned that this information is common and is repeatedly on radios and news papers and the services in health centers are free of charge. This was mentioned by all the respondents (100%). The findings however indicate that although students are aware of HIV/AIDS counseling and testing, majority have never been counseled or tested for HIV/AIDS. The findings show that 80% revealed having not been tested for HIV/AIDS and 87% said that they did not know any of their friends who has ever tested for HIV/AIDS.

The findings of the study also show that the students have access to HIV/AIDS counseling and testing services but they are not using them. Majority tertiary institutions are located in towns which are near health facilities. Students who need the services can easily go to the near by health facility and get the services they need. This is in agreement with Abdolmoneim et al (2002) who in their study found out that a higher proportion of respondents who had formal education were aware of Voluntary counseling and testing compared to those who had no formal education. Student from tertiary institutions have access to knowledge regarding the importance of counseling and testing and are likely to have good attitudes to counseling and testing. Yet counseling and testing for HIV/AIDS is important in that it enables early commencement of treatment, protecting others from getting infected and preventing mother-to-child transmission in case of pregnant women. The findings are also in agreement with the DISH project, which reported that even where knowledge of some VCT sites is available, utilization was still very low (DISH, 1998).

5.1.3 Attitudes towards counseling and testing for HIV/AIDS.

Majority of the respondent in tertiary institutions in Kanungu district have never been counseled and tested for HIV/AIDS. The respondents who had never been counseled and tested noted that they fear that they may find when they have the virus which may disappoint them from performing normally their dairy routines and planning for the future. One of the respondents thus noted

"I cannot offer my self for testing for HIV because it can disorganize me in my plans. I will first marry so that when my wife is pregnant and she goes for antenatal, I will find out my HIV status. When I test now and I find that I am "dead" I may not continue schooling. Male respondent.

This is in agreement with Warwick et al (1998) who noted that people living with HIV/AIDS (PHAS) are seen as promiscuous in many societies. Where the infection is associated with monitory groups and irresponsible and bringing shame upon the family and community. In some societies, one with HIV is stigmatized and may be abandoned to die with out any care. It is realized that because of lack of knowledge, people refused to share a meal with some one infected with HIV/AIDS. Therefore, having a test is feared since people do not want to know about their sero-status and get neglected and stigmatized by their communities. Such stigma may deter a woman from taking an HIV test for fear of repercussion.

5.1.6 Students' perceptions on the factors that limit students from accepting to be counseled and tested for HIV/AIDS.

To test the attitude of students on HIV/AIDS counseling and testing, they were asked about what they think hinders students from tertiary institutions' counseling and testing practices and majority mentioned that students fear getting positive results followed by fear of stigma from friends and peers. Also most of the respondents mentioned fear to lose a lover and 50% mentioned lack of confidence in one's HIV/AIDS status. Lack of access to counseling and testing services was the least mentioned.

5.1.7 Factors that influence students' HIV/AIDS counseling and testing practices.

The findings show that all the students mentioned that stigma associated with HIV/AIDS positive results was the main factor influencing students from accepting to test. Only 9% mentioned knowledge of HIV/AIDS counseling and testing, 5% mentioned availability of HIV/AIDS testing services and only 6% mentioned timing of HIV/AIDS counseling and noted that people living with HIV/AIDS (PHAS) are seen as promiscuous in many societies, where the infections is associated with majority groups and irresponsible and bringing shame upon the family and community. In some societies, one with HIV is stigmatized and may be abandoned to die with out any care. It is realized that because of lack of knowledge, people refused to share a meal wit some one infected with HIV/AIDS. Therefore having a test is feared since people do not want to know about their sero-status and get neglected and stigmatized by their communities. Such stigma may deter a woman from taking an HIV test for fear of repercussion.

5.2 Conclusions

On the basis of the above discussion, the following conclusion was made:

The study concluded that students in tertiary institutions in Kanungu district do not go for HIV/AIDS counseling and therefore majority do not know their HIV status.

The study also concluded that stigma associated with having HIV/AIDS is a main factor limiting students from tertiary institutions in Kanungu district from accepting HIV/AIDS counseling and testing.

The study concluded students from tertiary institutions have access to HIV/AIDS counseling and testing. All the tertiary institutions are located in towns which have health facilities in the same towns.

5.3 Recommendation.

On the basis of the above conclusions, the following recommendations were made:

The study recommends that students in tertiary institutions be sensitized to accept HIV/AIDS counseling and testing. This will remove the negative attitudes that are associated with HIV/AIDS counseling and testing.

The study also recommends that organizations should do much in Kanungu district in as far as fighting stigma associated with HIV/AIDS is concerned. When stigma is removed, testing for HIV/AIDS will be accepted by majority of the students in tertiary institutions.

The study also recommends that tertiary institutions be visited by HIV/AIDS counselors to engage students with discussions related to HIV/AIDS counseling and testing and its importance in their lives.

The study also recommends that tertiary institutions be facilitated with a sick bay/clinic where HIV/AIDS counseling and testing services can be offered.

5.4 Areas for further research

The researcher recommends the following areas for further research;

1. The effect of stigma on HIV/AIDS counseling services in tertiary institutions in Uganda
2. Accessibility to health services and its effect on utilization of HIV/AIDS counseling and testing services in tertiary institutions in Uganda.

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APPENDIX 1

QUESTIONNAIRE FOR STUDEN

Dear respondent, you have been selected to participate in the study seeks to find out your opinion on factors associated with HIV/AIDS counseling and testing among students from tertiary institutions. Your responses will be treated with confidentiality and for research purposes only.

Section A Background information about the respondents

1. Age 20-25 26-30 31+

2. Sex Male Female

3. Year of study

1st yea 2nd year 3rd year 4th year

4. Accommodation

Resident Non-resident

5. Religion

Protestant Catholics SDA Moslem

Others specify.....

6. Occupation Working Not- working

Section B

7. Have you ever heard about HIV/AIDS counseling and testing?

Yes.....1

No.....2

8. Have you ever been tested for HIV/AIDS?

Yes.....1

No.....2

If no why.....

9. Do you have friends who have ever tested for HIV/AIDS?

Yes.....1

No.....2

If no why.....

10. Do you have access to services related to HIV/AIDS counseling and testing?

Yes.....1

No.....2

If yes what kind of services?.....

If no why.....

11. Which of the following factors limit students from accepting to be counseled and tested for HIV/AIDS?

Fear of positive results

Fear of stigma from friends

Lack of confidence in one's HIV/AIDS status

Fear to lose a love

12. Generally, how would you rate student's attitudes towards HIV/AIDS counseling and testing on the scale from 1-5 assuming that 5 is the highest rank and 1 the lowest?

1

2

3

4

5

13. Which of the following factors influence students' attitudes and practices towards HIV/AIDS counseling and testing?

Knowledge about HIV/AIDS counseling and testing

Stigma associated with HIV/AIDS positive results

Availability of HIV/AIDS testing services

Timing for counseling and testing

15. What other factors influence students' attitudes and practices towards HIV/AIDS counseling and testing?

.....

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.....

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THANKS

ending

APPENDIX 2

QUESTIONNAIRE FOR COUNSELORS

1. Do you normally receive students from tertiary institutions coming for counseling and testing for HIV AIDS?

Yes1

No.....2

If yes, how often?

Once a week About 20 per week

Above 50 per week More than 50 per week

If no give reasons

.....
.....
.....
.....

2. Do you think your services are easily accessible?

Yes.....1

No.....2

If no why.....

.....

3. What category in terms of sex do come for HIV/AIDS counseling and testing?

Males.....1

Females.....2

4. What is you comment on counseling and testing for students from tertiary institutions?

THANKS

APPENDIX 3

INTERVIEW GUIDE FOR STUDENTS

1. To what extent do students accept an HIV/AIDS counseling test?
2. What factors are associated with counseling and testing of HIV/AIDS among students in tertiary institutions?
3. What are the challenges to counseling and testing among students in tertiary institutions in Kanungu district?

THANKS