

COMMUNITY AND HEALTH FACILITY-RELATED FACTORS THAT INFLUENCE UTILIZATION OF VOLUNTARY COUNSELLING AND TESTING AMONG YOUTH AT KAKUMIRO HEALTH CENTRE IV, KAKUMIRO DISTRICT. A CROSS SECTIONAL STUDY.

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Page | 1

Abstract

Background

The utilization of voluntary counseling and testing (VCT) services is essential for early detection and management of HIV/AIDS, particularly among youth, a demographic at high risk of infection. Despite efforts to increase accessibility, the uptake of VCT services remains low in many communities. Various factors within the community and healthcare settings can influence youth engagement with these services. This study aims to determine community and health facility factors that influence the utilization of voluntary counseling and testing among youth at Kakumiro Health Centre IV, Kakumiro District.

Methodology

The study used a descriptive cross-sectional design that employed quantitative data collection methods. A simple random sampling method selected a sample size of 30 respondents. Data was collected using structured questionnaires, and results were analyzed and presented in tables, graphs, and pie charts using Microsoft Excel 2016.

Results

Community-related factors were; 56.7% reported that HIV patients are stigmatized in communities, 46.7% reported that their cultural leaders were unbothered about VCT utilization and 43.3% were discouraged by friends from utilizing VCT services. Health facility-related factors were; 56.7% were not advised by health workers to use VCT services, 60% reported that health workers did not keep health secrets and 73.3% reported that the distance to health facility was long.

Conclusion

The study concluded that community-related factors and health facility-related factors were negatively influencing the utilization of VCT services.

Recommendation

Stigmatization and isolation of HIV-positive patients should be avoided to reduce on fears youth have towards VCT services.

Keywords: Community and Health Facility, Related Factors, HIV Counselling and Testing, Kakumiro Health Centre IV.

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Background of the study

A descriptive cross-sectional study by Wangui, Kikuyi, and Msanzu (2016) in Mombasa revealed that the absence of social isolation and discrimination influenced the utilization of VCT services. Furthermore, a study by Mwangi et al, (2014) done in Kenya showed that stigmatization of HIV patients by their colleagues hinders many from utilizing HIV services.

A mixed-methods study by Olakunle (2017) carried out in rural Nigeria revealed that cultural beliefs and teachings that encourage community members to seek VCT services enhance their utilization. Another cross-sectional study by Gultum (2015) carried out in the Mafia Islands revealed that all cultures allowed the utilization of VCT services, and some were even encouraged by their cultural leaders to utilize them.

A descriptive study by Alem et al (2022) done in Ethiopia found out that social friends, groups, and behaviors can determine whether they utilize VCT services. More than a third of participants had utilized VCT services and 47.8% of them had peer groups that utilized and encouraged them to utilize the services. Furthermore, a case study by Ndwiga and Omwomo (2014) done in Kenya revealed that the presence of social groups in communities can influence the use of VCT. Across cross-sectional study by Teklehaimot et al, (2016) conducted in Ethiopia described that the active role played by the village health profession can determine the seeking of VCT services by youth. About 53.9% of youth who lived in communities with active village health teams a significant number of them sought VCT services at the nearby health facilities in their compare.

A cross-sectional study carried out in Eastern Ghana by Apanga, Akparibo, and Awoonor-William (2015) found that encouragement and direct instructions given by healthcare professionals to conduct VCT influence the utilization of the service. A quarter (25%) of those who sought VCT services had been referred by healthcare professionals to the testing centers so that they could ascertain their HIV status.

A cross-sectional study by Alem et al, (2022) done in Ethiopia revealed 60.8% of those who did not utilize VCT services had a fear of confidentiality for their test results among healthcare professionals. In addition, negative attitudes expressed by healthcare workers were hindering youth from seeking VCT services. Furthermore, a study by Wangui et al, (2016) done in Mombasa found that the presence of strict confidentiality for the VCT test results at the health facility enhanced and encouraged the utilization of the services.

A cross-sectional survey by Ayugi, Cheruiyot, Opondo, and Olashore, (2017) carried out in Nakuru revealed that the absence of privacy at the healthcare facility hindered the utilization of VCT. The study results revealed that 68.5% of health facilities lacked a standalone VCT facility and most facilities that offered VCT did not have separate rooms for counseling and conducting the test. Therefore, the objective of this study is to determine community and health facility factors that influence the utilization of voluntary counseling and testing among youth at Kakumiro Health Centre IV, Kakumiro District.

Methodology

Study design and rationale

The study was a descriptive cross-sectional design because it enabled the researcher to obtain data at one point in time and was also cost-effective. Furthermore, the design enabled the description of the relationship between the variables. A quantitative method of data collection was employed.

Quantitative data collection involves the use of numerical values to assess information.

Study setting and rationale

The study was a health facility-based study that was carried out at Kakumiro Health Centre IV, Kakumiro town council, Kakumiro District. The facility has a bed capacity of 20 and services offered include an immunization clinic, antenatal, postnatal, maternity, laboratory, sonography, dental clinic, theater (major and minor) HIV clinic, and safe male circumcision. The hospital has clinical officers, nurses, medical officers, and midwives both staff and volunteers. The study area was chosen because it is one of the areas with a higher prevalence of HIV among youth yet there was no study published about their utilization rates of VCT. Furthermore, the study area was convenient for the researcher to access and collect data.

Study population

The study population was youth at the ART clinic at Kakumiro Health Centre IV.

Sample size determination

Since this is a behavioral study, a sample size of 30 respondents was used. This was based on

Roscoe's rule states that; A sample size between 30 and 500 is appropriate for most behavioral studies".(Heyns et al., 2021)

Sampling procedure

The researcher used

A simple random sampling technique. This technique was chosen for this study because it ensured that the sample was representative of the study population as well as reducing bias in the sample. The process involved the researcher cutting 60 pieces of similar size 30 were written YES and the other 30 were written on NO. Eligible participants would pick a single paper at random. Those who picked papers with the word yes took part in the study

Inclusion criteria

The study participants were youth aged 18 – 35 years seeking ART services and willing to voluntarily consent to the study.

Exclusion criteria

The study excluded very sick and mentally ill patients because of their inability to provide accurate information.

Definition of variables

The variable is something that can be changed or altered such as characteristic or value.

Independent variables

The independent variables were individual factors, community-related factors, and health facility-related factors.

Dependent variable

Utilization of VCT among youth was the dependent variable.

Research Instrument

A researcher-administered structured questionnaire was used to collect data from respondents. This questionnaire consisted of closed-ended questions that were divided into three sections; demographic characteristics, individual factors, community-related factors, and health facility-related factors. The researcher opted for a questionnaire because ensured the consistency of the questions asked from the participants as well as quick to use.

Data Collection Procedures

Upon approval by the research supervisor, an introductory letter was obtained from the Principal of Kampala University School of Nursing and Health Sciences. This was taken to the charge of Kakumiro Health Centre IV who approved the study to be done in the Health Centre. The researcher explained the purpose and procedure of data collection to the respondents so that they could consent to participate in the study. The data was collected

using a researcher-administered questionnaire. Every respondent was asked questions depending on the laid out questionnaire as the researcher filled the corresponding answers. The process took 3 days involving 10 respondents every day taking about 30 minutes for each respondent.

Data Management

Questionnaires were first cross-checked for completion, correction of mistakes, and editing on each of the days to avoid missing information after losing contact with the respondent. Questionnaires were put in an envelope and kept in safe custody under lock and key only accessible to the researcher. Analyzed data on the computer was protected from access by using a password.

Data Analysis and presentation

Data processing was done manually and then entered into the computer using the Microsoft Excel program and

analysis. The analyzed data was presented in the form of frequency tables, figures, graphs, and charts. Frequency and percentage were used for the interpretation and establishment of the relationship between variables.

Ethical considerations

Upon approval by the research supervisor, an introductory letter was obtained from the Principal of Kampala University School of Nursing. This was taken to the charge of Kakumiro Health Centre IV who approved the study to be done in the Health Centre. Before data collection, participants were oriented about the topic and objectives of the study, and informed consent was signed. An assurance of strict confidentiality, privacy, and anonymity by using serial numbers instead of the respondent's name was provided.

Results

Demographic Characteristics

Table 1: A table showing the demographic Characteristics of Respondents n = 30

Variable	Category	Frequency (f)	Percentage (%)
Age (years)	<20	4	13.3
	21 – 25	18	60
	26 – 35	8	26.7
	Total	30	100
Marital status	Not married	19	63.3
	Married	11	36.7
	Total	30	100
Level of education	Did not attend school	5	16.7
	Primary	15	50
	Secondary	9	30
	Tertiary	1	3.3
	Total	30	100
Religion	Christian	22	73.3
	Muslim	8	26.7
	Total	30	100

Table 1 shows that most of the respondents 18(60%) were aged 21 – 25 years while the least 4(13.3%) were aged below 20 years. The majority of the respondents 19(63.3%) were not married while the minority

11(36.7%) were married. Half of the respondents 15(50%) had primary education while only 1(3.3%) had tertiary education. Most of the respondents 22(73.3%) were Christians while the least 8(26.7%) were Muslims.

Community-related factors that influence utilization of voluntary counseling and testing among youth

Figure 1: Showing community members reactions towards HIV positive Individuals, n = 30

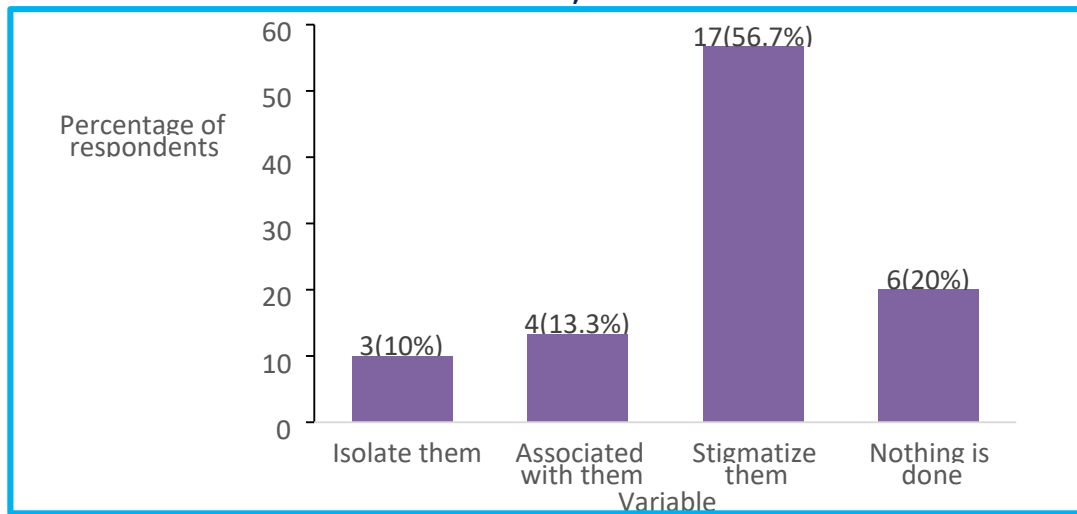


Figure 2 shows most of the respondents 17(56.7%) reported that HIV patients are stigmatized in communities and the least 3(10%) reported that they are isolated.

Table 2: A table showing cultural leaders' and peers reactions towards VCT, n = 30

Variable	Category	Frequency (f)	Percentage (%)
Cultural leaders teach about VCT	Encourages to undertake it	10	33.3
	Discourage us	6	20
	Unbothered	14	46.7
	Total	30	100
Peers' behaviors towards VCT	Utilize testing services	5	16.7
	Encourage utilization of VCT	12	40
	Discouraging	13	43.3
	Total	30	100

Table 4 shows that nearly half of the respondents 14(46.7%) reported that their cultural leaders were unbothered about VCT utilization while the least 6(20%) were discouraged.

Most of the respondents 13(43.3%) were discouraged by friends from utilizing VCT services while the least 5(16.7%) were encouraged to utilize VCT services.

Figure 2: showing the presence of the community health committee, n = 30

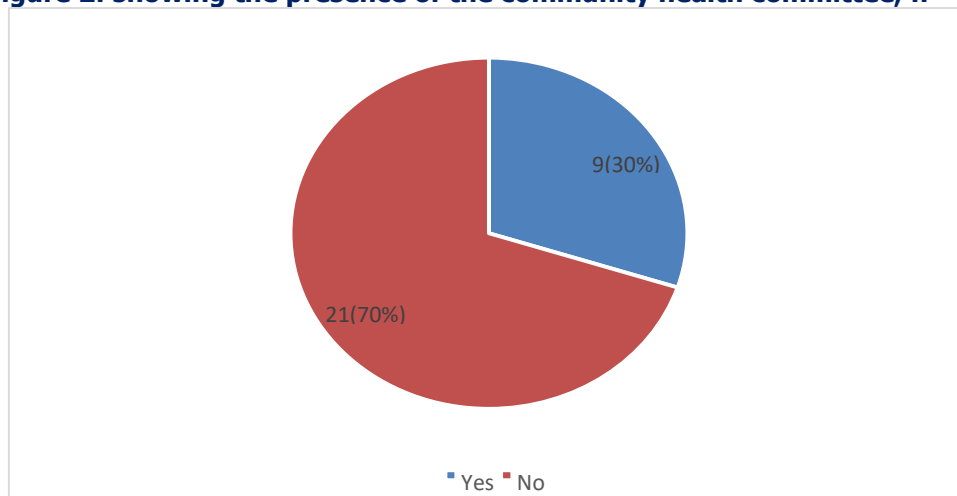


Figure 2 shows that the majority of the respondents 21(70%) did not have a community health committee while a minority 9(30%) had a community health committee.

Table 3: Showing whether community health committees offer VCT services n = 9

Variable	Frequency (f)	Percentage (%)
Yes	2	22.2
No	1	11.1
Do not know	6	66.7
Total	9	100

Page | 5

Table 3 shows the majority of the respondents 6(66.7%) did not know whether community health workers offer VCT services while the minority 1(11.1%) reported that community health workers did not offer VCT services.

Health facility-related factors that influence utilization of voluntary counseling and testing among youth at Kakumiro Health Centre IV

Figure 3: Showing advice by health workers to seek VCT services at Kakumiro Health Centre IV, n = 30

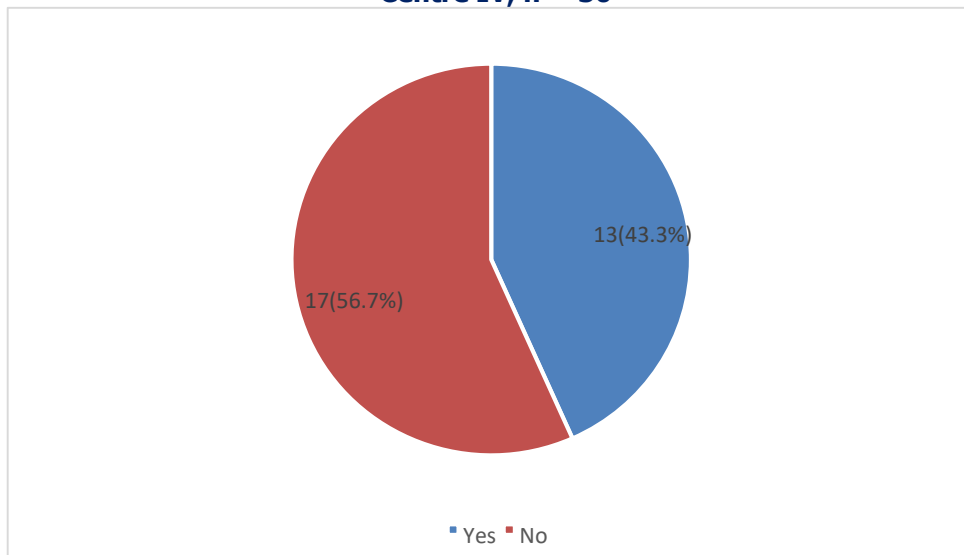


Figure 3 shows that most of the respondents 17(56.7%) were not advised by health workers to use VCT services while the least 13(43.3%) were advised by health workers to use VCT services.

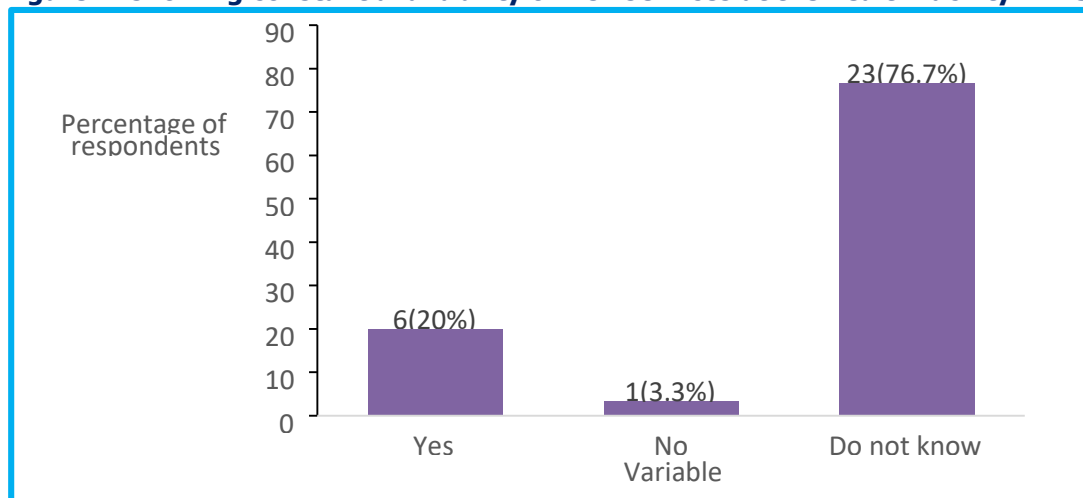
Table 4: Showing health facility-related factors that influence utilization of voluntary counseling and testing among youth at Kakumiro Health Centre IV n = 30

Variable	Category	Frequency (f)	Percentage (%)
Whether healthcare workers keep health secrets	Always	4	13.3
	Sometimes	8	26.7
	They do not	18	60
	Total	30	100
Privacy at the health facility	There is a standalone VCT center	0	0
	There is a separate room for VCT	30	100
	The facility lacks privacy	0	0
	Total	30	100
Attitudes of health workers	Encouraging	13	43.3
	Discouraging	15	50
	Unpredictable	2	6.7
	Total	30	100
Waiting time at the health facility	Short	1	3.3
	Moderate	5	16.7
	Long	24	80
	Total	30	100
Distance of home to a health facility	Short distance	3	10
	Moderate distance	5	16.7
	Long distance	22	73.3
	Total	30	100

Table 4 shows that most of the respondents 18(60%) reported that health workers did not keep health secrets while the least 4(13.3%) always kept health secrets. Of all respondents, 30(100%) reported the presence of separate rooms for VCT. Half of the respondents 15(50%) reported that health workers' attitudes were discouraging while the least 2(6.7%) were unpredictable.

The majority of the respondents 24(80%) reported that the waiting time at the health facility was long while the minority 1(3.3%) reported that the waiting time was short. Most of the respondents 22(73.3%) reported that the distance from their home to the health facility was long while the least (10%) reported that the distance was short.

Figure 4: showing constant availability of VCT services at the health facility n = 30



The majority of the respondents 23(76.7%) did not know whether there was constant availability of VCT services

while the minority 1(3.3%) had constant availability of VCT services.

Discussion

On community-related factors, the study results revealed that most of the respondents 17(56.7%) reported that HIV patients are stigmatized in communities. This could be due to community perceptions that all HIV infections are sexually transmitted and occur in individuals with multiple partners thereby ending up stigmatizing those who tested positive. This stigma scares many from seeking the services. This agrees with a study by Mwangi et al, (2014) done in Kenya showed that stigmatization of HIV patients by their colleagues hinders many from utilizing HIV services.

Nearly half of the respondents 14(46.7%) reported that their cultural leaders were unbothered about VCT utilization. This might be because the district health system has failed to integrate cultural leaders in advocacy for VCT rendering them not concerned about motivating youth to seek the services. This disagrees with a study by Olakunle (2017) carried out in rural Nigeria revealed that the existence of cultural beliefs and teaching that encourage community members to seek VCT services enhanced them to utilize it.

According to study findings, most of the respondents 13(43.3%) were discouraged by friends from utilizing VCT services. This could be because friends always discuss the negative impacts of testing HIV positive without putting into consideration a positive living thereby scaring friends from seeking VCT services. On the contrary, a study by Alem et al (2022) done in Ethiopia found that 47.8% of them had peer groups that utilized and encouraged them to utilize the services.

The study results indicated that the majority of the respondents 21(70%) did not have a community health committee. These committees are present in the community but in active. Therefore, many youth are unaware of their presence and provision of VCT services at the community level. This disagrees with a study by Teklehaimot et al, (2016) conducted in Ethiopia which revealed that 53.9% of youth who lived in communities with active village health teams a significant number of them sought VCT services at nearby health facilities in their compare.

Regarding the health facility-related factors, the study showed that most of the respondents 17(56.7%) were not advised by health workers to use VCT services. This might be because of poor utilization of youth-friendly services hence many do not get the opportunity of being taught about VCT by health workers. This disagrees with a study by Apanga et al, (2015) found that encouragement and direct instructions given by healthcare professionals to conduct VCT influence the utilization of the service.

Study results revealed that most of the respondents 18(60%) reported that health workers did not keep health secrets. This could lead to fear that health workers would disclose their status to other individuals and hence would not seek VCT services. Similarly, a study by Alem et al, (2022) done in Ethiopia revealed 60.8% of those who did not utilize VCT services had a fear of confidentiality for their test results among healthcare professionals. On the

contrary, a study by Wangui et al, (2016) done in Mombasa found that the presence of strict confidentiality for the VCT test results at the health facility enhanced and encouraged the utilization of the services.

Half of the respondents 15(50%) reported that health workers' attitudes were discouraging. This might be due to the pre-testing counseling offered to clients seeking VCT services which often involves extremely bothering questions that they consider as discouraging thereby hindering the uptake of services. This is in agreement with a study by Alem et al, (2022) done in Ethiopia revealed negative attitudes expressed by healthcare workers were hindering youth from seeking VCT services.

According to study findings, the majority of the respondents 24(80%) reported that the waiting time at the health facility was long. This is probably because of inadequate staffing at the health centre hence many are subjected to wait for longer hours. Long waiting times would interfere with their time meant for other activities thus hindering uptake of VCT services. This is in agreement with a study by Ndwiga and Omwomo (2014) carried out in Kenya which revealed that 58% had waited for about 3 hours to receive VCT services at the health care facility.

The study results indicated that most of the respondents 22(73.3%) reported that the distance from their home to the health facility was long. This could incur high transport costs that they may be unwilling to input thereby not utilizing VCT services. This is in line with a study by Sanga et al, (2015) carried out in Tanzania which revealed that 95.7% rated distance to the VCT centers are a strong factor hindering their utilization of the services.

Conclusion

Community-related factors that affected the utilization of VCT were the stigmatization of HIV patients, other cultural leaders towards encouraging the use of VCT, discouraging peers, and the absence of activity community health committees.

Health facility-related factors that hindered the utilization of VCT services were the failure of health workers to advise the youth to undertake VCT services, lack of confidentiality among health workers, the discouraging attitude of health workers, long waiting times, and long distances to health facilities.

Limitations of the study

Possible resistance was encountered from the respondents. The researcher experienced financial shortages due to increasing prices of services like stationery.

Incomplete information was given by some respondents as they felt less concerned.

Recommendation

Stigmatization and isolation of HIV-positive patients should be avoided to reduce on fears youth have towards VCT services.

The health facility management should incorporate VCT testing services into the routine care protocol to enable all youth to utilize the services.

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List of Abbreviations

AIDS: Acquired immune deficiency syndrome

ART: Anti-retroviral therapy

HIV: Human-acquired immune deficiency virus

VCT: Voluntary counseling and testing

Source of funding

This study was not funded.

Conflict of interest

No conflict of interest declared Author Biography.

Author Biography

John Peter Kwizera is a student of Diploma in Nursing Extension at Kampala School of Nursing and Health Sciences, Rogers Isabirye is a tutor at Kampala School of Nursing and Health Sciences, Grace Denise Akwang is a principal tutor at Kampala School of Nursing and Health Sciences.

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