

# Factors influencing couples' HIV counselling and testing uptake in Kisumu city, Kenya

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## Abstract:

The study sought to establish factors influencing Couples' HIV Counseling and Testing service Uptake in Kisumu city, Kenya which if addressed amicably, would increase service uptake in the fight against HIV / AIDS. Human Immunodeficiency Virus (HIV) is frequently transmitted in the context of partners in a committed relationship, thus couples focused HIV prevention interventions are a potentially promising modality for reducing infection. Heterosexual couples represent the largest risk group for HIV in sub-Saharan Africa, with greater than 60% of new infections being acquired from a spouse. Although there have been ongoing efforts to scale up uptake of Voluntary Counseling and Testing (VCT), coverage and usage still remains low among couples. Current statistics indicate that HIV incidence in sub-Saharan Africa is fueled by HIV discordance among stable heterosexual relationships. Uptake of couple HIV counseling and testing (CHCT) is the way to go for the fight against HIV/AIDS to be way. Few people however go for the service as couples. The study was guided by the following objectives: to identify personal factors influencing CHCT uptake; to establish whether service factors influence CHCT uptake; to examine community factors influencing CHCT uptake; and to determine whether logistical support factors influence CHCT uptake. The information, motivation and behavioural skills (IMB) model by Fisher and Fisher (1992) was used to organize the variables tested by the researcher. The setting of the study was Kisumu city, Nyanza province in Kenya. A descriptive survey design was adopted and assisted questionnaires were used to collect both qualitative and quantitative data to answer the research questions. All consenting couples who walked into selected VCT centres in the city for counseling and testing were eligible for participation in the study. Two VCT sites were selected for data collection for a period of three weeks. 374 participants (187 couples) were sampled purposively and participated in the study. Data collected for the study was reviewed and cleaned at collection point and every evening prior to entry into an MS Access database in order to minimize errors of omission and commission. Statistical package for social sciences (SPSS) version 12.0.1 was used to analyze the data in order to give descriptive statistics and presented in tables in the form of frequencies and percentages on how the various variables influenced CHCT service uptake. Findings from the study revealed that most of the respondents were aware of the availability of CHCT services, with radio/television as the commonest information source. A majority of respondents reported the urge to know each others status as the reason for testing. Fears of stigma/discrimination and relationship disharmony were reported as the major barriers to testing as couples both as personal and community factors. The study recommends increased awareness on benefits of CHCT in order to encourage more couples to come forth for counseling and testing. A multi-pronged awareness creation strategy would go a long way to ensure a well informed community with respect to a promising HIV / AIDS prevention strategy. Further research is suggested on ways of making community own resource persons (CORPs) successful in mobilizing couples for HIV/AIDS

counseling and testing and also on community perceptions of health research and HIV/AIDS care and treatment projects/programs.