



Factors contributing to low utilization of HIV counseling and testing services

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Abstract

Human immunodeficiency virus (HIV) counseling and testing is described as the service rendered to an individual in order for him or her to know his or her HIV status. HIV counseling and testing (HCT) is one of the most effective and important interventions for managing the HIV epidemic. HCT is done in three distinct components; pre-test counseling, testing of blood using rapid diagnostic test kits, and disclosure of the results and referral depending on the test results. A lot of adolescents die of HIV/AIDS due to lack of accessing voluntary HIV counselling and testing (HCT). Many of them avoid appearing to be known their status for fear of stigma. More HIV education should be given to the youths so that they will know they can live well even with HIV.

Keywords: HIV, counselling, testing, factors for low utilization of HCT, HCT

Introduction

Human immunodeficiency virus (HIV) counseling and testing is described as the service rendered to an individual in order for him or her to know his or her HIV status, which could either be positive or negative and is usually confidential (Dirar, 2013; Ndwiga and Omwono, 2014; Jakheng and Obeagu, 2022).

Globally over 10 million adolescents are living with HIV of whom 80% are from the Sub Saharan

Africa (WHO, 2014). In Uganda, 570 young adolescents acquire HIV every week, according to 2014 data from UNAIDS(Oloro and Obeagu, 2022; Obeagu and Obeagu, 2022; Igwe *et al.*, 2022).

HIV counseling and testing (HCT) is one of the most effective and important interventions for managing the HIV epidemic and one of the pillars of the South African investment care (Town *et al.*, 2017).

It is also an integral part of HIV/AIDS and without it, diagnosing HIV may not be possible except when an individual comes down seriously sick with some of the known symptoms of the disease (Dirar, 2013; Obeagu *et al.*, 2022; Obeagu *et al.*, 2023).

HCT is done in three distinct components; pre-test counseling, testing of blood using rapid diagnostic test kits, and disclosure of the results and referral depending on the test results (Fikadie *et al.*, 2014; (Obeagu *et al.*, 2023; Obeagu2023; Obeagu and Obeagu, 2023)

Most adolescents in Sub Saharan Africa are unaware of their HIV status though knowledge of HIV infection is a pre-requisite to initiating antiretroviral therapy (ART), a long term treatment of people living with HIV (Ola Ama and Shaibu, 2015; Town *et al.*, 2017).

The Socio Demographic Factors Affecting Utilization of HCT Services by Adolescents

Gender

The uptake of HIV counseling and testing is demonstrated more in females than males (Mhlongo *et al.*, 2013). From the study in Durban South Africa, 956 adolescents underwent routine HIV counseling and testing and of these, 55% were females. According to the study carried in Kwa Zulu in South Africa, girl adolescents utilize HCT more than boys Francis, (2010).

Age

Adolescents aged between 15-19 years are at a high risk of contracting HIV yet the highest percentage neglect HCT which would reduce the risks (WHO, 2014). According to Johnston *et al.* (2014), the utilization of HCT increases with age during youth to early adulthood. Another study carried out in South Africa shows that the uptake of HCT in adolescents aged

18-19 years was estimated at a rate of 29% (Strauss *et al.*, 2015).

Marital status

The HCT acceptance is associated with older age and marriage that is to say married women utilise HCT than unmarried Johnston *et al.* (2010). According to Mhlongo *et al.* (2013), adolescents aged 18-19 years with more than two sexual partners are associated with low uptake of HCT.

Marital status has been found to affect uptake of HIV/AIDS health care services. In a study carried out in Bushenyi District, South western Uganda by Nuwaha *et al.* (2002), it was found that sexual partner influence were among the factors that affected acceptability of HCT for HIV the same was found in other studies however the decision to undertake HCT was mainly a personal decision though it was also influenced by other people such as spouses, sexual partners and prospective marriage partners.

Education level

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

Religion

A research by Town *et al.* (2017) in India and Ghana showed that religion was not statistically significant determinants of HCT utilization

Tribe

A survey conducted in Nigeria, which assessed the HIV related stigma among two main ethnic groups, revealed that female participants were less likely to utilize HCT for fear of stigmatization from partners (Ndwiga *et al.*, 2013).

Community related Factors Affecting HCT Utilization

Stigmatization

According to UNAIDS in 2013), fear of stigma from partners, families and communities contributes to low utilization of HCT services in case their families find out that they are sexually active or living with HIV (Sanga *et al.*, 2015)

AIDS related stigma and discrimination has profoundly affected not only Utilisation of HCT services but also treatment (Floromsmith and De santis, 2012)

The Attitude

Health workers report that most of the adolescents have negative attitude towards seeking health care services particularly those under the national age of consent, engaging in homosexual, relationships or using drugs. Majority of the people living in Africa are aware of HCT but many of them shun HIV testing services because of the negative attitude associated with testing services (Venkatesh, *et al.*,).

Health facility Related Characteristics Affecting HCT Utilization By Adolescents.

Distance to the hospital

The distance to the hospital in most of the developing countries plays a major role in the utilization of HCT since those residents near the health facility are more likely to be closer to health care services than those who reside are away from the health facility Schwartzland, (2011).

Availability of health workers

According to the qualitative study by (Lubogoet *al.*, 2015; Mafigiri *et al.*, 2017; Magala *et al.*, 2018).

Adolescent -health worker relationship

Studies done from India (Mhlongo *et al.* (2013; Mutai, 2016) found out that adolescents who Interact with health workers are more likely to have knowledge on the importance of HCT and are more likely to utilize the services than those who stay far away from the health workers.

Conclusion

HIV counseling and testing (HCT) is one of the most effective and important interventions for managing the HIV epidemic. A lot of adolescents die of HIV/AIDS due to lack of accessing voluntary counselling and testing. Many of them avoid appearing to be known their status for fear of stigma. More HIV education should be given to the youths so that they will know they can live well even with HIV.

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