

Factors Associated with HIV/AIDS Counselling and Testing In Kanungu District: A Case Study of Tertiary Institutions

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ABSTRACT

In recent decades, the global fight against HIV/AIDS has emphasized the crucial role of counselling and testing services in prevention, treatment, and support efforts. Within tertiary institutions, where a diverse population of young adults resides, understanding the factors influencing HIV/AIDS counselling and testing uptake is paramount. This study examined the factors associated with HIV/AIDS counselling and testing among students in tertiary institutions in Kanungu District, Uganda. A cross-sectional descriptive survey design was used to collect data from three tertiary institutions in Kanungu District. The researcher selected a sample of 100 students and 10 counselors using simple random sampling. Data was collected using questionnaires and interviews and was analyzed based on the themes of the study. The findings revealed that while the majority of the student respondents (100%) had heard about HIV/AIDS counselling and testing, only a small proportion (20%) had actually been tested. The study found that students had access to HIV/AIDS counselling and testing services, but they were not utilizing them. The main factors hindering students' uptake of HIV/AIDS counselling and testing were found to be stigma associated with positive results (100%) and fear of positive HIV status (88%). The study also found that students in tertiary institutions had generally negative attitudes toward HIV/AIDS counselling and testing. The study concluded that students in tertiary institutions in Kanungu District do not actively seek HIV/AIDS counselling and testing services, and as a result, the majority do not know their HIV status. Stigma associated with HIV/AIDS was identified as the primary factor limiting students' willingness to undergo counselling and testing. The study recommends that tertiary institutions, in collaboration with local health authorities, implement targeted interventions to destigmatize HIV/AIDS and promote the uptake of counselling and testing services among students.

Keywords: HIV/AIDS, Counselling and testing, Tertiary institutions, Socio-economic factors, Demographic factors

INTRODUCTION

The HIV/AIDS pandemic remains a major global public health concern, with sub-Saharan Africa bearing the brunt of the epidemic [1]. In Uganda, the HIV prevalence rate stands at 5.4%, with young people aged 15-49 years being disproportionately affected [2]. Counselling and testing for HIV is a critical entry point for prevention, treatment, and care services, yet the uptake of these services among the youth, particularly those in tertiary institutions, remains suboptimal [3]. Tertiary institutions, such as universities and vocational colleges, provide an important setting for addressing the HIV/AIDS epidemic among young people. Students in these institutions are often sexually active and may engage in high-risk behaviors, making them vulnerable to HIV infection [4]. Furthermore, the transition to tertiary education can be a time of increased independence and experimentation, which may lead to risky sexual practices [5]. Consequently, understanding the factors that influence HIV/AIDS counselling and testing among tertiary institution students is crucial for designing effective interventions to address the needs of this population.

Existing research has identified several factors that may influence the uptake of HIV/AIDS counselling and testing services among students in tertiary institutions. Socio-economic factors, such as education level and gender, have been shown to play a significant role [4, 6]. Studies have found that students with higher levels of education are more likely to be aware of and utilize HIV/AIDS counselling and testing services, compared to those with lower levels of education [7, 8]. Additionally, gender dynamics can shape health-seeking behaviors, with some studies suggesting that male students are more likely to access HIV/AIDS counselling and testing services than their female counterparts [9]. Demographic factors, such as age and living arrangements, have also been identified as influencing HIV/AIDS counselling and testing practices among tertiary institution students. Younger students may be more reluctant to seek these services due to perceived stigma and fear of the

consequences of a positive result [10, 11]. Additionally, students who live off-campus may have less access to on-site counselling and testing services, limiting their utilization of these services [12]. The availability and accessibility of HIV/AIDS counselling and testing services within the tertiary institution setting can also shape students' uptake of these services. Factors such as the proximity of testing sites, the cost of services, and the quality of counselling provided can all influence students' willingness to access these services [13, 14]. Additionally, concerns about confidentiality and the potential for breaches of privacy can deter students from seeking HIV/AIDS counselling and testing [15].

Stigma and discrimination associated with HIV/AIDS can also be a significant barrier to the uptake of counselling and testing services among tertiary institution students. The belief that those living with HIV/AIDS are "promiscuous" or "irresponsible" can lead to social exclusion and discourage students from seeking testing and disclosing their status [1, 16]. This fear of stigma and social consequences can be a major deterrent for students, particularly in contexts where HIV/AIDS is still highly stigmatized.

While previous studies have examined the factors associated with HIV/AIDS counselling and testing in various settings, there is a need for more context-specific research to understand the unique challenges and facilitators within the tertiary institution context in Uganda. This study aims to address this gap by exploring the socio-economic, demographic, and health service delivery factors that influence HIV/AIDS counselling and testing practices among students in tertiary institutions in Kanungu District, Uganda. Kanungu District, located in southwestern Uganda, has a population of over 200,000 people and is home to several tertiary institutions, including vocational colleges and polytechnics [17]. Understanding the factors that influence HIV/AIDS counselling and testing among students in this context can provide valuable insights to inform targeted interventions and improve the utilization of these essential services.

METHODOLOGY

Study Design

The study used a cross-sectional descriptive survey design. The design was seen to be appropriate for investigating factors affecting HIV/AIDS counselling and testing by students in tertiary institutions. The institutions selected were; Kihiki Polytechnic, Nyakatare Technical Institute, and Great Lakes Regional College.

Sample Size

The researcher selected 100 students from three tertiary institutions in the 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 an equal chance of being selected to participate in the study.

Data Collection Instruments

The main instruments for data collection were questionnaires and interviews.

Questionnaires

One set of questionnaires was 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 of time both for 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.

Interview Guide

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

Procedure

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

Data Analysis

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

RESULTS

Table 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

Table 2: Knowledge and HIV/AIDS counselling and testing practices among students from tertiary institutions

Item	Freq	Percent
Ever heard of HIV/AIDS counseling and testing		
Yes	100	100
No	0	0
Total	100	100
Have you ever been tested for HIV/AIDS?		
Yes	20	20
No	80	80
Total	100	100
Do you have friends who have ever tested for HIV/AIDS?		
Yes	13	13
No	87	87
Total	100	100
Do you have access to services related to HIV/AIDS counseling and testing?		
Yes	82	82
No	18	18
Total	100	100

Attitudes Towards Counselling and Testing for HIV/AIDS

The respondents were asked whether they had ever been counseled and tested for HIV/AIDS and the majority (78%) had never been counseled/tested for HIV while 22% had been counseled and tested. Individuals who have never undergone HIV counselling and testing express apprehension about potentially testing positive for the virus. They fear that a positive result could disrupt their ability to maintain normal daily routines and plan for the future, which may lead to disappointment and uncertainty. One of the respondents thus noted

"I cannot offer myself 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 means that students in tertiary institutions fear positive HIV/AIDS results.

Table 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

Table 4: Rating of students' attitudes towards HIV/AIDS counselling and testing

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

Table 5: Factors that influence students' attitudes and practices towards HIV/ AIDS counselling 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

Table 6: Counselors' responses on the practice of counselling 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

DISCUSSION

Background Characteristics of the Respondents

The majority of the respondents in the study were students aged between 26 and 36 years, with a significant proportion above 30 years. This age distribution aligns with the typical entry age for tertiary education, as individuals below this range are often still in secondary or primary schools. In many tertiary institutions in developing countries, the respondents were predominantly male, reflecting traditional educational preferences favoring boys due to resource constraints and prevailing negative perceptions about girls and women.

Additionally, most of the respondents interviewed were in their first year of study, with fewer participants in the fourth year. This trend suggests that first-year students are more available for interviews, likely due to having more free time. Furthermore, a majority of the respondents lived outside the institutions, possibly due to limited on-campus housing availability and financial constraints preventing them from affording expensive accommodation within the institutions.

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

The findings from the study indicate that students in tertiary institutions have a high level of awareness about HIV/AIDS counselling and testing services. The students reported that information about these services is widely available through various media channels, such as radio and newspapers, and that the services in local health facilities are provided free of charge. This awareness was universal, with all respondents (100%) confirming their knowledge of HIV/AIDS counselling and testing. However, despite this high level of awareness, the study found that the majority of students have never actually been counseled or tested for HIV/AIDS. Specifically, 80% of the respondents revealed that they had never been tested for HIV, and 87% said they did not know of any of their friends who had been tested. The findings also suggest that students in tertiary institutions have access to HIV/AIDS counselling and testing services, as most of the tertiary institutions are located in towns with nearby health facilities. This aligns with the findings of [18], who reported that a higher proportion of respondents with formal education were aware of voluntary counselling and testing services compared to those without formal education. Students in tertiary institutions are likely to have good knowledge and positive attitudes towards the importance of counselling and testing for HIV/AIDS, as it can enable early treatment, protect others from infection, and prevent mother-to-child transmission. Despite this availability and awareness, the study found that the utilization of HIV/AIDS counselling and testing services among tertiary institution students remains low. This aligns with the findings of [19], indicating that despite the availability of knowledge about voluntary counselling and testing services, the utilization of these services remains significantly low.

Attitudes Towards Counselling and Testing for HIV/AIDS.

The majority of respondents in tertiary institutions within Kanungu district have never undergone HIV/AIDS counselling and testing. Those who had not been tested expressed fear that a positive result could disrupt their daily routines and future plans.

This fear aligns with the findings of [20], which highlight the stigma surrounding HIV/AIDS in many societies. People living with HIV/AIDS (PHAs) are often unfairly perceived as promiscuous, leading to associations with social shame and abandonment. Lack of knowledge about HIV/AIDS contributes to stigma, with individuals refusing to share meals with those infected due to fear of transmission and discrimination. Consequently, individuals may avoid testing to avoid potential neglect and stigmatization from their communities, particularly affecting women who fear repercussions following a positive test result.

Students' Perceptions on the Factors that Limit Students from accepting to be Counseled and Tested for HIV/AIDS.

The primary deterrent to HIV testing among the majority of students was the fear of receiving a positive test result, followed by concerns about stigma from friends and peers. Additionally, many respondents highlighted the fear of losing a romantic partner as a significant barrier to seeking HIV testing. Around half of the students also mentioned lacking confidence in knowing their own HIV status as a factor that limits their willingness to undergo testing.

Interestingly, lack of access to HIV/AIDS counselling and testing services was identified as the least common barrier among the students. This indicates that service availability may not be the primary issue; instead, attitudinal and social factors such as fear of positive results and stigma exert greater influence on students' decisions regarding HIV testing and counselling.

Factors that Influence students' HIV/AIDS Counselling and Testing Practices.

The findings indicate that stigma associated with HIV/AIDS positive results was cited by all students as the main factor influencing their decision not to test. Only a small percentage (9%) mentioned a lack of knowledge about HIV/AIDS counselling and testing, while 5% mentioned the availability of testing services, and 6% noted concerns about the timing of counselling. This stigma is rooted in societal perceptions that people living with HIV/AIDS (PHAs) are unfairly viewed as promiscuous and irresponsible, humiliating their families and communities. In some societies, individuals with HIV/AIDS face severe stigmatization and may be abandoned without care. This lack of understanding leads to behaviors like refusing to share meals with infected individuals. Consequently, people fear getting tested because they do not want to face neglect and stigma from their communities upon learning their serostatus. This stigma can particularly deter women from getting tested due to fear of repercussions.

CONCLUSION

Students in tertiary institutions in Kanungu district generally do not seek HIV/AIDS counselling, resulting in a lack of awareness of their HIV status. The stigma surrounding HIV/AIDS is a primary barrier preventing students in the district from accepting counselling and testing services. Additionally, students in tertiary institutions have access to HIV/AIDS counselling and testing, as all institutions are located in towns with readily available health facilities.

RECOMMENDATION

Students in tertiary institutions should be sensitized to accept HIV/AIDS counselling and testing to combat negative attitudes surrounding these services. Organizations in Kanungu district should intensify efforts to address the stigma associated with HIV/AIDS, as reducing stigma will encourage more students to undergo testing. Additionally, HIV/AIDS counselors should visit tertiary institutions to engage students in discussions about the importance of counselling and testing. Establishing sick bays or clinics within tertiary institutions would facilitate the provision of HIV/AIDS counselling and testing services on-site, promoting accessibility and uptake among students.

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