

MAT

**PERCEPTION AND UTILISATION OF DIAGNOSTIC TESTING AND
COUNSELLING SERVICES AMONG PATIENTS ATTENDING MOI
TEACHING AND REFERRAL HOSPITAL OUTPATIENT DEPARTMENT,
ELDORET, KENYA**



BY

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ABSTRACT

Title: Perception and Utilization of Diagnostic Testing and Counseling Services among patients attending Moi Teaching and Referral Hospital Outpatient Department (MTRH).

Background: HIV testing is a critical first step for people to know what actions they should take to prevent getting infected or transmitting HIV infection and to gain access to proper medical treatment for HIV disease and AIDS. In Kenya Voluntary counseling and testing has been the accepted practice for more than 10 years, however despite scaling up of this service, over 85% of the population do not know their status. The World Health Organization (WHO) recommended opt-out HIV testing in health facilities as a way of increasing testing levels. However in Kenya, not much is documented on the perspectives of the patients on this service and how acceptable this service is to those who undergo testing and those who do not.

Objectives: This study sought to determine knowledge related to HIV testing and DTC among patients, explore the patients' attitudes towards DTC, determine the relationship between perception and utilization of DTC (opt out HIV testing), determine factors associated with having taken an HIV test or willingness to take a test if it is offered in hospital.

Study area: Outpatient Department at Moi Teaching and Referral Hospital, Eldoret Kenya.

Study Design: This was a Cross sectional study.

Data collection Methods: A total of 384 patients seen at MTRH outpatient department (Ambulatory clinics) participated in the study. Participants were interviewed using Interviewer administered semi-structured questionnaire.

Data Analysis: Data was summarized and presented using proportions, frequency tables and pie charts. Chi-square test was used to test for associations between categorical variables. Logistic regression was used to identify factors that predict the outcome measures (*willingness to test*).

Findings: Of the total respondents who were interviewed, 35.7% of the participants had heard about DTC while only 16.4% of the respondents had been sent by clinicians to DTC of which 81% accepted to take the test. Among those who had ever tested only 14% utilized DTC. Multivariate analysis identified the main predictors of willingness to take an HIV test offered in hospital as the age ($p = 0.033$, O.R 0.27), level of education ($p = 0.023$, O.R 3.4), having heard about DTC ($p < 0.001$, O.R 4.6), self perception of HIV risk ($p < 0.001$, O.R 8.4) and attitude towards DTC ($p < 0.001$, O.R 0.1).

Discussions: Knowledge and utilization of DTC is low despite its potential to increase the testing levels in the population. Self perception of no risk to HIV/AIDS, lack of knowledge on existence of DTC service, Clinician's reluctance to tell patients about the existence of the DTC service and to ask them to take a test are the main hindrance to the service that need to be addressed.

Conclusion: Majority of the participants do not know about the existence of DTC service and may therefore not benefit from this service. However many patients are willing to embrace this service if it is offered to them.

Recommendations: There is need to promote an increase in HIV testing through the DTC strategy by empowering people with information and behavior change strategies. Health providers can play an important role in increasing serostatus awareness among their patients to reduce any missed opportunities.