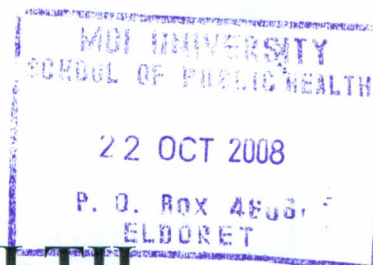


# MOI UNIVERSITY SCHOOL OF PUBLIC HEALTH



DETERMINANTS OF VOLUNTARY PRENATAL COUNSELING  
AND HIV TESTING AMONG THE WOMEN ATTENDING  
ANTENATAL CLINIC IN UASIN- GISHU DISTRICT HOSPITAL



THESIS SUBMITTED TO THE SCHOOL OF GRADUATE  
STUDIES  
MOI UNIVERSITY IN PARTIAL FULFILMENT OF THE  
REQUIREMENT FOR THE AWARD OF THE DEGREE OF  
MASTERS IN PUBLIC HEALTH, MOI UNIVERSITY

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IPH/PGH/22/2002



## ABSTRACT

**Background:** Mother to Child Transmission of HIV is the overwhelming source of HIV infection in young children. Prenatal counselling and HIV testing is needed therefore to identify pregnant women and necessary actions need to be taken to prevent transmission of HIV /AIDS to their offspring.

**Objective:** The research was undertaken to determine the factors influencing acceptability and uptake of prenatal voluntary counselling and HIV testing in pregnancy as a strategy for Prevention of Mother to Child Transmission (PMTCT) of HIV.

**Study site:** The study was conducted in Uasin Gishu District Hospital

**Design:** Cross –sectional study survey design was used to collect data between the months of December 2003 and March 2004. Data was collected on issues related to prenatal counselling and HIV testing.

**Results:** Almost all women (96.4%) underwent pre-test counselling and only 64.9% accepted to be tested while 35.1% declined. There was no statistical difference on socio demographic characteristics of women who tested and declined. There was no relationship between occupation, age, marital status on acceptability or declining HIV test. Only level of education had slight statistical difference between the two groups who accepted and those who declined ( $p=0.051$ ). Parity also was significant in this study: if the woman had had the child before the odds of declining the test increased with each child (OR: 1.10 , 95% CI 0.82-2.21) which is significant. Health education was mentioned by majority as a way of getting information on prenatal counselling and HIV testing. Pregnant women got the information through health worker were 89%. Respondents who perceived that prenatal counselling and HIV testing is a good practice were 259 (93%) however on in-dept interviews, women expressed fear of testing positive and its negative consequences which include depression and stigma. Barriers of prenatal counselling and HIV testing also included partner involvement (consultation) and previous testing of HIV testing and parity which influenced one's readiness to take HIV test.

**Conclusion:** Socio demographic characteristics assessed in this study did not have significant influence on the utilization of prenatal counselling and HIV testing. Only level of education was significantly different, women who were more educated were likely able to take HIV test. Previous HIV test also was predictor of prenatal counselling and HIV testing in this study. In the in-depth interviews, male partner involvement is essential in increasing the uptake of prenatal counselling and HIV testing.

Knowledge of respondents prenatal counselling and HIV was high. Health workers played a major role in transmission of information regarding prenatal counselling and HIV testing.

**Recommendation:** The Government of Kenya should put emphasis on adult education and advocating girl child to empower women with knowledge related to their health. Educate the community so that they can change their attitude towards the prenatal counselling and HIV testing especially multigravida and those who had tested for HIV before. Encourage couple testing.