Socio-Demographic Correlates of HIV Testing among Women in Conflict areas – Northern Uganda

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Introduction

HIV Counselling and Testing is vital as it provides an opportunity for those infected to seek medical attention for early symptoms of AIDS related illnesses and to protect themselves and others from further infections. An estimated 80% HIV-infected adults in Uganda are unaware of their sero status and thus unable to access treatment and care. When persons know they are HIV positive, they are less likely to unknowingly transmit the disease to others. (Hays et al, 1994, Higgins et al, 1991, Kilmarx et al..1998, Weinhardt et al., 1999, Wenger et al., 1994). Those who test negative are more likely to change their behaviour to maintain their negative status by using condoms and or by encouraging their partners to test for HIV. In conflict and displacement, women are at increased risk of sexual violence and abuse (Amowitz et al., 2002). According to Gardiner (2001), women are six times more likely to contract HIV in refugee camp than in general population outside of the camp.

Despite the availability of HIV/AIDS testing services in Uganda since 1988, only 15% of adult Ugandans had tested for HIV according to the Uganda HIV/AIDS Sero- Behavioural Survey (2004/5). In Uganda, sero-prevalence for women is 7.5% compared to the males (5.0%). Special attention is paid to Northern Uganda because of the poor sexual and reproductive health indicators like high infant and maternal mortality, poor health and malnutrition as a result of the political turmoil and insurgency that this region has gone through for the past twenty years. HIV prevalence among women in this region is 9% as compared to 7.1% among men.

Understanding the correlates of HIV/AIDS testing among women is an important area of focus if Uganda is to further prevent new infections and to reduce the general HIV/AIDS prevalence rates in its population and to achieve the Millennium Development Goal - Six, Target 1, which talks about reducing and reversing the spread of HIV/AIDS. The main objective of this paper is to investigate the socio-demographic correlates of HIV/AIDS testing among women in conflict areas - Northern Uganda.

Methodology

This study used secondary data collected during the Uganda Demographic Health Survey (2006). This Survey utilized a two-stage sample design. The first stage involved selecting sample points or clusters from a list of enumeration area (EAs) covered in the 2002 Population Census. The second stage of selection involved the systematic sampling of households from the 2002 Census list of households in each cluster. This particular study / paper focused on only women in the reproductive age group (15 – 49 years) found in Northern Uganda. A total of 1,127 women were studied.

The main outcome / dependent variable was a dichotomous measure of whether a woman had ever tested for HIV/AIDS or not. The independent variables included age, education attainment, religion, wealth, residence, marital status, income, abstinence, faithfulness, condom use at last

sexual encounter and consistent condom use. Percieved risk was evaluated through knowledge of someone with HIV/AIDS or someone who died of AIDS and knowledge of HIV prevention measures.

The researcher used STATA for data analysis. Analysis was done at univariate, bivariate (chi-square tests) and multivariate (binary logistic regression) levels. Both bivariate and multivariate analysis were done to establish if there exists any significant association between the dependent and independent variables in the model. The level of significance was at 0.05 that is at a confidence interval of 95%. Basing on the outcome of the logistic regression, the researcher chose the socio-demographic correlates of HIV testing among women in Northern Uganda.

Data Findings / Results

Basing on the findings, 34.4% of women had ever tested for HIV/AIDS in Northern Uganda. Age, residence, educational attainment and marital status were strong socio-demographic correlates of HIV testing among women in Northern Uganda as shown in Table I. This is evidenced by both the findings at bivariate and multivariate analysis with p-values less than 0.05. Furthermore, knowledge of someone who has AIDS or died of AIDS was found to be a strong correlate of HIV testing among women in Northern Uganda. Among the behavioural correlates of HIV testing was number of sexual partners a woman had and condom use at last sexual encounter ($p<0.05$) as illustrated in Table II.

The never married women are less likely to test for HIV/AIDS as compared to the formerly married ($p = 0.000$). While those aged between 20 to 34 years are also more likely to test for the AIDS virus as compared to those aged 40 years and above. Women residing in urban areas are more likely to test as compared to their counterparts in conflict areas of Northern Uganda ($p=0.018$). In addition, those with primary education are also less likely to test as compared to those with tertiary or higher education, ($p = 0.031$). It can also be concluded that having knowledge on HIV prevention does not translate into practice or action hence the low levels of testing among women with good knowledge of HIV prevention methods. However, having more than one sexual partner and using condoms at last sexual encounter are also correlates of HIV testing among women in Northern Uganda. The fitted model was significant at a p-value of 0.000.

Recommendations

Access to health services in particular HIV testing services should be increased in rural areas so as to enable more people to access HIV testing services in Northern Uganda. This will enable the rural populations to have access to HIV testing services.

More awareness through Information, Education and Communication messages should be done towards HIV/AIDS testing campaigns. This will help encourage more women to go for routine and voluntary HIV testing especially among those aged 15 – 19 and those aged between 35 - 49 years.

Policy formulation on HIV/AIDS testing should also be tailor made to cater for the people living in emergency settings like camps created as a result of conflict or war.

Table 1.1: Logistic Regression Model showing HIV Testing Correlates

Socio-Demographics	**Coefficients**	**Odds Ratio**	**z**	**p > z**
Residence				
Rural	-0.7907	0.4535	-2.36	**0.018**
Urban***		1.0000		
Religion				
Catholics	0.4894	1.6313	0.59	0.557
Protestant	0.0258	1.0261	0.03	0.976
Muslim	0.1247	1.1328	0.10	0.919
Pentecostal	0.3117	1.3657	0.36	0.718
Others***		1.0000		
Wealth Index				
Poorest	-0.3047	0.7373	-0.75	0.456
Poorer	-0.3090	0.7342	-0.76	0.449
Middle	-0.0441	0.9569	-0.10	0.921
Richer	0.3725	1.4513	0.75	0.455
Richest***		1.0000		
Age				
15 - 19	0.2921	1.3393	1.06	0.290
20 - 24	0.6917	1.9970	2.98	**0.003**
25 - 29	0.6053	1.8317	2.53	**0.011**
30 - 34	0.5034	1.6544	2.14	**0.032**
35 - 39	0.3778	1.4591	1.52	0.13
40+***		1.0000		
Education Attainment				
No education	-0.9655	0.3808	-1.87	0.061
Primary	-1.0698	0.3431	-2.16	**0.031**
Secondary	0.4216	1.5243	0.75	0.455
Higher learning***		1.0000		
Marital Status				
Never Married	-1.1060	0.3309	-3.55	**0.000**
Currently Married	0.0946	1.0993	0.50	0.619
Formerly Married***		1.0000		
Constant	**0.5984**		**0.55**	**0.582**

Overall p-value of model; 0.000

***** Reference / Categories**

Table II Logistic Regression Model showing Knowledge & Behavioural Correlates of HIV Testing

Socio-Demographics	Coefficients	Odds Ratio	z	p > z
Knowledge on HIV prevention				
Nil***		1.0000		
Poor	-0.1744	0.8399	-0.30	0.762
Average	-0.4592	0.6318	-0.85	0.393
Good	-0.3525	0.7029	-0.68	0.496
Know Someone with AIDS				
Yes	0.6632	1.9411	3.83	**0.000**
No***		1.0000		
Behavioural Correlates				
Abstinence				
No abstinence***		1.0000		
1 – 6 months	0.5084	1.6626	0.88	0.379
7 – 12 months	0.7060	2.0258	1.13	0.261
13 – 18 months	-0.1554	0.8561	-0.15	0.877
19 – 24 months	0.6286	1.8750	0.84	0.403
25+ months	-0.2181	0.8041	-0.33	0.743
Number of sexual partners				
One sexual partner	-0.8022	0.4484	-3.33	**0.001**
Two or more sexual partners***		1.0000		
Consistent Condom Use				
Yes	-2.0096	0.1340	-1.63	0.104
No***		1.0000		
Condom use at last sexual encounter				
No	-0.7815	0.4577	-2.10	**0.036**
Yes***		1.0000		

Overall p-value of model; 0.000

***** Reference Categories**

References

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