

**Title of Paper: Why Adolescents in Uganda Shy away from Voluntary HIV Counselling and Testing (VCT) Services: A Case Study of Soroti District**

**Authors: Emmanuel Ikara and James Ntozi**

**Affiliation: Department of Population Studies, Makerere University, Uganda**

**Emails: [ikaraemma@yahoo.co.uk](mailto:ikaraemma@yahoo.co.uk)/ [eikara@isae.mak.ac.ug](mailto:eikara@isae.mak.ac.ug) and [jntozi@isae.mak.ac.ug](mailto:jntozi@isae.mak.ac.ug)**

**Address: Makerere University, P.O. Box 7062, Kampala, Uganda.**

**Extended Abstract:**

**Introduction:** Voluntary HIV counseling and testing is an entry point to other HIV services and an opportunity for individuals to learn their HIV status, be given correct knowledge, and to gain accurate risk perceptions, thereby encouraging safer behaviour.

**Main Objective:** The aim of the paper is to report factors that influence VCT uptake among adolescents in Uganda using a case of Soroti district.

**Methodology:** The paper is based on a study of 288 adolescents aged 15- 24 years from secondary schools and tertiary institutions and several health providers as key informants in Soroti district, Uganda. Univariate, bivariate and multivariate analysis methods were used in the study.

**Results:** There were 148 male and 140 female adolescents, of whom 52% were younger than 20 years old and 48% were young adults; 54% were urban dwellers while 46% lived in rural areas and 51% were in secondary schools compared to 49% in tertiary institutions. Over three quarters of the respondents (79%) claimed to have heard of VCT with sources of the media, health workers, youth clubs, friends, family and teachers/tutors. The responses from the respondents indicated that the large majority of the participants (74%) felt low or no risk at all because they were abstaining from sex, faithful or were not sharing sharp objects. On the other hand only 15%

of the respondents felt they were at a great risk of contracting HIV since they were sexually active or could be raped.

A very high proportion of the respondents (87%) had the desire to test for HIV. However, the study found that VCT uptake was low (28%) and the main reason for not testing was the fear of knowing that they were HIV positive. This was corroborated by the responses from the health workers interviewed as key informants.

Table 1 shows that the significant determinants of HIV testing were sex, education level, religious affiliation, residence, perceived risk, VCT knowledge, and willingness to test at both bivariate and multivariate analyses. Female adolescents had more odds (2.5) than males for HIV testing. The odds of HIV testing of students who lived in urban areas were 94% greater than the odds of students who lived in rural areas. Students who were in year two of tertiary institutions were more than 10.9 times likely to test for HIV as students in O-level. Protestants and those who belonged to other religious denominations had more odds than Catholics (OR=2.4) and (OR=7.0) respectively for testing for HIV. Those who were aware of VCT services were 3.8 times more likely to have undertaken an HIV test than students who had never heard about VCT. Adolescents who had a low perception of HIV risk were 0.4 times less likely to have tested for HIV compared to respondents with a high perception of HIV risk. Students who were willing to undergo VCT in future were 3.8 times more likely to have tested for HIV than those who were not willing.

It is recommended that sound youth-friendly and viable IEC and counseling strategies be put in place. There is also need to emphasize the benefits of VCT the adolescents so as to help them internalize the HIV risks.

**Table 1: Results of fitting logistic regression on selected variables with HIV testing as a dependent variable**

Variable	Odds Ratio	Std. Err.	p-value	[95% Conf. Interval]	
Sex					
Male**	1.000				
Female	2.549	0.868	<b>0.006</b>	1.308	4.968
Age					
15-19**	1.000				
20-24	0.565	0.363	0.374	0.160	1.990
Residence					
Rural**	1.000				
Urban	1.935	0.643	<b>0.047</b>	1.009	3.713
Level of education					
O-Level* *	1.000				
A-Level	0.795	0.454	0.688	0.259	2.434
Year one	3.447	2.415	0.077	0.873	13.608
Year two	10.921	8.958	<b>0.004</b>	2.188	54.507
Religion					
Catholic**	1.000				
Protestant	2.413	0.946	<b>0.025</b>	1.112	5.202
Muslim	2.515	1.670	0.165	0.684	9.245
Pentecostal	2.060	0.926	0.108	0.853	4.973
Others <sup>1</sup>	7.030	5.578	<b>0.014</b>	1.485	33.291
House hold head					
Parent**	1.000				
Relative	0.580	0.409	0.439	0.145	2.309
My self	1.176	0.791	0.366	0.314	4.397
Others <sup>2</sup>	2.013	1.559	0.810	0.441	9.188
Perceived risk					
Great risk**	1.000				
Moderate risk	0.560	0.319	0.310	0.183	1.713
Low risk	0.362	0.166	<b>0.027</b>	0.147	0.889
No risk	0.594	0.262	0.238	0.249	1.410
Ever heard of VCT					
Never heard**	1.000				
Ever heard	3.784	1.918	<b>0.009</b>	1.402	10.216
Willingness to test					
Not willing**	1.000				
Willing	3.747	2.471	<b>0.045</b>	1.029	13.643

\*\* Denotes reference (baseline) category

Others<sup>1</sup> = Seventh day Adventists and Jehovah's witnesses

Others<sup>2</sup> = Spouse and friend