

ABSTRACT

The burden of HIV/AIDS persists in sub-Saharan Africa, in which Kenya is part, despite the preventive efforts. The national prevalence of HIV/AIDS in Kenya is 5.6%, and Nyanza Province is (15.1%) which is more than double. Subsequently, the prevalence in Kisumu is at 18.5%. Universal access to HIV Testing and Counselling (HTC) is recognized as the cornerstone for HIV prevention. Furthermore, it has been evidenced that Provider-Initiated Testing and Counselling (PITC) is considered as the best strategy for HIV prevention. In the PITC model, individuals presenting to health facility are encouraged to be tested for HIV as part of routine medical investigation. While PITC has been introduced in most healthcare facilities in Kenya, the uptake and determinants have not been established. Moreover, there is limited literature addressing the determinants of PITC services uptake. Thus, there was an urgent need to find out the determinants to PITC uptake. The main objective of the study was to establish the determinants of PITC uptake by patients seeking health care services at the Jaramogi Oginga Teaching and Referral Hospital (JOOTRH). There were three specific objectives, that is, to determine social factors that influence the uptake of PITC HIV testing in JOOTRH, to establish the health service factors that determine the uptake of PITC HIV testing in JOOTRH, and to determine whether knowledge and information about HIV influence uptake of PITC services in JOOTRH. This was a cross-sectional study involving a systematic random sampling of patients/clients seeking services at the hospital. Data was collected using a structured questionnaire and keyed into an electronic database. Socio demographic variables were presented by use of frequencies and percentages. Bivariate logistic regression was used to determine factors associated with PITC uptake. Association was reported by use of odds ratios and their 95% confidence intervals. Statistical significance was considered at alpha-level of 5%. The study interviewed 291 participants of whom 53% were females, 70% were aged between 18 to 35 years, 45% were single, 88% were Christians and 55% were involved in an income generating activity. Age was found to be associated with PITC uptake ($p=0.034$). In addition, those aged between 36-45 years were less likely to uptake PITC services compared to those 18-25 years ($OR=0.28$, 95%CI [0.14-0.59], $p=0.0008$). Similarly, employment status was found to be associated with PITC uptake ($OR=1.81$, 95%CI [1.09-3.01], $p=0.0219$). Moreover, participants who had a friendly relationship with the provider were 3.35 times more likely to uptake PITC services than those who were not ($OR=3.35$, 95%CI [1.41-7.92], $p=0.006$). This study recommends that the government needs to set up a PITC campaign targeting the younger age group to increase their uptake. Moreover, public health facilities need to improve on the staff-patient relationship to address and increase the uptake of PITC.