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COLLEGE OF BUSSINESS AND MANAGEMENT SCIENCES

SCHOOL OF STATISTICS AND PLANNING

DEPARTMENT OF POPULATION STUDIES

FACTORS INFLUENCING HIV TEST AMONG YOUNG WOMEN WITH DISABILITIES IN UGANDA

BY

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DECLARATION

I **Musasizi Sousan Gomer** do hereby declare that this dissertation titled factors influencing HIV test among young women with disabilities in Uganda is a product of my efforts and to the best of my knowledge and conviction, has never been presented to any institution for any award or qualification whatsoever. Where the works of other people have been included, due acknowledgment of this has been made by the appropriate referencing and citations.

Signature: ..... **Date:** 6TH/12/2023

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APPROVAL

This dissertation titled factors influencing HIV test among young women with disabilities in Uganda has been produced under my close supervision and guidance.

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DEDICATION

I dedicate this dissertation to my parents, my mother Nabirye Tape, my late father Mr. Talwire Robert who initiated my education, gave me encouragement and support. May the Almighty God bless you with your heart desires. Also, to My siblings Penina, Eunice, Ketty, Tiras, Cyprus, Gaius and Desire for the great support in all aspects.

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ABSTRACT

Background: HIV infection continues to be a global and public health concern. Despite the significant impact of antiretroviral therapy (ART) and other preventive strategies in the reduction of new HIV infections and AIDS-related deaths, HIV remains the leading cause of deaths among young women with disabilities in sub-Saharan Africa (SSA). I examined the predictors of HIV testing among women with disabilities in Uganda.

Methods: The study, based on data from the 2016 Uganda Demographic and Health Survey (UDHS), analyzed 129 weighted cases of women with disabilities. Frequency tables, Chi-squared tests and binary logistic regression were used to analyze the data and examine the predictors of HIV testing among women with disabilities in Uganda. The main explanatory variables included age, marital status, education, wealth index, religion, residence and total life time sexual partners and media exposure.

Results: The overall prevalence of HIV testing among women with disabilities in Uganda was 56%. Marital status, level of education, and region of residence were statistically associated with HIV testing. The odds of HIV testing were higher among ever married women compared with never-married women [OR=59.92; CI: 6.14-584.69; p=0.001]. HIV testing was higher among women with secondary and above education compared to women with primary or no education [OR=3.61; CI: 1.28-10.17; p=0.016]. Likewise, among women with disabilities, women from Western region were more likely to test for HIV compared with women from Central region with odds [OR=5.48; CI: 1.57-19.16; p=0.008].

Conclusion: Improving uptake of HIV testing among women with disabilities requires addressing a wide range of health system challenges. There is a need to improve HIV knowledge and continue to address the fear of HIV positive test results and HIV related stigma. Sensitization of the women about HIV testing especially those with less primary or no education since they have less knowledge about HIV testing. The factors that influenced HIV testing were marital status, region and level of education, marital status influenced HIV testing because women that are married are sexually active and therefore they opt for HIV testing as a couple, then level of education influence HIV testing because educated women have prior knowledge and are exposed to HIV testing programs , and region also influences HIV testing, this could be because from the western are sensitized about HIV testing compared to other regions.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter consists of the following assigned tasks, highlighting the introduction, background information, problem statement, and purpose of the study, aims and the objectives, hypothesis, scope of the study, significance of the study

1.1 Background of the study

Globally, it's noted that there are 1.3 billion people with disabilities. Disability and HIV are intricately linked, as research suggests that people with disabilities are at higher risk of contracting HIV, this may be due to poverty, exclusion, and discrimination, HIV can lead to impairments and disability, this may be due to the direct effect of the virus, opportunistic infections or exclusion, and discrimination (Rotenberg et al., 2023). Furthermore, Previous studies have revealed that disability can be caused by impairments in cognition, development, emotion, physicality, mental health, senses, or a combination of these factors, hindering full participation in daily activities (Bukuluki et al., 2023). According to the World Health Organization (WHO), there are approximately 600 million people worldwide living with disabilities, which amounts to about one in every ten individuals. The majority of these individuals, about 80%, reside in developing countries, with a higher concentration in rural areas. Sadly, disabled individuals often face stigma, poverty, and limited access to education (Groce, 2005).

Currently, there are approximately 38 million individuals living with HIV, with around 36.2 million being adults and 1.8 million children. Out of the total number of people living with HIV globally, 81% are aware of their HIV status, while around 19 million individuals remain unaware. However, it is encouraging to note that the number of people unaware of their HIV status has decreased from 7.1 million in 2019 (Worku, Tesema, et al., 2021). Sadly, there is very limited research and understanding of HIV/AIDS within disabled populations. Only a few prevalence studies, primarily conducted in North America, have been published. Nonetheless, these studies have raised concerns, as one small survey in the United States revealed a higher HIV infection rate among deaf individuals compared to the surrounding hearing population (Groce, 2005).

Sub-Saharan African are greatly affected by HIV/AIDS, as more than 50% of all new HIV infections occur in the region. Recent reports suggest that sub-Saharan Africa accounts for

76% of people infected with HIV across the globe. In sub–Saharan Africa, approximately 76% of all new HIV infections and 75% of all HIV/AIDS related deaths were recorded in 2015. There is evidence that young women are disproportionately impacted, as the 2022 Fact Sheet indicates that girls and young women 15–24 years of age are twice as likely to be living with HIV than young men. The disproportionate impact of HIV infection on women is usually attributed to biological, social, cultural, economic and structural factors. The possible reason for the high prevalence of HIV/AIDS among women could be due to gender-based violence and inadequate access and use of sexual and reproductive health services, including condoms (Zegeye et al., 2023). In addition to that, Kenya is among the countries with relatively high coverage of HIV testing (37%) in sub-Saharan Africa, this is still low. One of the most likely explanations for the poor uptake of HIV/AIDS testing services in Kenya and many developing countries is related to the high levels of stigma associated with HIV/AIDS (Ziraba et al., 2011).

Sub-Saharan African are greatly affected by HIV/AIDS, as more than 50% of all new HIV infections occur in the region.3,4 Recent reports suggest that sub-Saharan Africa accounts for 76% of people infected with HIV across the globe. In SSA, approximately 76% of all new HIV infections and 75% of all HIV/AIDS related deaths were recorded in 2015.There is evidence that young women are disproportionately impacted, as the 2022 Fact Sheet indicates that girls and young women 15–24 years of age are twice as likely to be living with HIV than young men. The disproportionate impact of HIV infection on women is usually attributed to biological, social, cultural, economic and structural factors (Zegeye et al., 2023).

The prevalence of HIV testing among women with disabilities is 56%. While according to UDHS report of 2016, the HIV testing among women aged 15-49 was 85% (UBOS & ICF, 2018). More still on HIV testing According to the 2016–2017 Uganda Population-based HIV Impact Assessment, more than half (54–60%) of women living with HIV were unaware of their HIV status. Specifically, only 74% of female students in six Ugandan universities had tested for HIV. In this setting, HIV risk increased with higher education attainment and was higher among urban residents. Although current data on HIV test uptake by young women like those attending universities in Uganda is scarce, it is likely to fall short of the Joint United Nations Programme on HIV/AIDS (UNAIDS) goal of 95% of all people with HIV knowing their HIV status by 2025 (Segawa et al., 2022).

1.2. Statement of the problem

Despite the growing awareness of HIV test among the people of Uganda, there is a still the problem being addressed in this research that is concerned with a recorded low HIV testing rates among women with disabilities in Uganda and the factors that contribute to this phenomenon. The prevalence of HIV testing among women with disabilities is 56%. While according to UDHS report of 2016, the HIV testing among women aged 15-49 was 85% (UBOS & ICF, 2018). Despite the availability of HIV testing services, anti-discrimination laws and efforts by the Ugandan government to increase testing rates, there remains a significant disparity in testing rates between disabled and non-disabled individuals in the country. This problem raises concerns about the accessibility and inclusivity of HIV testing services for disabled women in Uganda. It also highlights the potential consequences of low testing rates, such as delayed diagnosis and lack of access to appropriate care and treatment. In order to address this problem, it is important to identify and understand the specific factors that influence HIV testing among young disabled women in Uganda. By doing so, appropriate interventions and strategies can be developed to improve testing rates and ensure equal access to HIV prevention and care services for this marginalized population.

1.3 Objectives of the Study

1.3.1 Main objective of the study

To examine the factors that influence HIV testing among young women with disabilities in Uganda.

1.3.2. Specific Objectives

1) To identify relationships between social economic factors and HIV test among women with disabilities in Uganda.
2) To examine the relationship between demographic factors and HIV test among women with disability in Uganda.

1.4. Hypotheses

I. There's no association between marital status and HIV test among women with disability.
II. Is there a relationship between region of settlement and HIV test among women with disability?
III. There's no association between wealth quintile and HIV test among women with disability in Uganda.
IV. There's no association between education and HIV test among women with disability in Uganda.
V. There's no relationship between occupation of a woman and HIV test among women with disability?

1.5. Significance

The significance of the research study on HIV testing among young women with disabilities in Uganda lies in addressing the specific needs and challenges faced by this population. By focusing on young women with disabilities, the study aims to understand the barriers they encounter in accessing HIV testing services and to develop strategies to overcome these barriers.

This research study is important because it recognizes the intersectionality of disability and gender, acknowledging that young women with disabilities may face unique obstacles in accessing healthcare services, including HIV testing. By identifying these barriers, the study can contribute to the development of targeted interventions and policies that promote inclusivity and ensure equal access to HIV testing for all individuals, regardless of disability status.

Furthermore, this research study can help raise awareness about the specific vulnerabilities faced by young women with disabilities in relation to HIV/AIDS. It can shed light on the social, cultural, and structural factors that contribute to their increased risk of HIV infection and inform the development of comprehensive prevention and support programs tailored to their needs.

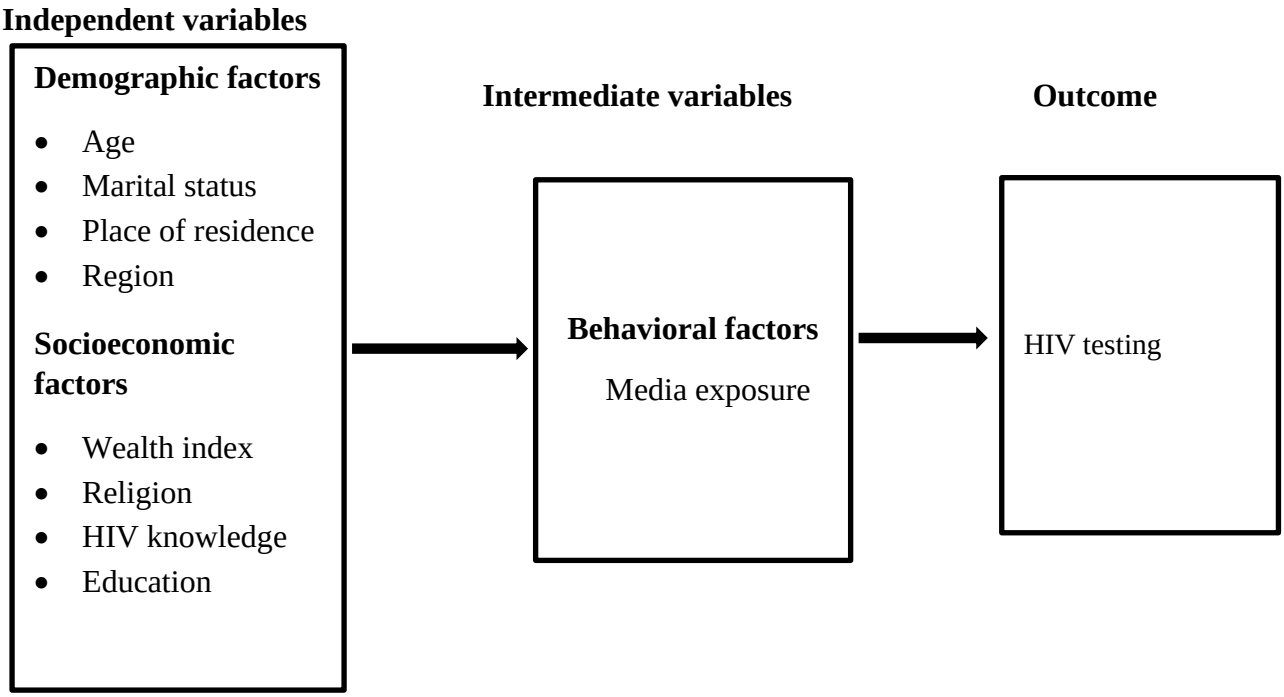
Therefore, the overall significance of this research study lies in its potential to improve the health outcomes and well-being of women with disabilities in Uganda by addressing the gaps in HIV testing services and promoting inclusivity in healthcare provision.

1.6. Scope

The study focuses on examining factors influencing HIV test among women with disabilities in Uganda. It aims to determine HIV test within this population and explore the demographic characteristics associated with reporting HIV test among women with disabilities. This study was conducted among women in reproductive ages (15-19) in Uganda. The study is based on the Uganda Demographic Health Survey. Therefore, the prevalence of HIV testing among women with disabilities is 56%. While according to UDHS report of 2016, the HIV testing among women aged 15-49 was 85% (UBOS & ICF, 2018).

1.7. Conceptual framework

The conceptual framework portrays the relationship between variables. It illustrates how predictor variables influence the outcome variable. The conceptual framework portrays the relationship between variables. It illustrates how predictor variables influence the outcome variable. Background factors include age, educational level, marital status, religion, place of residence, wealth index, occupation, and region, and the intermediate variable (media exposure) directly influence HIV test. For example, a woman's educational level may make her have idea about HIV testing as this knowledge is acquired in school hence knowing the major importance of testing for HIV.



Source: Researcher's construction

1.8. Operational definitions

Disability: According to WHO (2011) disability is defined as experiencing a lot of difficulty or not functioning in the domains of sight, hearing, speech, memory, walking, and personal care. Disability occurs as a result of an impairment of cognitive, developmental, emotional, physical, mental, sensory or a combination of all that affects one to fully participate in activities (Bukuluki et al., 2023).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the literature reviewed by different researchers on factors influencing HIV testing. The chapter reviewed related studies on the dependent and independent variables. Previous studies have revealed that disability can be caused by impairments in cognition, development, emotion, physicality, mental health, senses, or a combination of these factors, hindering full participation in daily activities (Bukuluki et al., 2023), Governments of various states conduct public health programs for human immunodeficiency virus (HIV) testing and counseling, aiming to diagnose and prevent the transmission of HIV/AIDS.

Disability and HIV are intricately linked, previous research suggests that people with disabilities with young women inclusive are at higher risk of contracting HIV, such may be due to poverty, exclusion, and discrimination and HIV can lead to impairments and disability (e.g. due to the direct effect of the virus, opportunistic infections or exclusion, and discrimination, People with disabilities face widespread barriers in accessing health care, but these are amplified for HIV care by a lack of knowledge and accessible information about HIV/AIDS and access to sexuality education; cultural beliefs around disability and

HIV/AIDS; lack of affordable, accessible, acceptable, and quality HIV care; and health workers' beliefs that people with disabilities are asexual (Rotenberg et al., 2023).

Therefore, the literature for this study has been reviewed according to the objectives of the study that is done so as to place the research problem in the context of the already conducted researches related to this research of HIV test among women with disabilities in Uganda. The review of the literature is intended to gain insights while identifying the gaps in the available literature on the subject matter of this research.

2.1 socio-demographic and behavioral factors with HIV testing

2.1.1 Age

According to a study done in Sub Sahara Africa among youth, age of respondents was associated with HIV testing in all countries (Asaolu et al., 2016). Older respondents had higher odds of HIV testing than younger respondents. This study finding is in agreement with a study by (Sonko et al., 2022) where youth aged 20 years and above were more likely to test for HIV compared to youth aged below 20 years. According to previous studies, the uptake of HIV testing was highest among the youngest group (15-19 years. (Gunn et al., 2016).

In agreement with (Dahl et al., 2008) findings, a Tanzanian study identified testing site as a risk factor for test refusal (Westheimer et al., 2004). Controversially, older age has been associated with both refusal (Westheimer et al., 2004) and increased uptake of HIV testing among women. (Kowalczyk et al., 2002; Pignatelli et al., 2006).

In collaboration with other studies (Dahl et al., 2008; MacPhail et al., 2009), age was also significantly associated with HIV testing. Age between 20 and above was associated with greater HIV testing than being younger (Erena et al., 2019). This is in line with a study carried out to assess factors associated with HIV testing among adolescents in Malawi by (Mkandawire et al., 2012), age had a strong positive association with HIV testing. The odds of testing for HIV were more than two times higher for older girls relative to younger girls.

2.1.2 Marital status

According to (Erena et al., 2019) marital status had a positive associated with HIV testing. Married were more likely to test for HIV compared to those that were never or ever in union. Similarly marital status was also an important determinant of HIV testing according to findings of (Ziraba et al., 2011) in Kenya. Not only can an HIV-positive result lead to divorce or separation, the death of a spouse from suspected AIDS may motivate the surviving spouse

to seek testing. This might explain the finding observed in this study that divorced/separated/widowed individuals were more likely to have had client-initiated testing and counselling (CITC) compared to married individuals. The finding that CITC among married individuals was low might be related to the false notion that people in stable marital partnerships are at a lower risk of contracting HIV yet recent evidence suggest that most new infections are taking place among married individuals who were previously thought to be a low risk group (Ziraba et al., 2011). The significantly lower likelihood of the never married women having had provider-initiated testing and counselling (PITC). PITC might be a reflection of their limited contact with the health care system as compared to their married counterparts who mainly make contact for obstetric reasons.

Uptake of HIV testing was lower for married women, possibly because these women fear that their partner or other family members will discover that they are HIV-positive (Giuliano et al., 2005; Urassa et al., 2005; Medley et al., 2004). This findings aligns with the study carried out in Northern Uganda (Fabiani et al., 2007).

2.1.3 Residence

There was also a statistically significant association between living in a rural or urban location, with more women who reside in urban areas being tested for HIV during ANC compared with women who lived in rural communities (Gunn et al., 2016)

In addition, a study by (MacPhail et al., 2009) indicate that having been tested for HIV was associated with living in an urban area among both men and women. A lack of equitable HIV service distribution between urban and rural areas has been previously noted (Scott, Chopra, Conrad, & Ntuli, 2005). The study indicates that despite effective models for integrating VCT into rural community health structures (Pronyk et al., 2002), accessing testing among rural youth remains a challenge. This is a significant finding that further corroborates with previous evidence that young rural South Africans are at particular risk of HIV infection (Pettifor et al., 2005) and demands that structures are put in place to increase the access of rural populations to HIV prevention and treatment strategies (Wilson & Blower, 2007).

2.1.4 Education

According to a cross sectional study in Sub Saharan Countries; Congo (Brazzaville), representing central Africa (DHS 2011-2012); Mozambique, representing southern Africa (DHS 2011); Nigeria, representing western Africa (DHS 2013); and Uganda, representing

eastern Africa (DHS 2011) by (Gunn et al., 2016), for all countries overall, there was also a significant association between education and uptake of HIV testing, those with a tertiary education had the greatest uptake of HIV testing compared with secondary, primary and no education.

Uptake of HIV testing was higher for women with some education, possibly because they better understand the potential benefits of measures for preventing HIV infection and are thus more receptive to these measures (Fabiani et al., 2007). Nonetheless, the strengths of these associations, as well as those of other factors only marginally associated with voluntary counselling and testing (VCT) uptake, were quite weak and thus would not be of great use in improving uptake. These findings are consistent with those of previous studies, in which uptake was associated with educational level (Giuliano et al., 2005; Westheimer et al., 2004; Kowalczyk et al., 2002; Cartoux et al., 1998). However, the associations found in these studies were also quite weak, especially considering that, in many of these studies, the results were expressed as odds ratios, which overestimate the risk ratio when analyzing a common outcome such as VCT uptake (Skov et al., 1998; McNutt et al., 2003; Barros & Hirakata, 2003).

2.1.5 Wealth status

Regarding household wealth status, a woman in the high socioeconomic categories was more likely to be tested for HIV than women from poor household (Worku, Teshale, et al., 2021). This finding was consistent with other studies (Paulin et al., 2015; Ejigu et al., 2018). This can be justified as women with higher socioeconomic status have a better educational level and are economically privileged to seek and access health services including voluntary counseling and testing services than those in the lower socioeconomic class. Additionally, according to (Ajayi et al., 2020), wealth status was also significantly positively related to recent uptake of HIV testing.

2.1.6 Total lifetime sexual partners

According to a study carried out in South Africa by (MacPhail et al., 2009) having two or more lifetime sex partners was associated with having tested for HIV among sexually experienced young women.

In study by (Worku, Teshale, et al., 2021), women with multiple sexual partnership were more likely to be tested for HIV/AIDS compared with their counterparts. A similar finding

was reported from a study in Ethiopia (Bekele et al., 2016). This might be due to the fact that women with multiple sexual partnership had a higher perceived risk of acquiring HIV, which increases their motive to be tested.

2.1.7 Knowledge about HIV/AIDS

Previous studies (MacPhail et al., 2009; Mkandawire et al., 2012) indicate that adolescents with accurate knowledge about HIV/AIDS are more likely to test for HIV compared to their counterparts with wrong or no knowledge about HIV/AIDS.

Additionally, a study by (Asaolu et al., 2016) revealed that higher levels of HIV testing among youth with comprehensive HIV knowledge, an association that had been reported in other studies (Gage & Ali, 2005; Omoigberale et al., 2007; Aderemi et al., 2014). To reduce the spread of HIV among youth, it is important to equip them with information about the virus. Unfortunately, the level of HIV knowledge among youth in sub-Saharan Africa is very low.

Having comprehensive HIV knowledge was significantly associated with having an HIV test, with more women having{Citation} an HIV test if they displayed comprehensive knowledge compared with those who did not have comprehensive HIV knowledge (Gunn et al., 2016).

2.1.8.1 Media exposure

According to a study carried out to assess Low coverage of HIV testing among adolescents and young adults in Nigeria, media exposure was associated with higher odds of HIV testing uptake, which further reinforces the role of media towards raising awareness about HIV, the benefits of HIV testing and treatment, and communicating recent advances like availability of pre-exposure prophylaxis and more importantly the “Undetectable Equals Un transmittable” message (Ajayi et al., 2020). This finding is similar to a study done by (Somefun et al., 2019) in sub Saharan Africa, which indicated that adolescents exposed to mass media were more likely to test for HIV compared to adolescent who were not exposed to media.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter consists of the study design, data source, study population, sample size, data analysis, and Ethical considerations.

3.1 Study Design

I used the 2016 Uganda Demographic and Health Survey (UDHS) data. The UDHS is based on a cross-sectional nationally representative survey design that employed a stratified two-stage cluster sampling design (UBOS & ICF, 2018). The survey is representative of women age 15-49 years.

3.2 Data Source

Datasets used for this study were obtained with permission from the Demographic and Health (DHS) program website. This study used data from the 2016 Uganda Demographic and Health Survey (UDHS), which was conducted by the Uganda Bureau of Statistic (UBOS & ICF, 2018).

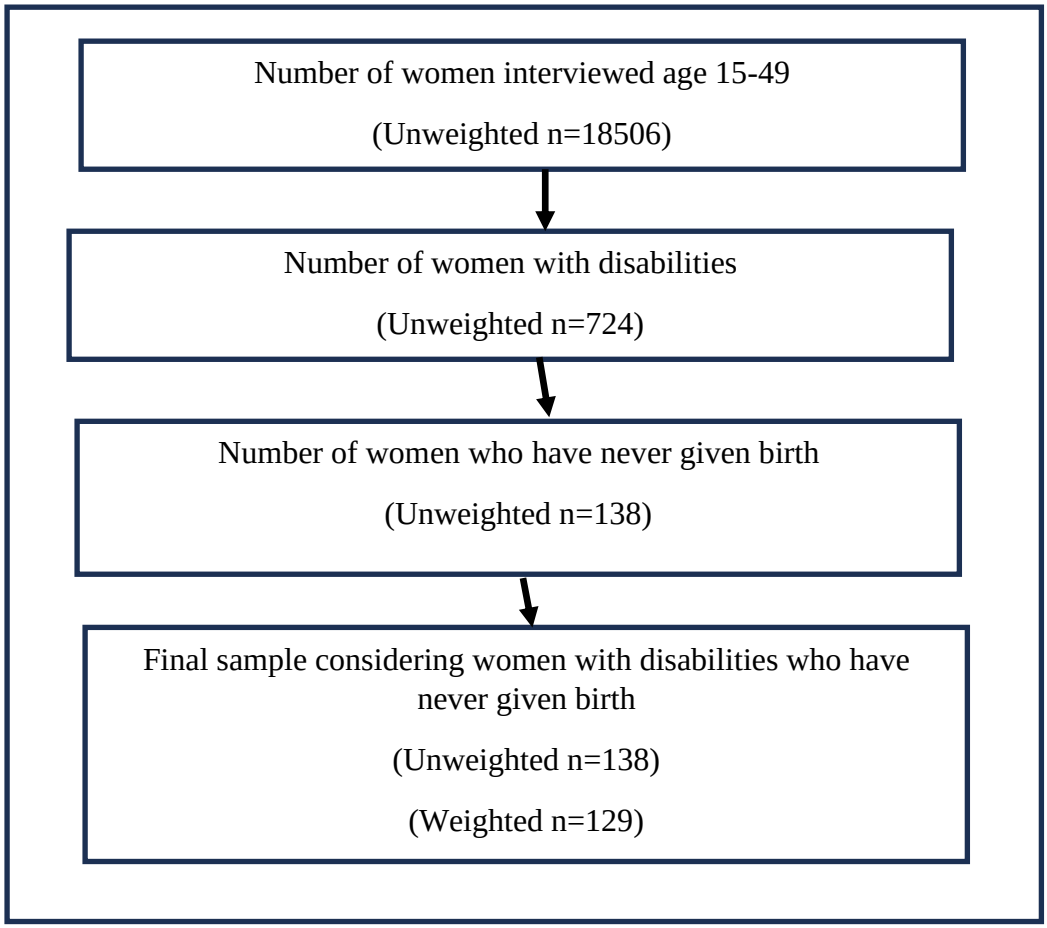
3.3 Study population and Sample size

The study included all women of reproductive in the women´s/individual recode or dataset who reported disability status. Men and household heads that did not fit the inclusion criteria were excluded from the analysis. A weighted sample of 129 women with disabilities was

used as the final sample in this study. I merged individual (women) and peoples´ recode/datasets of the 2016 UDHS to enable us to identify women with disabilities in the individual recode. To account for the complex survey design, I used the weighting variable (v005) and the Stata survey (svy) command to apply the weights to the data.

3.5 Variable measurements

WHO defines disability as experiencing a lot of difficulty or not functioning in the domains of sight, hearing, speech, memory, walking, and personal care (WHO, 2011). I adopted this definition in the generation of the variable “disability status”. Respondents were asked if they had “no difficulty”, “some difficulty”, “a lot of difficulty” or “cannot function at all” in the specified domains. There was also a provision for “don´t know” since for the household recode, women were not necessarily the respondents. These cases (9) were dropped. Disability status was recoded as “disability status" with two categories (0 no 1 yes); “no” meaning no disability and “yes” one or more disabilities. Those with No were dropped in this current study.



The 2016 UDHS questionnaire includes a question whether a woman has ever tested for HIV/AIDS. In this case the outcome variable is HIV testing. Therefore, whoever answered yes to the question was considered to have tested for HIV "1" Yes and the rest to have never tested for HIV "0" No. Hence a binary outcome variable for this study.

Table 3.1 Variable measurements

Variable name	**Description**	**Coding**
Dependent variable		
HIV testing	Capture whether the respondent has ever tested for HIV	1. No 2. Yes
Independent variable		1.
Total lifetime number of sex partners	Captures the total lifetime number of sexual partners	2. One partner 3. 2 or more
Education	This variable captures the education level of respondents.	1. no education 2. primary level 3. secondary+

Location/ residence	This variable captures one's place of residence	1. Rural 2. Urban
Age	This variable captures the age of respondent	1. 24 or less 2. 25+
Wealth index	This variable captures the income status of individuals and is recorded as the wealth index in the UDHS	1. Poor 2. Middle 3. Rich
Religion	The religion variable captures the respondent's religious affiliation	1. Catholic 2. Anglican 3. Pentecostal 4. Others
Marital status	This variable captures the marital status of the respondent	1. Never married 2. Ever married
Listening to radio	This variable captures if the respondent was exposure to media and mobile phone ownership	1. No 2. Yes
Occupation	This variable captures employment status of the respondent	1. not working 2. working
Region	This captures region of respondent	1. Central 2. Eastern 3. Western 4. Northern

3.6 Data Analysis

Data were analyzed at the univariate, bivariate, and multivariate levels using the Stata software version 15.0. All analyses were weighted in order to take into consideration complex survey design, using the svy command in Stata.

3.6.1 Univariate Analysis

At the univariate level, descriptive statistics for the characteristics of the respondents were presented. The descriptive statistics were used to establish the frequency of each variable and are shown using frequency tables.

3.6.2 Bivariate Analysis

At the bivariate level, cross tabulations were used to determine the associations between the outcome variable and background characteristics. In this analysis a chi square test statistic was used to establish the simple relationships between the independent and dependent variables. The chi square statistic takes the form of equation below,

$$\chi^2 = \sum_{i=1}^{r}\sum_{j=1}^{c} \frac{\left(O_{ij} - E_{ij}\right)^2}{E_{ij}} \qquad \text{……..3.1}$$

Where:

X^2 = chi-square value

O_{ij} = observed frequencies

E_{ij} = number of expected values

r = number of rows

c = number of columns

3.6.3 Multivariate Analysis

At Multi variate analysis, binary logistic regression model was fitted to determine the relationship between predictors total lifetime number of sex partners. Binary logistic regression was used due to the nature (binary) of the outcome variable. A correlation matrix was used to determine multicollinearity among independent variables. Only variables that indicated a p-value of 0.2 or less at bivariate level of analysis were considered at multivariate

analysis. In cases where the level of significance was less than 0.05 (p-value <0.05), that indicated a significant association between the independent and dependent variable.

indicated a significant association between the independent and dependent variable.

$$logit\left(\frac{p}{1-p}\right) = \alpha + \beta X_i + \varepsilon$$ ……..3.2

Where; p is the probability of having two or more partners

1-p is the probability of not having two or more partners

α is a constant

β is a coefficient associated with independent variables

X are independent variables

3.7 Ethical considerations

Permission to use the Uganda Demographic and Health Survey data was acquired from the DHS program following the recommended procedure from their website http:// dhsprogram.com/data/Access-Instructions.cfm. The data collection process accords rigorous attention to participant's safety, confidentiality, informed consent and participation in the survey on a voluntary basis and available data contains no information that can be used to identify the respondents.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.0 Introduction

This chapter presents the distribution of respondents by their socio- demographic and behavioral characteristics and the association between the independent variables and HIV testing among women with disabilities in Uganda.

4.1 Descriptive results

Table 1: Frequency distribution of explanatory factors and HIV testing in Uganda

VARIABLES	FREQUENCIES (N=129)	PERCENTAGES (%)
Independent variable		
Ever tested for HIV		
No	57	44.1
Yes	72	55.9
Independent variables		
Age		
24 or less	101	78.3
25+	28	21.7
Marital status		
Never married	103	79.3
Ever married	27	20.8
Residence		
Urban	35	26.8
Rural	95	73.3
Education level		
Primary or no education	90	69.5
Secondary and above	39	30.5
Religion		
Anglican	41	31.3
Catholic	53	41.2
Pentecostal	20	15.5
Others	15	11.9
Occupation		
Not working	56	43.0
Working	74	57.0
Region		
Central	38	29.3
Eastern	23	18.1
Northern	21	16.4
Western	47	36.1
Wealth index		
Poor	36	27.7
Middle	31	23.7
Rich	63	48.6
Listening to radio		
No	42	32.5
Yes	87	67.5
Total life time sexual partners		
One	32	57.6
2 or more	24	42.4

Table 1 presents the descriptive results. The majority (78%) of the respondents were 24 and below years; never married (79%), Christians (over 89%), and rural residents (73%). The majority of the respondents (70%) had primary and no education, those that were working (57%) and listened to radio (68%). Close to one in four were from the western region (36%). About a half (49%) of the respondents were of rich wealth index and had one life time sexual partner (58%).

4.2 Bivariate Analysis

Table2: Percentage distribution of HIV testing and explanatory factors

VARIABLES	HIV TESTING		PVALUE(Chi2)
	No (%)	Yes (%)	
Age			
24 or less	48.8	51.2	
25+	26.9	73.1	0.107(4.578)
Marital status			
Never married	54.9	45.1	
Ever married	2.8	97.2	**0.000**(24.961)
Residence			
Urban	26.8	73.2	
Rural	50.4	49.7	**0.043**(6.070)
Education level			
Primary or no education	50.7	49.3	
Secondary and above	29.0	71.0	0.054(6.867)
Religion			
Anglican	43.8	56.2	
Catholic	41.8	58.2	
Pentecostal	48.7	51.4	
Others	46.5	53.5	0.970(0.338)
Occupation			
Not working	52.8	47.3	
Working	37.5	62.5	0.140(3.181)
Region			
Central	50.3	49.7	
Eastern	62.1	37.9	
Northern	36.1	63.9	
Western	33.6	66.4	0.132(6.747)
Wealth index			
Poor	55.3	44.7	
Middle	57.6	42.4	
Rich	31.0	69.0	**0.031**(9.012)
Listening to radio			
No	58.6	41.4	
Yes	37.1	63.0	0.057(5.711)
Total life time sexual partners			
One	24.9	75.1	
2 or more	18.5	81.5	0.656(0.354)

Table 2 also shows associations between HIV testing and independent factors among women with disabilities. HIV testing was associated with wealth status of the respondent, marital status, and residence. The percentage of women with disabilities who had ever tested for HIV were higher among ever married women (97%) (p=0.000), urban residents (73%) (p=0.043), and rich wealth index (69%) (p=0.031). Education level, occupation, age, religion total life time sexual partners and listening to radio were not associated with HIV testing.

4.3 Multivariate Analysis

Table 3: Multivariate analysis of the factors associated with HIV testing among women with disabilities in Uganda.

VARIABLE	ODDS RATIO	PVALUE	95% CI
Age			
24 or less**(rc)**			
25+	1.05	0.949	0.25-4.30
Marital status			
Never married**(rc)**			
Ever married	59.87	**0.001**	6.13-584.47
Residence			
Urban **(rc)**			
Rural	0.56	0.313	0.18-1.73
Education level			
Primary or no education**(rc)**			
Secondary and above	3.61	**0.016**	1.28-10.17
Occupation			
Not working**(rc)**			
Working	1.44	0.466	0.54-3.84
Region			
Central**(rc)**			
Eastern	0.76	0.699	0.18-3.20
Northern	3.20	0.158	0.64-15.87
Western	5.48	**0.008**	1.57-19.16
Wealth index			
Poor**(rc)**			
Middle	0.89	0.852	0.25-3.13
Rich	2.65	0.130	0.75-9.43
Listening to radio			
No**(rc)**			
Yes	1.74	0.332	0.56-5.36

rc: reference category; CI: Confidence

Table 3 presents the determinants of HIV testing. Only variables that indicated a p-value of 0.2 or less at bivariate analysis were considered at multivariate analysis. The determinants of HIV testing among women with disabilities were marital status, education level and region. The odds of HIV testing were higher among ever married women compared with never-

married women [OR=59.92; CI: 6.14-584.69; p=0.001]. HIV testing was higher among women with secondary and above education compared to women with primary or no education [OR=3.61; CI: 1.28-10.17; p=0.016]. Likewise, among women with disabilities, women from Western region were more likely to test for HIV compared with women from Central region with odds [OR=5.48; CI: 1.57-19.16; p=0.008].

4.4 Discussion of findings

In this current study, I found that the prevalence of HIV testing among women with disabilities is 56%. While according to UDHS report of 2016, the HIV testing among women aged 15-49 was 85% (UBOS & ICF, 2018). This indicates that women with disabilities are less likely to go for HIV testing compared to the general women aged 15-49. Therefore, this study assessed factors influencing HIV testing among women with disabilities in Uganda. Significant factors were marital status, level of education and region of residence.

In this study women with secondary and higher education had higher odds of HIV testing compared with women with primary no education, which is supported by studies conducted in Ethiopia (Peltzer & Matseke, 2013; Worku, Teshale, et al., 2021). The reason for this may be the fact that education can improve HIV-related knowledge and improves income among women that in turn increases maternal health service use. Also, educated women might have higher levels of exposure to HIV/AIDS related information, better knowledge regarding the advantages of HIV testing, as well as ability to make good decisions to go for HIV testing.

Looking at marital status, ever married women had higher odds of being tested for HIV compared with unmarried women. This finding was supported by another studies conducted in Ethiopia and Kenya (Leta et al., 2012; Taegtmeyer et al., 2009; Erena et al., 2019). This might be associated with the fact that married women are sexually active and therefore they tend to go to health facilities for health checkups and to have voluntary counselling and testing unlike those of unmarried women.

Additionally, my study findings found region of residence statistically associated with HIV testing among women with disabilities. Women of western Uganda had increased odds of testing for HIV compared to those from Central. My study finding is in great agreement with other previous studies conducted in Uganda (Akers et al., 2007; Dahl et al., 2008; Ja et al., 2008). The reason for this may be the fact that women from western Uganda are married and more likely to get pregnant thus attending antental care and HIV testing.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMENDATIONS

5.0 Introduction

This chapter presents the conclusions and recommendations for policy and program implementations

5.1 summary of findings

This study aimed at investigating the factors influencing HIV test among young women with disability in Uganda basing on 129 women with disabilities in Uganda.

The prevalence of HIV testing among young women with disabilities stood at 56% which slightly lower compared to 85% of the general population of women. The determinants of HIV testing among women with disabilities were marital status, level of education and region of residence.

Ever married women had increased odds of approximately 59.87 more like to test for HIV compared to women who were never in union. Additionally, young women with secondary or high education that had odds of 3.61 and were more likely to test for HIV compared to women with primary or no education. Similarly, women from western Uganda with increased odds 5.48 more likely to test for HIV compared to their counter parts.

5.2 conclusion

This study conducted among women with disabilities showed that marital status, level of education and region of residence are key factors to HIV testing. Therefore, my study findings accept my study hypotheses that ever married and educated women are more likely to test for HIV. Improving uptake of HIV testing among female adolescents requires addressing a wide range of health system challenges. The factors that influenced HIV testing were marital status, region and level of education, marital status influenced HIV testing because women that are married are sexually active and therefore they opt for HIV testing as a couple, then level of education influence HIV testing because educated women have prior knowledge and are exposed to HIV testing programs , and region also influences HIV testing, this could be because from the western are sensitized about HIV testing compared to other regions.

5.3 Recommendations

There is need for sensitization with HIV testing programs to never married women both with and without disabilities the importance of HIV testing so that they are encouraged to go and test for HIV, this can be good for their well-being and good of their health through avoiding or managing HIV to limit and control further implications. It is important for health workers especially nurses to be more actively for educate about HIV testing especially never married and married women with disabilities. This could reduce the rate of HIV spread rate among women with disabilities.

Strong efforts should be made among youth to involve partners in HIV testing prevention programmes. A more conducive environment for partner involvement could be created by recruiting more male HIV/AIDS counsellors and by finding a less gender-specific venue than antenatal clinics for MTCT prevention activities. Community education to promote counselling of couples may also be a viable strategy for increasing HIV testing rate among women with disabilities.

Promote inclusive education: Access to quality education is essential for the empowerment of women with disabilities. Efforts should be made to promote inclusive education by providing necessary accommodations, such as accessible classrooms and specialized support services. This will create awareness of HIV test among women with disabilities especially those from western Uganda whose prevalence for HIV test is the lowest among the regions.

5.4. Areas of further research

Comparative Studies: Comparative studies between women with disabilities and women without disabilities to understand the unique challenges and experiences related to HIV testing. This could highlight disparities and contribute to advocacy efforts of HIV testing especially the never married.

Stigma and discrimination: Exploring the impact of stigma and discrimination on HIV testing among young women with disabilities. This research could delve into the experiences of stigma and discrimination faced by this population and how it affects their willingness to get tested for HIV.

Knowledge and awareness: Assessing the level of knowledge and awareness about HIV/AIDS among young women with disability. This research could examine their understanding of HIV transmission, prevention methods, and the importance of testing, and identify any gaps in knowledge that may contribute to low testing rates.

Qualitative Research: Use qualitative research methods, such as in-depth interviews or focus groups, to capture the lived experiences and narratives of women with disabilities regarding HIV testing. This could provide rich contextual in the future research concerning HIV testing among women with disabilities.

By conducting further research in these areas, we can gain a deeper understanding of the factors influencing HIV testing among young women with disabilities and develop targeted interventions and policies to address these factors effectively.

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