ABSTRACT

Background:

Utilization of EID in Uganda has lagged behind and according to the Ministry of Health as low as 40.2% of HEIs receive virological test for HIV using DNA-PCR tests within two months of birth. This low utilization of EID is responsible for an increasing number of children becoming infected with HIV due to a delay in the initiation of preventive interventions. This research therefore sought to identify the factors that influence the utilization of EID in order to put in place interventions to ensure maximum child survival through promotion of EID.

Objective:

The objective of this study was to assess the factors associated with the utilization of Early Infant Diagnosis of HIV at Kisenyi HCIV in Kampala district.

Methodology:

This was across sectional study which assessed the EID services utilization among 246 mother-baby pairs in Kisenyi health center IV. Participants were selected randomly through simple random sampling techniques.

Results:

The study found out that access to EID of HIV at six weeks of age in Kisenyi HCIV is at 22%. Mothers aged 30-years and older had almost two-fold higher likelihood of ensuring their HIV exposed infant (HEI) accessed EID of HIV test at six weeks compared to those below or equals 30-years old (Adjusted prevalence rate ratio (APPR): 1.9, 95% confidence interval (CI): 1.22-2.98; P=0.005). Mothers that received antenatal care health education on mode of transmission of HIV to the unborn baby were over three times more likely to ensure that the HEI get tested for HIV at six weeks compared to those that never received antenatal care health education on mode of transmission of HIV to the unborn baby (APRR = 3.27, 95% CI: 1.2-8.95; P=0.021). Mothers that took more than 1-hour to reach the nearest health facility to access EID services were less likely to have HEIs use EID of HIV test at six weeks

compared to those that took less than 1-hour (APRR = 0.64, 95% CI: 0.41-1.00; P=0.049).

Conclusion:

Socio-demographic and health system related factors significantly affect the utilization of EID services. Access to and utilization of EID is low and therefore serious efforts should be undertaken to ensure that all infants exposed to HIV received HIV testing by 6 weeks of age.