

ABSTRACT

Background: Globally, it is estimated that 3.2 million children 0–14 years of age are living with HIV, majority of whom were infected through mother-to-child transmission during pregnancy, labor and delivery. Despite evidence that early antiretroviral therapy can dramatically increase child survival, less than one quarter of all HIV infected children receive antiretroviral therapy. In Uganda, HIV infections in children are treated at a late stage of disease progression, despite the roll-out of EMTCT programmes and early HIV testing of infants. Socio-economic constraints, Health system constraints and socio-cultural barriers hinder the timely uptake of HIV testing of children.

Methodology: A descriptive cross sectional design was used to gather data. The respondents were selected voluntarily by simple random sampling.

Results: It was established that 34(55.7%) compared to 27(44.3%) had utilized HIV care services at Kiryandongo hospital. The study findings revealed that there were 21(34.4%) females, 19(31.1%) had 6-9 years age difference, 24(39.3%) had secondary education, 28(45.9%) caretakers of these children were single, 28(45.9%) were protestants and 35 (57.4%) were self-employed. The results show 31(50.8%) of the respondents reside more than 3 km from the health facility, more than half 45(73.8%) used money to get to the hospital, only 6(9.8%) earned more than 100,000UGX, 36(59.0%) agreed that their culture enabled them to take up HIV care, more than half of the respondents agreed that religion influenced their uptake of HIV services and 23(37.7%) had been stigmatized in the community. With regard to health factors; 18(29.5%) had waited 2-4 hours, more than half 40(65.6%) of the respondents thought that the health workers were friendly and more than half of the respondents agreed that health workers had done regular checks on their children. However, only distance was found to significantly influence uptake of HIV services at Kiryandongo hospital ($p < .05$).

Conclusions: the uptake of HIV services by children 12 years and below from Kiryandongo hospital is low. Increasing HIV clinics in Kiryandongo district will increase uptake of HIV services and thus improve quality of life.