

In most parts of the world, including sub Saharan Africa HIV treatment coverage for men is lower than that for women. In low and middle income countries (including Uganda), 57% of treatment eligible men accessed ART in 2012, compared to 73% of treatment eligible women (UNAIDS Global Report 2013). The main purpose of this study was to determine factors that influenced uptake of HIV/AIDS services among men who attend TASO Mulago centre, Kampala, Uganda.

The objective of the study was to investigate factors which determine uptake of HIV/AIDS services among men at TASO Mulago centre.

Methodology: a descriptive cross-sectional study was carried out among 308 men who had sought HIV/AIDS services. Researcher administered questionnaires were used to collect responses from participants and data was analysed using SPSS version 16.0. A Chi-square procedure was used to determine levels of significant associations among different variables.

Results: Of the 308 questionnaires administered, 288 were completely filled, thus giving a response rate of 93.5%. Socio-demographic variables significant were age ($\chi^2 = 25.73$, $P=0.000$); Education level ($\chi^2=14.872$, $P=0.002$). Significant individual factors included feelings after a positive HIV test ($\chi^2=24.269$, $P=0.000$); Being afraid of taking ARVs ($\chi^2=20.845$, $P=0.000$); Issues that confused about HIV/AIDS treatment ($\chi^2=8.027$, $P=0.003$); Cost barriers ($\chi^2=31.590$, $P=0.000$); expected benefits of taking ARVs ($\chi^2=6.593$, $P=0.006$); reaction from spouse ($\chi^2= 24.142$, $P= 0.000$). Significant facility factors included; counselling quality ($\chi^2 = 1.908$, $P= 0.019$), fear that health workers might disclose their status to others ($\chi^2=3.682$, $P=0.039$) Feeling judged by health workers($\chi^2=6.212$, $P=0.008$), waiting time while at the facility ($\chi^2=10.036$, $P=0.007$) accessibility of health workers ($\chi^2=7.433$, $P=0.025$). Significant societal factors included; being stigmatised by community members ($\chi^2=4.236$, $P=0.026$), Fear to be seen at the facility when seeking service ($\chi^2=6.063$, $P= 0.011$).

Conclusion: Generally, men's health care seeking for HIV services was poor and it was as a result of fear for taking ARVs, cost barriers to and from the facilities/ CDDPs and other additional costs, negative feelings after one testing positive for HIV, disclosure of status to spouse and long waiting time at the facility.

Health education and promotion on the benefits of seeking HIV/AIDS care should be emphasised, there should be initiatives for income generating activities for men from all stakeholders, well packaged pre and post-test counselling services, increasing health workers handling patients on clinic days in order to reduce on waiting time.