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Knowledge levels of voluntary counselling and testing for human immunodeficiency virus amoungst taxi drivers in Kampala, Uganda

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KNOWLEDGE LEVELS ON VOLUNTARY COUNSELLING AND TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS AMONGST TAXI DRIVERS IN KAMPALA, UGANDA

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ABSTRACT

Introduction:
Human Immunodeficiency Virus (HIV) was first isolated from human blood in 1983 at the Pasteur Institute, Paris. Currently there is no cure for HIV and control efforts emphasize prevention. One of the components of the Global Strategy put forward to preventing HIV transmission is HIV Voluntary Counselling and Testing (VCT) (Ginwalla, Grant & Day:2002). Taxi drivers are part of the Ugandan population at special risk of acquiring this virus. It was therefore necessary to carry out a study in this group of people to assess how much they knew about HIV/VCT services.

Study Objectives
To establish the level of knowledge amongst the taxi drivers about the availability and accessibility of HIV VCT services in Kampala.
To identify factors that influence the taxi drivers in Kampala, Uganda to access the VCT services.

Methods and materials
A cross-sectional descriptive study design was used to carry out the study amongst 400 taxi drivers who consented to participate and operated within and around the city of Kampala during 2004. A structured questionnaire to record variables that included, age, sex, marital status, level of education, level of knowledge of VCT, factors that enhance VCT uptake, factors that inhibit VCT uptake, history of having ever had VCT, and knowledge of spouse or sexual partner's HIV serostatus, was used.
Data was entered into EPI-INFO 6 computer program and descriptive and analytic investigation using proportion or percentages to compare the level of knowledge generated was used.

Findings/Results
A total of 399 taxi drivers with 52.8% of them aged between 26 – 35 years participated in the study. 68.8% lived within 6 km of the city centre. All were married and 78.8% had one spouse. 0.75% were lady drivers.
55% of the participants had attained secondary school level of education. 69% of the taxi drivers knew that HIV/AIDS was the commonest health problem in the country and 57.4% of the participants mentioned HIV testing as the only way one would ascertain their serostatus. 94.2% had heard about HIV/VCT mainly from the media and as much as 98.7% of the taxi drivers knew a place where such services could be got. 82.2% confirmed that these places were accessible and 85.9% said that the services were not expensive. However, 57.3% of the participants preferred getting these services where

they were known in order to get genuine results and subsequent support. The 26% who opposed this idea sighted confidentiality as the main obstacle.
Despite the knowledge level about HIV/VCT amongst the participants, 68.3% of the communal taxi drivers were willing to go for the service and only 16.1% had actually taken the test. Out of the 399 participants 59.6% felt that they could share their serostatus with their spouses.

Conclusion

The taxi drivers are knowledgeable about HIV/VCT services and these findings lie within the overall range of knowledge of the population in urban Uganda.
The HIV/VCT services are accessible and affordable to the taxi drivers but the fear to receive the unexpected results and the consequences of having positive results hinder the taxi drivers from seeking the VCT services.
The majority of taxi drivers preferred to go to HIV/VCT service points where they were known. This factor could have contributed to the small number of taxi drivers that had taken the test. Probably few suitable service points to go to had been identified by these taxi drivers.

Recommendations

The government and other organizations that provide care in the field of HIV should organize sensitization seminars for taxi drivers to address issues aimed at allaying their anxiety or fear to receive positive results.
Also, there is a need to intensify counselling services for the taxi drivers by establishing counselling centres close to the two taxi parks in the City.
HIV/VCT service centres should be integrated with other health services so that people who seek either of the services can gain from both. This will encourage more taxi drivers to come to these centres.