

**FACTORS ASSOCIATED WITH THE UPTAKE OF HOME-BASED
CARE SERVICES AMONG RURAL PEOPLE LIVING WITH HIV
AND AIDS IN NAROK DISTRICT, KENYA**

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ABSTRACT

In 2007, a total of 33.2 million people worldwide were living with HIV and AIDS representing 30.8 million adults and 15.4 million children. In the same period a total of 2.1 million people died of HIV and AIDS related complications. The impact of HIV and AIDS in many developing countries has brought about untold socio-economic and health sufferings. This therefore, has resulted in HIV and AIDS remaining a major public health problem. In Kenya, HIV and AIDS has been declared a national disaster affecting mainly people in the productive and reproductive age group of 15 to 49 years. Home and Community Based Care (HBC) is a critical component in the care, support and mitigation of the effects of HIV and AIDS but whose utilization is still low in Kenya. The aim of this study was to determine the factors associated with HBC uptake among rural PLWHAs in Narok District. A population based cross-sectional survey employing mainly qualitative (FGDs) and quantitative (questionnaire) techniques was conducted in Narok District among adult (>18 years) PLWHAs. Simple random sampling was used to identify the respondents. Data analysis was done using SPSS. The overall prevalence of HBC uptake among rural PLWHAs was 16.4%. Gender distribution was comparable with the ratio of male to female respondents being 1:1, a distribution pattern of 44% to 56% respectively. HBC uptake among female PLWHAs was 23.3% and that of males was 7.5%. HBC uptake among PLWHAs aged <35 years (youth) was 4.4% and 20.3% for those >35 years or more (adults). There was a significant association between marital status and HBC uptake ($P=0.043$) with the single PLWHAs being least likely to uptake HBC services as compared to the married or divorced. There was a significant association between level of education attained and HBC uptake among PLWHAs ($P=0.035$). HBC

uptake among PLWHAs that had attained primary education or none was 20.7% and 8.1% for those with at least secondary education. There was no significant association between religion and HBC uptake among PLWHAs ($P=0.437$). There was no significant association between employment status and HBC uptake ($P=0.087$), suggesting that unemployed PLWHAs were not more likely to embrace HBC services as than employed PLWHAs. Transport to the nearest health facility did not significantly affect HBC uptake. There was no significant association between time taken to reach the nearest health facility and HBC services uptake ($P=0.815$). The study recommends that there is need for scaling up the programs to comprehensively cover the Districts that have established the services and to reach those who have not accessed HBC, strengthening referral systems between HBC and other services including strengthening of linkage between health facilities and community so as to ensure the continuum of care, and strengthening Districts to support monitor and supervise HBC programs.