INTENTION TO HAVE AN HIV TEST: MODELING VOLUNTARY COUNSELING AND TESTING USING THEORY OF REASONED ACTION

By

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Declaration

This dissertation is the original work of Godfrey Makware. It has been prepared in accordance with the guidelines for Masters in Biostatistics dissertations in the University of Zimbabwe. It has not been submitted elsewhere for another degree at this or any other university.

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List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune-Deficiency Syndrome</td>
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<tr>
<td>ANC</td>
<td>Antenatal Clinics</td>
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<tr>
<td>ANOVA</td>
<td>Analysis of Variance</td>
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<tr>
<td>ART</td>
<td>Anti-Retro Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-Retro Viral</td>
</tr>
<tr>
<td>BRTI</td>
<td>Biomedical Research and Training Institute</td>
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<tr>
<td>CSO</td>
<td>Central Statistical Office</td>
</tr>
<tr>
<td>DBS</td>
<td>Dried Blood Spot</td>
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<tr>
<td>EA</td>
<td>Enumeration Area</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ICHE</td>
<td>Institute of Continuing Health Education</td>
</tr>
<tr>
<td>ICOHRTA</td>
<td>International Clinical Operational and Health Services Research and Training Awards</td>
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<tr>
<td>KAP</td>
<td>Knowledge Attitudes and Practices</td>
</tr>
<tr>
<td>MoH&amp;CW</td>
<td>Ministry of Health and Child Welfare</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Council</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
</tr>
<tr>
<td>OI</td>
<td>Opportunistic Infection</td>
</tr>
<tr>
<td>PC</td>
<td>Principal Component</td>
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<tr>
<td>PLWHA</td>
<td>People Living with HIV/AIDS</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>TPB</td>
<td>Theory of Planned Behaviour</td>
</tr>
<tr>
<td>TRA</td>
<td>Theory of Reasoned Action</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Acquired Immune-Deficiency Syndrome</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>ZDHS</td>
<td>Zimbabwe Demographic and Health Survey</td>
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</table>
ABSTRACT

Intention to have an HIV test: Modeling voluntary counseling and testing using Theory of Reasoned Action

Introduction

There is a low uptake of HIV test in Zimbabwe despite the population's knowledge about HIV/AIDS as shown in studies on knowledge, attitudes and practices (KAP). Success in alleviating the spread of HIV/AIDS can only be fully realised if people take up HIV tests on their decision. In order to solicit information from people on their intentions towards HIV test, this study was carried out in two high-density suburbs of Harare namely Glen View and Kuwadzana. The HIV will remain unabated if HIV-positive people who do not know their HIV status take the initiative to make their status known. The study aims to model determinants of intention to have an HIV test using the theory of reasoned action framework.

Study design, participants and methods

An analytic cross sectional study was conducted in randomly selected enumeration areas in Glen View and Kuwadzana high density suburbs of Harare, Zimbabwe. Data was collected through a self-administered questionnaire distributed to 150 consenting participants, men and women aged 15 to 49 years, who had never tested for HIV and who reside in the two areas. The theoretical framework used was Theory of Reasoned Action (TRA). Two types of response variables on intention to have an HIV test were used. The first was dichotomous and used as a classification variable in discrimination analysis. The second was a continuous variable derived as a score from items in the construct and used in linear regression analysis.

Results

Data was analysed based on 134 questionnaires collected from participants, of which 61 (46%) were from Glen View and 73 (55%) Kuwadzana; 86 (65%) were females and 47 (35%) males. Sixty-nine (52%) were married and/or living together while 53 (40%) were single and/or never married and 99 (76%) were not employed. Sixty-six (49%) had an intention to have an HIV test within three months. Linear regression for intention on attitudes and subjective norms based on scores from factor analysis showed that only subjective norms [coefficient=0.67; 95% CI: 0.50 0.84] predicted intention. Linear regression for intention on attitudes and subjective norms based on belief-based attitudes and subjective norms showed that both attitudes [coefficient=0.14; 95% CI: 0.09 0.20] and subjective norms [coefficient=0.21; 0.05 0.37] were predictors of intention. Attitudes [coefficient=0.88] had a greater contribution in discriminating individuals into their groups than subjective norms [coefficient=0.30].
Conclusion

The study has shown that using factor analysis, the direct measure of the subjective norms construct is the main determinant of intention to have an HIV test as compared to attitudes. The same study has also shown that both belief-based subjective norms and belief-based attitudes are determinants of intentions. Attitudes and subjective norms obtained from scores based on Cronbach's alpha predict intentions to HIV testing better than those based on factor analysis. Using discriminant analysis, the study has shown that the attitudes construct is better than the subjective norms construct in the discriminating participants into the groups with intention to test and with no intention.
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