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Ethical Challenges Hindering Women from Utilizing HIV/AIDS Test Services in Uganda

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Abstract:

The study set out to establish ethical challenges curtailing HIV / AIDS testing among women in Uganda and assessed whether or not the testing services offered by AIC complied with ethical standards. It focused on Aids Information center (AIC) in Mbarara district. Primary data was collected using interviews, questionnaires and focused group discussions. Secondary data used in the study were generated through content analysis of published books, articles, reports, newspapers and journals. Primary data was generated from 94 respondents who were selected using stratified and purposive sampling techniques. The study established that ensuring autonomy of clients and seeking their consent among others are basic principles of medical ethics critical to the uptake of HIV / AIDS testing services by women. The study appreciated that couple testing clubs, voluntary counseling and testing, community sensitization and how clients of different socio – economic status was handled by HIV / AIDS service providers influenced access and utilization of HIV / AIDS testing services by women. Various ethical factors including the fact that female clients had confidentiality concerns that needed to be addressed, cases of segregation and acts of being judgmental displayed by some HIV / AIDS testing personnel undermined uptake of HIV / AIDS testing services among women. Stigmatization, discouragement by husbands, fear of separation and divorce, domestic violence, poverty, ignorance and other factors were also highlighted as bottlenecks that hindered women from under taking HIV/AIDS tests. Whereas the study established that the level of educational attainment by women was not a major factor that hindered women's uptake of HIV / AIDS testing services, it was noticeable that illiterate women were most unlikely to appreciate the need to undertake regular HIV / AIDS tests more than their educated counterparts. HIV / AIDS testing service providers demonstrated inadequate knowledge of the relevant HIV/ AIDS policy guidelines and laws and could therefore not be expected to uphold standards they were generally ignorant about. The fact that women could easily access HIV testing centers; the existence of sensitization and awareness raising campaigns, appropriate counseling services and the requirement for pregnant women to undergo HIV / AIDS tests, were credited for helping increase the uptake of HIV / AIDS testing services particularly in urban areas. According to HIV / AIDS service providers, application of medical ethics by medical practitioners also helped to increase the number of female clients who undertook HIV / AIDS tests.

Keywords:

- *Applied Medical Ethics: A subject that applies ethics to actual practical medical challenges such as voluntary versus mandatory HIV testing*
- *HIV Incidence Rate: This is the percentage of people who are uninfected at the beginning of a period who will become infected within twelve months. The HIV incidence rate is the number of new cases of HIV diagnosed or identified each year.*
- *HIV Prevalence: Percent number of individuals with HIV infection among all people living in a particular area aged 15-49 years. Establishing the number of people infected with HIV in a particular area helps in monitoring the course of the epidemic and in setting targets aimed at reducing the epidemic.*
- *HIV Tests: Refers to medical examinations undertaken to determine whether or not an individual is infected with HIV.*
- *HIV Transmission: Processes through which the HIV virus is transferred people.*
- *Sero – status: Sero - status refers to the presence or absence of specific substances in the blood system. Sero - status is established by a medical test that looks for specific antibodies in an effort to detect a particular disease.*

1. Introduction

Incidences of Human Immune Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) infections and prevalence in Uganda have shifted to older age groups. Women irrespective of which part of the country they come from, together with residences of the post conflict northern region are among the most excessively affected groups (UNGASS Country Progress Report, 2010). According to Uganda Aids Information Centre (AIC), most of the HIV/AIDS infection registered, are mainly coming from married couples, sex

workers, fishing communities and long-distance truck drivers (Otage, 2011). The report shows that the most affected group is aged between 25-49 years “and women are the most affected standing at 7.6 per cent” (Otage, 2011).

The Government of Uganda (GOU) UNGASS Country Progress Report (2010) showed the epidemiology review undertaken by the GOU, UNAIDS and Uganda AIDS Commission indicated that whereas HIV prevalence dropped from a peak of 18% in 1992 to 6.1% in 2002, there was stability of prevalence ranging between 6.1 and 6.5% in some antenatal care sites but with a rise in others. There is evidence that HIV prevalence and rates might be rising in some population sub-groups (UNGASS Country Progress Report, 2010). The rates of HIV infection in the country and of women in particular are likely to be higher than reported. The HIV/Aids Sero-behavioral Survey Report 2004-05 and Service Provision Assessment Survey 2007 showed that: “Only 12% of Ugandans know their HIV status, of these, 64% do not disclose their status to their partner.” The report also shows that out of 1.4 million pregnancies recorded annually in Uganda, 91,000 (6.5%) of the mothers are infected with HIV (Nabusoba, 2008.)

UNAIDS (2005) reported that 17.5 million women worldwide were living with HIV in 2004 - an increase of more than a million two years before. In Africa, AIDS / HIV scourge has for some time had colossal effects with 25.8 million people infected with HIV/AIDS, 64% are in Sub-Saharan Africa (UNAIDS 2005). In several southern African countries, more than three quarters of all young people living with HIV/AIDS are women (Reproductive Health Research Unit and Medical Research Unit, 2004), while in sub Saharan Africa, overall, young women between 15 and 24 years old are at least three times more likely to be HIV - positive than young men (UNAIDS, 2005). According to International HIV & AIDS Charity (2010), it is estimated that 1.2 million people live with HIV in Uganda and 64,000 people died from AIDS in 2009. The charity notes that women in Uganda are disproportionately affected by HIV and account for 57% of adults living with HIV. This is because: Ugandan women tend to marry and become sexually active at a younger age than their male counterparts, and often have older and more sexually experienced partners. This (plus various biological and social factors) puts young women at greater risk of infection (International HIV & AIDS Charity, 2010)

Over the years, the rate of HIV/AIDS infection has not been adequately matched with the level of HIV tests required to establish the HIV / AIDS status of the population the world over. This implies the actual extent of the epidemic and what is required to significantly check it remains vague. Studies indicate that overall coverage of testing is extremely poor in countries with the highest HIV/AIDS burden. The HIV/Aids Sero-behavioral survey report 2004-05 and Service Provision Assessment Survey 2007 as already noted in this study highlighted that only 12% of all Ugandans knew their HIV status but also pointed out that about 70% Ugandans would like to know their HIV / AIDS sero status, but cannot access testing. The report also highlighted that although in 1990, voluntary counseling and testing (VCT) was started and in 2002, the Ministry of Health developed the first VCT policy; only 4.5 million Ugandans had tested for HIV since 1990 by the end of 2007 against an estimated population of about 28 million at the time.

The UNGASS Declaration of Commitment on HIV/AIDS in Articles 14, 19 and 20 also stresses that: “... *gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS*”. The Declaration goes on to recognize that care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counseling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counseling and preventive supplies...Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic, and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms.

Efforts to prevent and control HIV/AIDS especially among women in Uganda by encouraging voluntary testing among other measures have been undertaken by the Government of Uganda and various national and international organizations in an attempt to check the HIV / AIDS epidemic. Reports of rising infection rates among older generations in Uganda particularly among women highlight gaps in HIV / AIDS prevention efforts within this group. In Uganda, emphasis has been laid more on voluntary HIV / AIDS testing. Despite this, HIV / AIDS testing in Uganda generally remains poor and women in particular are predisposed to HIV infection as a consequence. Although some studies and numerous sensitization campaigns have been undertaken by media houses and Non-Governmental Organizations involved in HIV/AIDS prevention, there is still inadequate information to explain why HIV/AIDS testing rates in Uganda generally and among women in particular remain miserable. It is against this background that the study highlighted ethical and other challenges hindering women from utilizing HIV/AIDS test services in Uganda.

2. Methodology

The study used a case study design in the collection and analysis of data. The study undertook an in-depth exploration of the activities, processes and other factors of AIC Branch in Mbarara district. The study was undertaken in one of the eight AIC branches in Mbarara district (Kakoba division). Mbarara district is the largest town in the Western region and has both an urban and semi - urban population. Mbarara District has three divisions (Kakoba, Nyamitanga and Kamukuzi) and covers an area of 1,846.4 square kilometres (712.9 sq ml). Reports indicate that: “HIV alone contributes to 9.1% of the total disease burden in the district” and that: “... accessibility to testing services is mainly concentrated around Mbarara Town leaving the remote, rural and hard to reach area un served” (Mbarara District Local Government, 2011). According to Mbarara District Local Government (2011): “The prevention of mother to child transmission services are only limited to the HC III”.

The research was conducted in AIC's Branch which is one of the eight AIC Branches country wide. Data was collected from 94 respondents. These included 10 Mbarara AIC Branch staff. The study also included 80 community women from different locations in Kakoba Division that are targeted by the HIV/AIDS testing services offered by Mbarara AIC with the aim of mitigating HIV/AIDS in the area. In addition, four (4) Local Council officials from Kakoba division were involved in the study. The population of Mbarara was estimated at 82,000 in 2010 by the Uganda Bureau of Statistics (UBOS). In 2006, the total population of Mbarara was 69, 208.

Kakoba division was the most populous (34, 689 inhabitants), followed by Kamukuzi (22, 840 inhabitants) and Nyamitanga (11, 697 inhabitants) (UBOS, 2006). Respondents were selected using a combination of stratified and purposive sampling techniques. Using the purposive sampling technique, the researcher was able to select 14 key informants who included 10 AIC staff members and 4 local council officials). The 14 respondents were purposively selected because they were considered by the researcher to be relatively more knowledgeable about the Ethical Challenges curtailing HIV /AIDS Testing among Women in Uganda. Stratified sampling was used to select the remaining 82 respondents from the division in a bid to ensure women of different socio –economic backgrounds from urban and semi – urban areas of Kakoba Division in Mbarara district participated in the study.

Primary data was collected directly from AIC’s Mbarara branch staff, from Local Council officials and from women that AIC serves in Mbarara district. Secondary data was collected from published documents and electronic sources. Reports and policy documents highlighting Ethical Challenges curtailing HIV /AIDS Testing among Women in Uganda were thus examined. Data collection methods used included: Questionnaires, interviews, focus group discussions (FGDs) and content analysis. The interview method was used to collect data (with the assistance of an Interview Guide) from 14 key informants who included 10 AIC staff and four (4) Local Council officials. The method enabled the researcher to probe and generate crucial data highlighting Ethical Challenges curtailing HIV /AIDS Testing among Women in Uganda.

Focused Group Discussions enabled the researcher to collect detailed data from 38 women in the community (20 from Kakoba ward and another 18 from Nyamityobora.) The method enabled women respondents to interact with each other and in the process raised various views which informed the study seeking to establish Ethical and other Challenges curtailing HIV /AIDS Testing among Women in Uganda generally and in Mbarara district in particular. A total of three (3) focused group discussions comprising 10 women (30 respondents) plus one that had eight (8) women were held using a Question Guide. Data gathered from focus group discussions supplemented data collected from secondary sources.

Secondary data sources such as journals, internet sources, magazines, and newspapers were also examined to identify ethical factors that hinder HIV /AIDS testing among women.

Self-administered Questionnaires were also constructed and used to generate data from 42 women in the community that was used in the study (20 from Kakoba ward and 22 from Nyamityobora.) This method enabled the researcher to generate data from women who for various reasons were not able to participate in focus group discussions. Data collected during the study was organized, coded, interpreted and edited. Qualitative or the non-numeric data was analyzed using the qualitative techniques. This was done by developing themes and sub themes in accordance with the study’s set objectives (thematic analysis). Quantitative or numeric data was organized and analyzed using simple statistical methods such as frequency tables, percentages and charts.

3. Findings

This part of the paper presents the study findings in line with the different variables that were investigated. To establish ethical challenges curtailing women from undertaking regular HIV / AIDS tests, female respondents from the community were asked a number of questions as highlighted in the table below;

Question	Yes	%	No	%	I do not know	%
Are there women in your community who shy away from testing for HIV / AIDS?	33	79	7	17	2	4
Do women’s levels of education influence whether or not they undertake HIV / AIDS tests?	14	33	28	67	-	-
Do men discourage women from undertaking HIV / AIDS tests?	15	36	18	43	9	21
Are there women in your area who are negatively discriminated against because of their HIV / AIDS status? ???	13	31	28	67	1	2
Are AIC projects accessible to all women and to other sections of the local community?	9	21	28	67	5	12

Table 1: Ethical and Other Challenges Curtailing Women’s uptake of HIV / AIDS Testing Services

Source: Field Research

Table 1 above shows that most women (33 out of 42 representing 79%) in Mbarara district feel shy to undertake HIV / AIDS tests, while 9 respondents (21%) either said women are not shy to undertake HIV / AIDS tests or did not know whether or not women were shy. Most women (28 of the 42 or 67%) said women’s level of education did not influence whether or not they undertook HIV / AIDS tests while 33% of the women said the level of education women had attained influenced their uptake of HIV / AIDS testing services. A total of 18 women (43%) who participated in the study said men do not discourage women from undertaking HIV / AIDS tests, 9 or 21 % of the women did not know whether or not men prevented women from undertaking HIV / AIDS while 15 women (36%) said men prevented women from undertaking HIV / AIDS tests.

Table 1 also shows that most women (67%) as opposed to 13 women (31%) said women are discriminated against because of their HIV / AIDS status. One woman did not know whether or not women were discriminated against because of their HIV / AIDS status. Similarly, most women (67%) as opposed to 9 others (21%) said AIC projects are accessible to women and community members. Five women (representing 12% of all women) did not know whether or not AIC projects are accessible to women and community members.

According to four (80%) of the five Local Council (LC) leaders who participated in the study most women in Mbarara utilize HIV / AIDS testing services provided by various service providers including AIC. According to the LCs there are various reasons explaining why women utilize HIV / AIDS testing services these include:

“For pregnant mothers, it is a regular practice they have to undergo during antenatal, so these women test;”
“In Health Centres people are encouraged to test and know their status;”
“Because some of these services are near;”
“Most people have been sensitized to appreciate and utilize HIV services;”
“Some organizations like Reproductive Health Uganda and Mayanja Memorial Hospital bring these services close to people especially women;”
“Women are encouraged to test and are easier to convince compared to men.”

LCs who participated in the study said they encourage women to undertake regular HIV / AIDS tests. According to LCs this is because women are entitled to know their HIV / AIDS status in order to adequately plan for themselves and their families. LC respondents also said encouraging women to undertake regular HIV tests helps them to establish their status early enough which helps them take precautionary measures that prevent HIV infection of unborn babies by their mothers who might be living with HIV. In addition, LCs said the act of encouraging people to undergo regular HIV tests helps to prevent further HIV transmissions because those found to be HIV positive will be guided on how to prevent infecting others.

The 33 women who said women in Mbarara feel shy to undertake HIV / AIDS tests said this is because some women do not want their husbands to know that they have HIV / AIDS, some think they will die soon if the discovered they are HIV positive while others fear to be discriminated against in case it is discovered that they are HIV positive. Respondents also said some women shy away from undertaking HIV tests because if they are seen visiting AIC, people in the community will spread rumors that they are HIV positive even if the tests prove otherwise. Respondents also said some women think they already have HIV / AIDS and therefore do not consider it necessary to undergo other tests.

Respondents also said women in Mbarara feel shy to undertake HIV / AIDS tests because:

“No one wants to be associated with AIDS. This is a disease of the unfaithful;”
“To the community having HIV shows you have been living irresponsibly, sleeping around with men;”
“Some think that when they test and discover they have HIV, they will die before their due time;”
“Some women think that when they have HIV, people will laugh at them;”
“They fear to be seen going to AIC;”
“It is not easy to be told that you are HIV positive with these increasing standards of living;”
“They fear to die of stress just in case they are found positive;”
“They think they are already infected and some of them do not want to know their status because they think they are already sick;”
“Some fear to be discriminated against;”
“They lack proper counseling where they live;”
“When some women hear that their husbands have other partners, they fear that maybe they are already infected.”

A number of respondents, said women who do not know how to read will generally be reluctant to go for HIV / AIDS tests. The reason being that women who do not know how to read will be forced to rely on other people whom they may not want to know their HIV / AIDS status, to read and tell them the results of the HIV / AIDS tests they took. Respondents also said uneducated women: “...do not know how to read and are therefore not aware of the advantages of HIV testing” and will therefore hardly appreciate the value of undertaking regular HIV / AIDS tests. Respondents also said uneducated women will generally not undertake HIV / AIDS tests: “Because it is very hard to explain to them the advantages of testing” for them to appreciate and ultimately utilize HIV / AIDS testing services.

Other respondents said uneducated women do not usually undertake HIV / AIDS tests because they do not realize the danger of living with HIV / AIDS and therefore do not appreciate the value of undertaking regular HIV / AIDS tests. Other reasons given by respondents explaining why uneducated women are most likely not to take regular HIV / AIDS tests include:

“Such women are not confident enough to test - some even fear approaching AIC for testing;”
“Because it is very hard to explain to them the advantages of testing and they understand;”
“Of course, low levels of education hinder women from testing because they are not aware about HIV and testing;”
“Uneducated women lack confidence and information;”
“You know the higher the level of education, the more you understand AIDS and how to take care of those who have AIDS and how to avoid it;”
“Women who are not educated think testing for AIDS means you are already sick.”

Female respondents from the community explained why some men refuse women from undertaking HIV / AIDs tests. Responses included the fact that some men do not want to give their wives transport money to take them to the HIV / AIDs testing Centres while others (men): “fear that if women test positive for HIV, they will blame them [husbands] for infecting them with HIV” and this could result to misunderstandings in the home.

Respondents also said men discourage women from undertaking HIV / AIDS tests:

“Because men know that they are already sick; they try to hide it from their spouses fearing that they will deny them sex;”
“They fear because they know that if the wife tests and finds herself sick, then he is also likely to be sick;”
“Men fear that they might lose their wives in case they are already HIV positive and the wife is negative;”
“Because most men are already infected with HIV they do not want their wives to go for HIV tests They fear to be exposed;”
“Because some men already know that they have AIDS, they consider it wastage of time for their wives to go and undertake HIV / AIDS tests whose results they already know;”
“Most men do not want to know their HIV status, so when you test positive, they also know they are positive;”
“Men think if their wives go for HIV tests, it is a sign that the women have been unfaithful and that is the reason they [women] suspect they could be having HIV.”

Respondents said the reason women are discriminated against because of their HIV / AIDS status because people think they are of no use to society; they perceive them to be as good as “dead people” and that a number of people in society think that if they associate with people who are HIV positive, they think they will infect them with the HIV. Respondents also said most people consider people who have HIV / AIDS as having had multiple sexual partners and for being unfaithful to their marriage partners. It was also reported that women who are known to be having HIV / AIDS are deliberately discriminated against and denied to join various women’s associations.

In addition, respondents also said the reason women who are / AIDS positive are discriminated against is because: “there is still stigma in the community concerning HIV positives” and because; “AIDS is a disease of people who live careless lives with others people’s spouses.” Respondents also attributed the discrimination against women who are HIV positive to lack of adequate knowledge concerning HIV / AIDS in society and beliefs that: “AIDS is just a curse. People therefore fear contracting that curse from people living with AIDS.”

According to all the five Local Council (LCs) leaders who participated in this study, there are a number of issues hindering women from undertaking regular HIV / AIDs tests. These issues according to the local leaders ranged from the fact that health centers services where tests are conducted are far for women in rural areas to access to the fact that some religious groups such as the “Abatabuliki” stop their wives from going for tests.

According to one AIC staff (20%) ethical issues were not hindering women from undertaking HIV / AIDS tests in Mbarara district. Up to 80% of the AIC personnel (unlike their counterpart) who participated in the study said there are various ethical issues hindering women from undertaking HIV / AIDS tests. Issues identified by AIC staff include:

“Women are always worried about their confidentiality when they are with service providers;”
“Husbands stop them;”
“Some health workers segregate against certain types of women;”
“Being judgmental on some issues related to HIV / AIDS tests and results is a hindrance;”
“Some health workers disclose the women’s status to their spouses without the women’s will;”
“The women fear their husbands to separate from them because they will think they are going for HIV tests because they were unfaithful at some point;”
“Some women cannot afford transport to the testing centres;”
“Some women fear the doctors to disclose their results to their husbands;”
“Fear of the information getting out;”
“Bad approach.”

A number of the issues hindering women from undertaking regular HIV tests identified by the leaders are consistent with the views given by women respondents living in the community. These issues include the fact that most women shy away from partaking HIV testing services, the fact that some women fear knowing their HIV status, the fact that some husbands discourage their wives from undertaking HIV / AIDs tests and stigma. Local leaders consistent with the issues raised by community women in addition said some women who have been engaged with multiple sexual partners fear to undertake HIV tests because they are likely to confirm their [women’s] suspicion that they are HIV positive which they dread to hear. LCs also rightly pointed out that some husbands stop their wives from undertaking HIV tests: “because they do not want to be blamed.” A respondent said that: “HIV testing is voluntary so you cannot force them.”

4. Discussion

The fact that there are numerous bottlenecks hindering women from undertaking HIV / AIDS tests points to the need to develop a number of tailor made measures required to overcome identified challenges. According to a Uganda AIDS Commission 2005-2006 annual publication, efforts to stop AIDS which is an exceptional epidemic requires an exceptional and comprehensive response that entails simultaneous prevention, access to treatment and care services.

It is sad to note that whereas it is obvious that AIDS has had a devastating impact in Uganda characterized by numerous deaths and other socio-economic problems; most women (79% as reflected in Table 8) in Mbarara district still feel shy to undertake HIV / AIDS tests compared to only 17% of the female respondents who did not. Considering that women's uptake of HIV / AIDS tests significantly contributes to preventing the epidemic and is foundational in helping those already affected by it, the fact that most women shied away from undertaking HIV / AIDS tests, constitutes a major setback in efforts aimed at stamping out the pandemic. There is therefore need to scale up efforts to: *"To accelerate the prevention of sexual transmission of HIV through established as well as new and innovative strategies"* as highlighted by the National HIV & AIDS Strategic Plan 2007/8 – 2011 emphasizes (Uganda AIDS Commission, 2006:21)

HIV / AIDS policy makers and implementers should review existing policies and develop tailor made initiatives or mechanisms that will help to address the factors which respondents identified as the causes of women's shying away from the uptake of regular HIV / AIDS tests. There is also need to generate and disseminate relevant and adequate information that is not only persuasive but should also be able to demonstrate the fact that benefits arising from women's knowledge of their HIV / AIDS sero – status outweighs the possibilities of their husbands getting to know that they have HIV / AIDS and that knowledge of their HIV status will not necessarily hasten their death. Such initiatives will help to mobilize women to undertake / AIDS testing including those who for various reasons had formerly shied away from undertaking the tests.

It is important for instance to widely disseminate the Uganda National Policy Guidelines for HIV Counseling and Testing among health practitioners and general public which highlights the value of HIV / AIDS testing. The policy points out that:

- Persons, their spouses and sexual partners are better equipped to make appropriate HIV prevention decisions if they know their HIV status. Couples about to be married can use HCT to know their HIV status before deciding on marriage. HCT can enable pregnant women to learn their HIV status and seek services to help prevent mother-to-child transmission of HIV. Women of reproductive age who go for counseling before pregnancy can make informed decisions about becoming pregnant, based on knowing their HIV status. HCT lets people who are infected learn their HIV status early enough to receive adequate care and support. Early care and psychosocial support may enable them to live a longer and better quality of life with HIV (Ministry of Health., 2005)

Initiatives aimed at scaling up the take of HIV / AIDS testing services should also be designed to ensure they seek to address specific causes of women's shying away from undertaking regular HIV / AIDS tests in various contexts. In this regard factors like community discrimination against HIV positive women, stigma, myths and misconceptions associated with HIV / AIDS which compel some women to shy away from undertaking HIV tests and for some; to even attempt to disassociate themselves completely from HIV / AIDS service providers like AIC need to be urgently addressed.

It is pleasing to note that most women (67% as reflected in Table 8) said their level of education did not influence their uptake of HIV / AIDS testing services, but the fact that a relatively significant number of their colleagues (33%) thought otherwise (their level of education influenced their uptake of HIV / AIDS testing services) highlights an intervention gap. It brings to light the possibility that a significant section of the female population can or may have contracted HIV and are transmitting it without knowing they are doing so simply because they do not know their HIV status. This can have a devastating and far reaching effect if such women have more than one sexual partner - a scenario which, the HIV / AIDS household survey conducted in 2004 -2005 demonstrated is possible (Ministry of Health Uganda, 2006). The possibility of this devastating effect is not farfetched considering that the survey also revealed that condom usage that helps prevent transmission of HIV was not wide spread. The survey highlighted the fact that among the women and men who said they had slept with a casual partner within the last 12 months, only about 50% reportedly used a condom the last time they had sex (Ministry of Health Uganda, 2006).

Respondents who said uneducated women will generally be reluctant to undertake HIV / AIDS tests made critical revelations that need to be considered by stakeholders interested in increasing the uptake of HIV / AIDS testing services by women. A respondent for instance insightfully said uneducated women: *"...do not know how to read and are therefore not aware of the advantages of HIV testing"* while another said; *"... it is very hard to explain to them the advantages of testing."* These revelations underline the need to undertake extra initiatives aimed at helping illiterate women appreciate the value of undertaking regular HIV / AIDS tests. Illiterate women should also be helped to appreciate the consequences of ignorantly living with HIV / AIDS and empower them to overcome any intimidation and / or inferiority complexes hindering their access and utilization of HIV / AIDS testing services. Uganda National Policy Guidelines for HIV Counseling and Testing actually emphasize the need for basic mass education: *"... explaining the meaning of HIV-positive and HIV-negative results and the procedures at the HCT centre..."* (Ministry of Health, 2005:6)

The study unearthed a number of ethical aspects curtailing women's uptake of regular HIV / AIDS tests. This was highlighted by the fact that 36% of the female respondents who participated in the study, said men – by intimidation and the use of threats among others - prevented women from undertaking HIV / AIDS tests. This means some men consciously and / or unconsciously deprive women of their right to access HIV / AIDS testing services.

Respondents ably explained the fact that a number of men constituted major bottlenecks that prevented women from undertaking regular HIV / AIDS tests. For policy makers and implementers, this highlights the need to undertake more proactive measures that will help to ensure men increasingly and actively participate in various initiatives that seek to enhance women's uptake of HIV / AIDS testing services. After all, according to UNAIDS (2005), it is important to engage men in HIV prevention efforts for sustainability and long standing impact to be generated. UNAIDS (2005) also rightly points out that involvement of men in HIV prevention initiatives is important because men often control women and girl's degrees of vulnerability to HIV.

The fact that some women failed to undertake HIV / AIDS tests because some of their spouses refused to give them transport money to take them to the testing Centres and / or to pay for the HIV / AIDS testing service fees highlights the need to waive user fees for women who cannot afford to pay. It also highlights the need to take HIV / AIDS testing services closer to the people - in various communities. According to the Uganda National Policy Guidelines for HIV Counseling and Testing (Ministry of Health, 2005:6):

- Where cost is attached to HCT services, one way of promoting the service could be by way of subsidy. Remember the purpose of HCT is to detect the majority that are HIV negative and keep them negative for ever and for the few positive get them to access early care and support services.

According to the Justice ethical principle in the Principlism theory propagated by Beauchamp there might be need to treat people of the same socio – economic class or sub – region e equally wherever possible in a bid to ensure equitable access to HIV testing services. However, the Justice ethical principle also gives room to treat some people or families differently when their differences or back ground are relevant. This can be done for instance by subsidizing HIV / AIDS testing rates for those who cannot afford to pay for such services due to a variety of reasons.

Respondents further demonstrated the fact that discrimination against people living with HIV / AIDS constituted another major bottleneck that prevented women from undertaking regular HIV / AIDS tests. Table 8 highlighted the fact that most respondents (67%) who participated in the study reported that women were discriminated against because of their positive HIV / AIDS status. The study therefore points to the need to increase community sensitisation campaigns aimed at ensuring the public stops wrongly perceiving persons living with HIV / AIDS as “dead people,” careless, unfaithful or cursed. Revelation that women who are known to be living with HIV / AIDS are deliberately discriminated against and denied opportunity to join various women's associations highlights the fact that misconceptions in society about HIV / AIDS are still dip rooted and therefore need special initiatives from stakeholders to effectively address.

There is therefore need to expedite the discussion of the HIV Prevention and Control Bill (2008) and its enactment to law as this will help to deal with some of the discriminatory aspects meted out against persons with HIV / AIDS - that discourage some women from undertaking HIV / AIDS tests. The Bill when enacted in to law will for instance prohibit employers from expelling female and other employees whose HIV / AIDS status has been established to be positive and it (law) will also forbid discrimination in schools by school authorities and students against female students living with HIV / AIDS.

The best way to overcome a challenge or problem starts with acknowledgement or realization that it exists. According to 80% of AIC personnel who participated in the study, there are various factors hindering women from accessing and utilizing HIV / AIDS testing services. Factors hindering women's uptake of HIV / AIDS tests according to AIC staff include the fact that husbands restrict their wives as well as inability to meet transport costs to the testing Centres as already pointed out in this study. But in addition, AIC respondents revealed that some health workers disclose the HIV status of their female clients to their spouses without their consent. Respondents also pointed out that: “*Some health workers segregate against certain types of women*” while others (health workers) are judgmental when handling various HIV / AIDS test and result related aspects of their clients.

These study findings highlighted the need for HIV / AIDS testing service providers like AIC to address ethical handicaps within their institutional frameworks that hinder women's access and uptake of HIV / AIDS services. The ten (10) years of imprisonment proposed by the HIV Prevention and Control Bill (2008) against health workers who reveal the HIV status of their clients without the consent of the clients is thus appropriate and timely.

5. Conclusion

Various factors curtail women's uptake of regular HIV / AIDS tests. These range from lack of money especially by women from rural areas to undertake regular tests to perceptions that women who look healthy do not need to undertake tests. The level of educational attainment was not one of the major factors that curtailed women's uptake of HIV / AIDS testing services. There were however credible observations that illiterate women - because of various reasons - could not generally embrace the need to undertake regular HIV / AIDS tests as fast as their educated counterparts. HIV / AIDS testing services seemed to be generally accessible to most community women in urban areas and this was therefore not one of the major factors curtailing women's uptake of HIV testing services. However, local leaders pointed out that health center services where tests ought to be conducted are not easily accessed by women from rural areas. This definitely restricts the uptake of HIV / AIDS testing services by rural women. A significant section of women in the communities are discouraged by their husbands for a variety of reasons from undertaking HIV / AIDS testing services. Besides accessibility to relevant HIV / AIDS testing services by women in urban areas, two other factors why some women undertook HIV / AIDS tests were established. These include the fact that communities have generally been sensitized “... to appreciate and utilize HIV services” and the fact that: “*For pregnant mothers it is a regular practice they have to undergo during antenatal....*”

6. References

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