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Factors influencing access to HIV care services by clients referred from a district home based HIV counseling and testing program in eastern Uganda, 2009D. Lubogo^{1,*}, H. Wamani¹, J. Ddamulira², R. Tweheyo³¹ Makerere University School of Public Health, Kampala, Uganda² Makerere University School of Public Health, UGANDA, Kampala, Uganda³ Makerere University School of Public Health, Kampala, Kampala, Uganda

Background: Between 2006 and 2008 only 64.6% of all HIV positive referrals from the Home Based HIV Counselling and Testing (HBCT) program in Kumi district of Eastern Uganda accessed HIV care services at health facilities. This study determined the factors influencing access to HIV care services for clients referred in the district

Methods: We conducted a descriptive, cross-sectional study in February 2009. The study population comprised of HIV positive adults aged ≥ 18 years identified by the district HBCT program and referred to public and private health facilities for HIV care services. We administered face-to-face interviews to 352 respondents using a semi-structured questionnaire. Respondents were selected by systematic random sampling using a sampling interval of 15 out of 5044 HIV positive clients identified in the HBCT program. The main outcome measure was access to HIV care defined as access to Cotrimoxazole prophylaxis in the facility HIV program. Data was entered in Epi-Info version 3.5.1 and analyzed using Stata/SE 10.0. Logistic regression analysis was done and the level of significance used was $p < 0.05$ at 95% confidence interval.

Results: About 80.7% (284/352) of respondents in this study accessed HIV care. Access to HIV care services was positively influenced by; Age (25-34) compared to (18-24) year-olds (AOR = 5.07, 95%CI: 1.50-17.12); being male (AOR = 2.26, 95% CI: 1.17-4.39); urban residence (AOR = 2.53, CI: 1.09-5.89); and availability of drugs at health facility (AOR = 8.42, CI: 3.21-22.09). Access to services was negatively influenced by lack of family support to the client (AOR = 0.46, CI: 0.23-0.94).

Conclusion: Age (25-34), male sex, urban residence, availability of drugs at facilities and lack of family support are the main influencing factors of access to HIV care. Study findings emphasize the importance of the district to place considerations within existing and planned interven-

medicines in health facilities and improve client family support.

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Adherence to infant feeding practices among HIV positive women with infants aged less than six months in Rakai district, South-western UgandaV. Kawooya^{1,*}, B.T. Kirunda¹, W.G. Maina¹, R. Tweheyo²¹ Makerere University School of Public Health, Kampala, Uganda² Makerere University School of Public Health, Kampala, Kampala, Uganda

Background: In 2001, the Ministry of Health, Uganda, developed and adopted policy guidelines on feeding of infants and young children in the context of HIV/AIDS, however, little is known about the adherence to infant feeding practices. The study aimed at identifying factors affecting adherence to infant feeding practices among HIV positive mothers with infants aged below six months in Rakai district, South – western Uganda.

Methods: We conducted a cross-sectional study in Rakai district, Uganda between February to May 2008. HIV positive mothers, who had infants, aged less than 6 months and had attended ANC were enrolled consecutively on every clinic day, using a semi-structured interviewer administered questionnaire. Purposive sampling of five government and three private health facilities offering PMTCT in the district was done. The outcome measure was adherence to recommended infant feeding practices categorized as a binary variable (yes, no). Logistic regression analysis was performed in S.P.S.S version 12.0 with the level of significance considered at $p < 0.05$.

Results: Mixed feeding was the most practiced. Factors found to favor adherence to infant feeding practices were; having ≤ 3 children (AOR 2.5, CI: 1.1-6.4) and having an infant aged ≤ 3 months (AOR 3.9, CI: 1.7-9.0).

Factors found not to favor adherence to infant feeding were; Low education (\leq primary seven) (AOR 0.2, CI: 0.1-0.8), received group infant feeding counseling (AOR 0.3, CI: 0.1-0.7), had one counselling session (AOR 0.1, CI: 0.1-0.4), and knowing one route of MTCT of HIV (AOR 0.3, CI: 0.1-0.7).

Conclusion: The study found a four-fold higher level of adherence in the first three months of infancy. Adherence can be improved through the district health team and health workers encouraging HIV positive mothers to practice accelerated weaning (exclusive breast feeding for three months); to attend at least three infant feeding counseling sessions;