

Evaluation of the Factors responsible for Increased HIV Infection in Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

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ABSTRACT

Globally, about 36.7 million people are living with HIV of which 51% are women worldwide. In Africa there is still prevalence of new HIV infections with 12% occur in married couples many of whom are unaware of both partners' sero-statuses. The study purpose was to establish factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. The study used a descriptive cross-sectional design which employed quantitative methods of data collection within a short period of only two weeks. The study was conducted in ART clinic in Ishaka Adventist Hospital. Study results showed that out of the 85 participants 47 (55%) were female and 38 (45%) were male. Most participants 43 (51%) had sex outside their relationship meanwhile few 12 (14%) never had sex outside relationship. A large proportion of the participants 51 (60%) were unemployed while the few 34 (40%) were employed. The participants revealed that HIV infection is common with married couple 66% (56), majority 46 (54%) culture say sex outside marriage is for pleasure meanwhile 4 (5%) were other like to satisfy needs. The nearest distance from health facility to home most 40 (47.1%) reside 6 km or more. Most with 45% (38) spend less than 1 hour waiting for couple HIV services from the clinic and few 8% (7) spend over 4 hours. Uganda MOH should know that Couples counseling and testing activities need to be made available at all the health facilities to reduce the hindrance of travel costs.

Keywords: HIV infection, ART, Married Couples, marriage.

INTRODUCTION

Human Immunodeficiency Virus (HIV) epidemic is one of the biggest public health problem the world has ever experienced in the recent history [1]. According to the joint United Nations Programme on AIDS (UNAIDS) at the end of 2011, an estimated 34 million persons were infected with HIV globally, and at least 69% of victims were in sub-Saharan Africa (SSA), a region with only 12% of the global population [2].

According to [3], report that living with HIV and AIDS changes everything for people diagnosed with HIV and it can be the most difficult experience in life. HIV transmission in couples has been associated with high HIV viral load, lack of male circumcision, extramarital sex, low literacy, ignorance of self or partner's HIV status, limited understanding that

HIV discordance can exist within couples and other sexually transmitted infections in Kenya [4][5][6][7][8][9].

In Rwanda has an estimated 52-93% in 2005 highest proportion of incident HIV infections that occur within married or cohabitating heterosexual couples, it is estimated that over half of new infections occur within marriage or in cohabitating relationships [5][8][10][11][12][13][14].

The current Health Sector Strategic Plan (HSSP) reports that the sero-prevalence among Ugandans has consistently remained above the national target of 5% [6][13][16][17][18]. In the recent past, the country has seen a reversal in the trend in new HIV infections.

According to the Uganda AIDS Commission, the new infections rates nearly doubled from 73,000 in 2002 to

over 130,000 by 2009 [7][17][19][20][21][22]. Therefore, only a small proportion of Ugandans know their HIV status thus, a substantial proportion such as married couples among others of infected individuals have never been tested, and such individuals have an increased risk of spreading the disease [8][20][23][24][25][26].

However, Ishaka Adventist Hospital verbally reported that the growth of this assumption has been halted by the discovery of the phenomenon of increased HIV infection among married couples. In addition, condom use is infrequent among married couples for multiple reasons, including the desire for children and the widespread association of condoms with infidelity and lack of trust, this prompted the investigation which focused on factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Statement of the Problem

Globally, about 36.7 million people are living with HIV of which 51% are women worldwide [9] In Africa, HIV spread has been reduced by 80% with effective interventions like HIV counseling and testing but there is still evidence that a prevalence of new HIV infections with 12% occur in married couples many of whom are unaware of both partners' sero-status [4] [27][28][29][11].

In East Africa, 50% of married HIV-infected persons are in an HIV-discordant partnership [4]. [10], found in Kenya that over 80% of unprotected sex acts by HIV-infected persons occur with married partners having extramarital sex, low literacy and those ignorance of self or partner's HIV status.

Although Uganda has achieved some commendable results in combating the spread of HIV/AIDS through antiretroviral drugs provision, couple-specific counseling and testing challenges still remain with 40% of the married couples reported at a risk to be HIV-infected persons due to low premarital HIV screening [8][30][31][32][33]. In western Uganda, the HIV/AIDS situation remains

despite the increased resources devoted to control of the disease [6].

Despite Ishaka Adventist Hospital having HIV/AIDS services amongst the HIV care centers in Bushenyi, the causes of HIV infection among married couple is unknown this could be the reasons for continue infection. Therefore, the study was carried out to establish the factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Aim of the study

To establish factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Specific Objectives

- i. To assess the social factors that contributes to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.
- ii. To assess the cultural factors that contributes to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.
- iii. To determine the health facility factors that contributes to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Research Questions

- i. What are the social factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District?
- ii. What are the cultural factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District?
- iii. What are the health facility factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka

Adventist Hospital, Bushenyi District?

Justification of the Study

Married couples are a population at high risk for HIV transmission and acquisition, acute phase of a new infection pose a high risk for onward transmission within the couple or if they have unprotected sex outside of the couple [11]. Without intervention, 8-12% of HIV infected adults living in married or cohabiting relationship will transmit HIV to their partners annually [2].

Therefore, it was very crucial to establish the factors contributing to increased HIV

METHODOLOGY

Study design and rationale

The study used a descriptive cross-sectional design which employed quantitative methods of data collection. This design was considered because of it being easy in developing explanations of social phenomena that aims at helping the researcher why things are the way they are. The data collection took a period of two weeks.

Study setting and rationale

The study was carried out in ART clinic in Ishaka Adventist Hospital (IAH) which is one of the hospitals in Uganda. It is located in the town of Ishaka, Bushenyi District in Western Uganda.

Ishaka Adventist Hospital is a 110-bed community hospital that is owned and administered by the Seventh-day Adventist Church in Uganda. It primarily caters to the health needs of the rural subsistence farmers who live in the community where the hospital is located. The hospital maintains a nurse's training school on the hospital premises. IAH is affiliated with Loma Linda University, in Loma Linda, California in United States of America.

Study population

The target population were married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. This group was considered for easy understanding explanation.

Atuhaire infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. The findings would alert health workers improve on health education status be viewed as a pillar to successful reduction of HIV infection among married couples. The results also would help the Uganda MoH, Ishaka Adventist Hospital authorities and other organization to identify policies that are crucial in prevention of HIV infection. It can also be used as study references by other researcher in the similar field.

Sample Size Determination

My sample size of the study respondents was determined using Kish and Leslie's formula of 1965 which state that;

$$n = \left(\frac{Z^2 p q}{d^2} \right)$$

Where; n=Desired sample size,

Z = Standard deviation at desired degree of accuracy which is 95%, the standard deviation is 1.96.

p = Proportion of married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District. Since no survey were done to establish factors contributing to increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

p was estimated at 50% = 0.5

thus, p = 0.5

q = 1-p, (1-0.5) = 0.5

d = the marginal error allowed at 5%, d = 0.05

$$n = \left(\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} \right)$$

n = 384 participants

However, the sample size for the married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital would be 384 respondents. But this samples size was too big for my study population since they are less than (<) 10,000

Therefore, the researcher calculated the sample size estimation of the study population less than 10,000 using;

$$nf = \left(\frac{n}{1 + \frac{n}{N}} \right)$$

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Where; N= Population of married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital in the last 2 weeks of December 2017 which was 109 married clients [12][34][35].

n = the calculated sample size above = 384 respondents

nf = target population who are < 10,000 (married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital).

$$nf = \left(\frac{384}{1 + \frac{384}{109}} \right)$$

nf = 85 participants

Basing on the calculations above, the researcher used sample size of 85 participants.

Sampling procedure

The researcher used a probability sampling method because every member of the population would be having a known chance but not necessarily equal of being selected in the sample. Patients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital were interviewed in the study until a required respondents were reached.

Inclusion and exclusion criteria

Inclusion criteria

The study considered only married clients aged 20 to 60 years old attending ART Clinic of both sex who would freely consent to participate in the study during the time of interview.

Exclusion criteria

It excluded married clients aged 20 to 60 years old attending ART Clinic of both sex who did not freely consent to participate in study during the time of interview.

Study variables

Dependent variable

Increased HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District

Independent variables

Socio-economic factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Cultural factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

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Health facility factors that contribute to increase of HIV infection among Married Couples attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District.

Confounding variable

Confounding variables were used in order to give the true picture of the possible factors contributing to increased HIV infection among Married Couples. These included; age of the respondents, sex, tribe, education level, religion and occupation.

Research instruments

The researcher considered a questionnaire which contained both close and open-ended questions to enable the researcher ensure privacy and confidentiality as the respondents could fill them independently during data collection. The questionnaire written in English to interview with the respondents.

Data collection procedures

The self-administered questionnaire were used to obtain information from married clients aged 20 to 60 years old. However, those who could not understand English would be interviewed with the help of Researcher so that they were translated the questions into local Language (Runyankole). Data were collected every morning from 9:00 am up to mid-day, then in the evening from 4:00 pm to 8:00 pm.

Data management

The study participants received a unique participant identification number that were recorded on the questionnaire. Collected data from the study were thoroughly checked and validated for accuracy and completeness. Data on the questionnaire were kept by only the Researcher to avoid access by unauthorized person.

Data analysis and presentation

The data collected using a questionnaire were compiled, coded by using Microsoft excel and Microsoft word 2013. Descriptive statistics including mean, standard deviations, cross tabulation and frequencies were performed. Data were presented in form of tables, pie-charts and graphs. This would form the basis for the interpretation, discussion and conclusion.

Ethical considerations

When this research project was approved by the research committee of KIU-WC, School of Nursing Sciences and the Supervisors, an introductory letter from the Research Coordinator School of Nursing Sciences were addressed to the Medical Super-intendant of Ishaka Adventist Hospital that allowed and

introduced the researcher to start data collection.

The verbal and written consents during the study process were sought from respondents by explaining and reading the purpose of this study.

Every client's rights, and privacy as per research ethics were respected and the information handled were confidential.

RESULTS

Demographic characteristics of the study participants

Table 1: Show the study participants according to the demographic data

Variables		Frequency (n)	Percentage (%)
Age group	20-30 years	23	27
	31-40 years	27	32
	41-50 years	23	27
	51-60 years	12	14
	Total	85	100
Sex	Male	38	45
	Female	47	55
	Total	85	100
Level of education	None	17	20
	Primary	34	40
	Secondary	26	31
	University	8	9
	Total	85	100
Religion	Protestants	21	25
	Catholics	36	42
	Muslim	15	18
	Others were born again, Pentecostal	13	15
	Total	85	100
Occupation	Peasant	39	46
	Housewife	13	15
	Business person	19	22
	Civil servant	4	5
	Others like driver	10	12
	Total	85	100

The findings on table 1 above show that majority of the study participants 27 (32%) were age group 31-40 years while the lowest 12 (14%) were age group of 51-60 years. Of the 85 most of the participants were female 47 (55%) and the lowest were male 38 (45%).

The finding show out of 85 study participant most 34 (40%) had primary

education compared to very few 8 (9%) who were university graduate.

The results on table 1 show that out of the 85 study participants, majority 36 (42%) were Catholics while lowest 13 (15%) were others religion such as born again, Pentecostal.

Majority of the study participants, out of the 85 participants 39 (46%) were peasant

compared to the few 4 (5%) who were civil servant.

Social factors that contribute to increase of HIV infection among Married Couples

Table 2: Show distribution of the participants according to their socio factors

Variable	Responses	Frequency (n)	Percentage / %
Current marital status of the study participants	Currently in marriage	17	20
	Formally married	68	80
	Total	85	100
Place of residence of the participants	Rural	45	53
	Urban	40	47
	Total	85	100
Duration of time spend in marriage or been living together	Less than 5 years	21	25
	More than 5 years	64	75
	Total	85	100
Whether participants ever had sex outside relationship	Yes	43	51
	No	30	35
	Never	12	14
	Total	85	100
Whether participants ever had sexual intercourse in the past 6 months	Yes	35	41
	No	23	27
	No response	27	32
	Total	85	100
How participants earn a living	Employed	34	40
	Unemployed	51	60
	Total	85	100

Tables 2 above revealed, out of 85 participants most 68 (80%) were formally married while only 17 (20%) who were currently in marriage.

On the same table above majority of participants were from rural area with 45 (53%) compared to minority 40 (47%) who were residing in urban area.

Results revealed that out of 85 participants, a large proportion 64 (75%) spend more than 5 years in marriage living together while only 21 (25%) spend less than 5 years.

A majority of the study participants 43 (51%) had sex outside their relationship meanwhile few 12 (14%) never had sex outside relationship.

Most of the study participants with 35 (41%) ever had sex in the past 6 months (Yes) compared to very few 23 (27%) who did not have sex in the past 6 months (No).

A large proportion of the participants 51 (60%) were unemployed while the few 34 (40%) were employed.

Cultural factors that contribute to increase of HIV infection among Married Couples

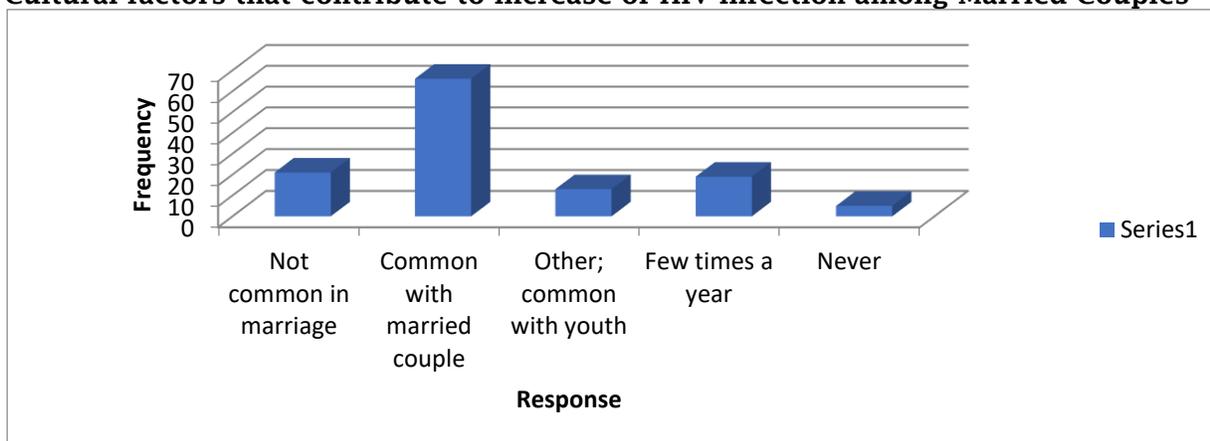


Figure 1: A bar graph show participants say about risk of contracting HIV, n=85
 Figure 1 above out of 85 study participants, 66% (56) say HIV infection is common with married couple and lowest 13% (11) were others that its common with youth.

Table 3: Show participants cultural say about sex outside marriage and use of condom amongst married couple

Variables	Frequency (n)	Percentage (%)
Participants cultural say about sex outside marriage	Pleasure	46
	Child bearing	35
	Other; satisfy needs	4
	Total	85
Whether participants tradition support use of condom amongst married couple	Yes	49
	No	24
	No response	12
	Total	85

Table 3 above, out of 85 participants, majority 46 (54%) culture say sex outside marriage is for pleasure meanwhile 4 (5%) were other like to satisfy needs.

Of 85 participants most 49 (58%) tradition support the use of condom amongst married couple (Yes) compared to the few 12 (14%) who did not response to it.

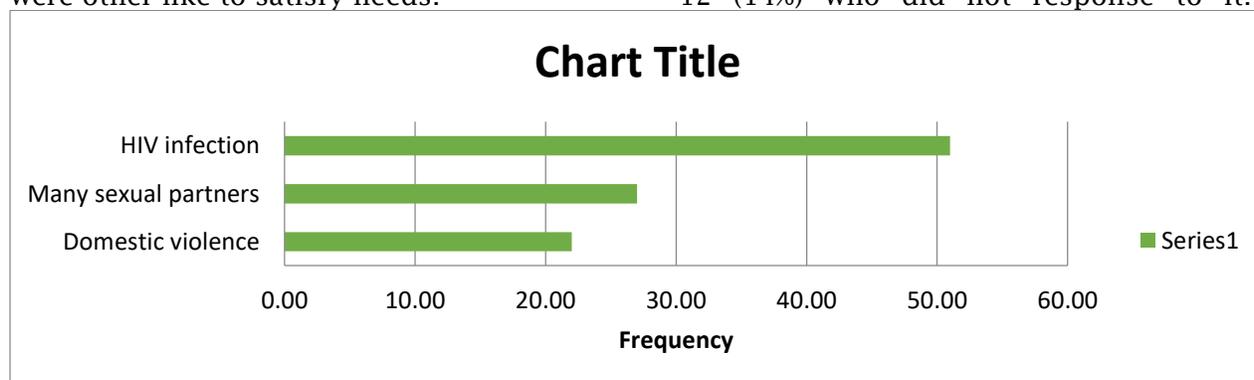


Figure 2: A bar graph show participants' how sexual behavior outside relationship affect health of married couple, n=85

Majority on figure 2 above, of 85 participants 51% (43) supported that sex outside relation

causes HIV infection while 22% (19) said causes domestic violence.

Table 4: Show whether participant’s belief on use of force to have sex and spouse should communicate his/her HIV status

Variables	Responses	Frequency (n=85)	Percentage (100%)
Whether participant’s belief on use of force to have sex	Yes	33	39
	No	52	61
Whether spouse should communicate his/her HIV status	Yes	47	55
	No	38	45

Out of 85 on table 4, most 52 (61%) participants do not believe on use of force to have sex (No) while few 33 (39%) believe on use of force to have sex (Yes).

A majority out of 85 participants with 47 (55%) said spouse should communicate his/her HIV status (Yes) compared to very few 38 (45%) who did not (No).

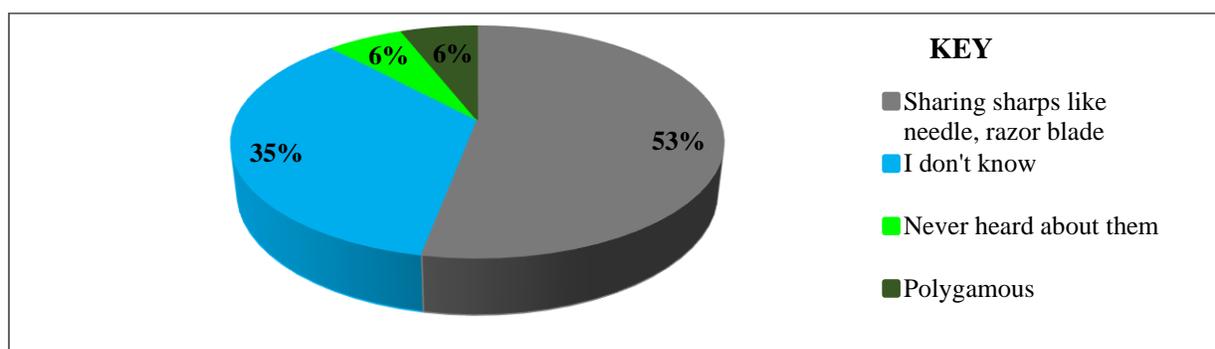


Figure 3: A pie chart show participant’s opinion on HIV exposure in marriage, n=85

Figure 3 above, out of 85 participant’s opinion on HIV exposure in marriage a majority 53% (45) were through sharing

sharps like needle, razor blades while few 6% (5) through polygamous and 6% (5) never heard about them in their culture.

Health facility factors that contribute to increase of HIV infection among Married Couples

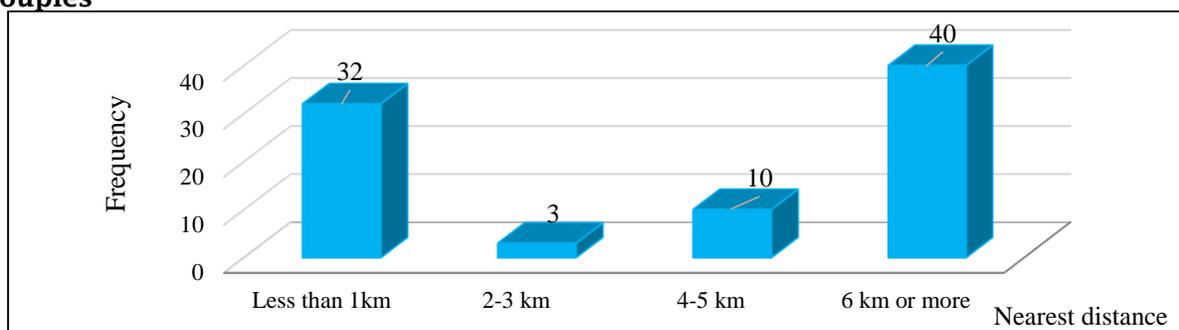


Figure 4: A bar graph show nearest distance from health facility to home, n=85

Figure 4 above, out of 85 participants nearest distance from health facility to home a majority 40 (47.1%) reside 6 km or

more while few 3 (3.5%) reside 2-3 km away.

Table 5: Show type of health facility near to the participants and whether couple HIV services are available

Variables	Responses	Frequency, n=85	Percentage, 100%
Type of health facility near to the participant	Public (Government)	67	79%
	Private	18	21%
Whether participants couple HIV services are available	Yes	69	81%
	No	5	6%
	I don't know	11	13%

Table 5 above majority 67 (79%) of the participants are nearer to Public (Government) health facility while only 18 (21%) near to the private health facility.

Most 69 (81%) had couple HIV services available and few 5 (6%) do not have.

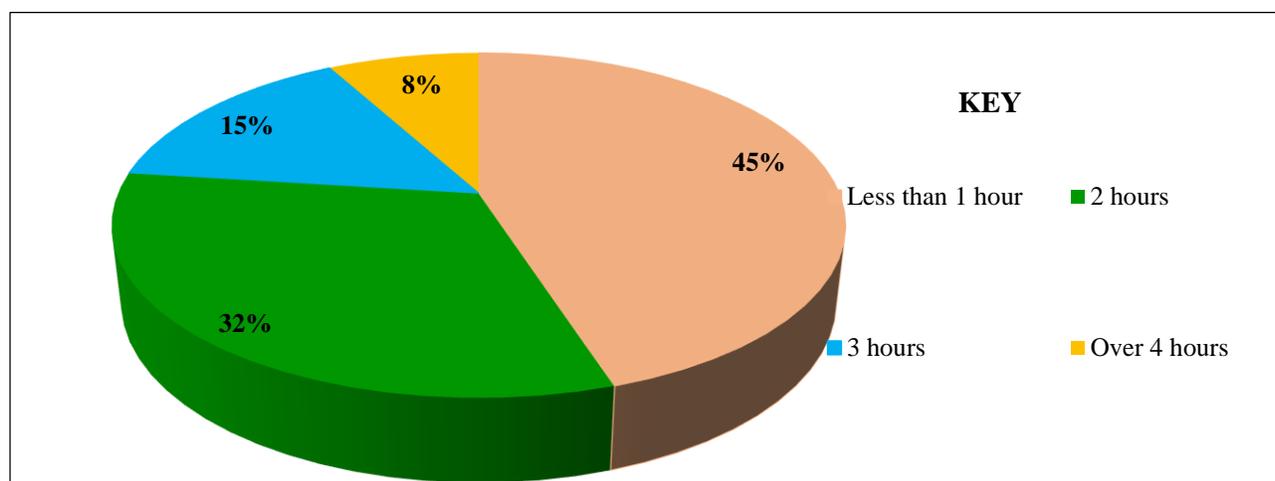


Figure 5: A pie chart show time spend waiting for couple HIV services at clinic, n=85
 Figure 5 above, out of 85 participants waiting for couple HIV services from the clinic most with 45% (38) spend less than 1 hour and few 8% (7) spend over 4 hours.

Table 6: Show what participants do not like during HIV clinic visit

Variables	Frequency (n)	Percentage (%)
Blame	24	28.2
Non supportive health worker	19	22.4
Fees attached on the services	30	35.3
Others; poor service deliveries	12	14.1
Total	85	100.0

On table 6 above of 85 participants' majority 30 (35.3%) do not like fees attached on the services at the HIV clinic

while only few 12 (14.1%) do not like others such as poor service delivery.

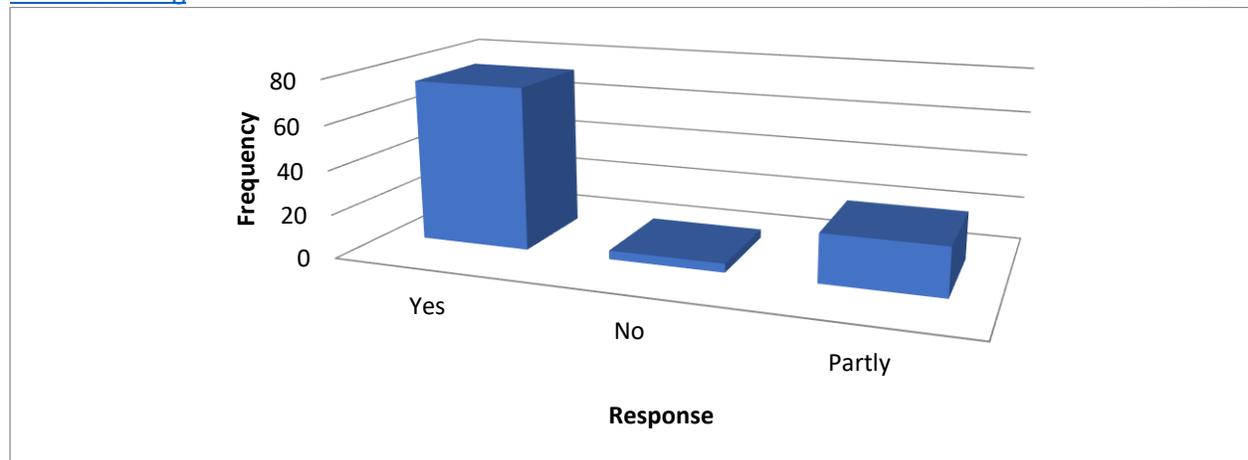


Figure 6: A bar graph show whether participant feel comfortable with the privacy and confidentiality at the clinic, n=85.

Figure 6 above, out of 85 participants most 74% (63) feel comfortable with the

privacy and confidentiality at the clinic (Yes) while few 4% (3) do not (No).

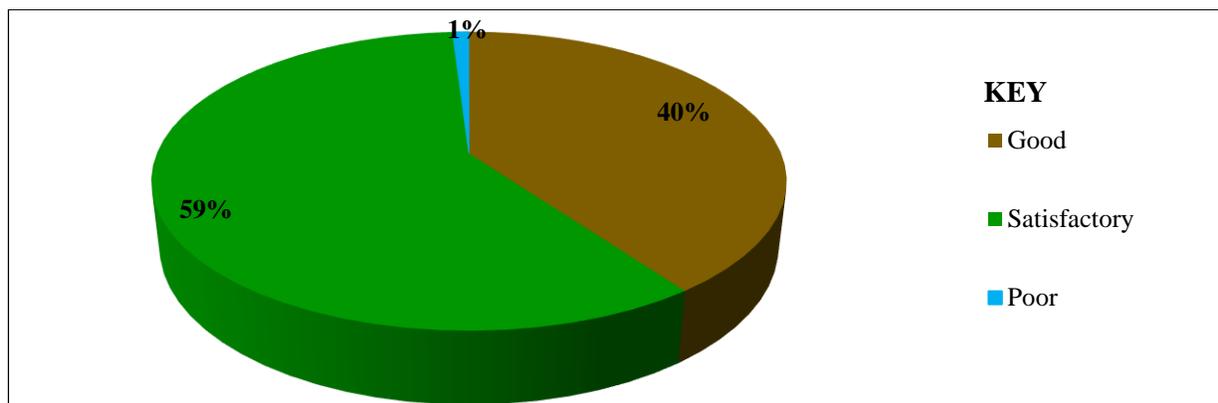


Figure 7: A pie chart show overall rating the quality of HIV services from the health facility, n=85.

Figure 7 above, out of 85 participants most with 59% (50) rates quality of HIV

services satisfactory compared to only 1% (1) who rated poor.

DISCUSSION

Demographic characteristics of the study participants

The findings show that out of 85 married clients aged 20 to 60 years old attending ART Clinic at Ishaka Adventist Hospital, Bushenyi District majority of the study participants 27 (32%) were age group 31-40 years while the lowest 12 (14%) were age group of 51-60 years. it is the most age bracket who sexually active to make family as well as bringing up children. Many participants were female 47 (55%) and the lowest were male 38 (45%). the finding shows out of 85 study participants most 34 (40%) had primary education compared to very few 8 (9%)

who were university graduate. The result from the study implied that near to half of the participants has attained primary education. According to the results show that out of the 85 study participants, majority 36 (42%) were Catholics while lowest 13 (15%) were others religion such as born again, Pentecostal. Majority of the study participants, out of the 85 participants 39 (46%) were peasant compared to the few 4 (5%) who were civil servant.

Social factors that contribute to increase of HIV infection among Married Couples

The social factor has strong significance in regard to HIV infection among the married couples. In this study out of 85 participants most 68 (80%) were formally married while only 17 (20%) who were currently in marriage. The findings is in line with [14], found that HIV prevalence was highest among those who were formerly married at 5.9%, compared with 3.4% among currently married/cohabitating women and 3.4% were not married women.

Majority of participants were from rural area with 45 (53%) compared to minority 40 (47%) who were residing in urban area. Higher infection rates, combined with internal residential shifts, are playing a major role in patterns of increased infection in East Africa [14][34][36][37][38]

A large proportion 64 (75%) spend more than 5 years in marriage living together while only 21 (25%) spend less than 5 years. It corresponds with [15], found that being married for less than 5 years significantly increased the likelihood of risky sexual behavior, which is consistent with sexual violence in marriage [38][15][39][40][41].

According to the study finding a majority of the study participants 43 (51%) have ever had sex outside their relationship meanwhile few 12 (14%) never had sex outside relationship. This result corresponds to [13], who said one fifth (19.1%) of the never married women had had multiple sex partners against 7.1% among the currently married/cohabitating and 10.7% among the formerly married.

Most of the study participants with 35 (41%) ever had sex in the past 6 months (Yes) compared to very few 23 (27%) who did not have sex in the past 6 months (No). Similarly, authors in [13] and colleagues found that about 3.4% of the never married women had engaged in transactional sex within the 12 months preceding the survey, compared with 3.7% among currently married/cohabitating women and 6.3% among formerly married women [41][42][43][44][13].

Major mode of HIV transmission was heterosexual transmission; severe economic repression, economic-driven migration activities and unemployment were chief socioeconomic risk factors [13] Out of 85 study participants, a large proportion of the participants 51 (60%) were unemployed while the few 34 (40%) were employed. This result also correspond to [16], report that those living in low socioeconomic communities have become highly susceptible to engaging in risky behaviors, which can lead to HIV infection.

Cultural factors that contribute to increase of HIV infection among Married Couples

The findings above show that of 85 study participants, 66% (56) say HIV infection is common with married couple and lowest 13% (11) were others that it's common with youth. This result was in line with [15], found that being married or cohabitating for less than 5 years significantly increased the likelihood of risky sexual behaviour, which is consistent with sexual violence in marriage [42][43][44][45][46][47].

According the study a majority 46 (54%) culture say sex outside marriage is for pleasure meanwhile 4 (5%) were other like to satisfy needs. This could be the reasons that opinions suggested cultural beliefs and customs allow greater freedom to men in relation to sexual encounters while tabooing the same behavior for women [17][48][49][50][51].

Of 85 participants, above average 49 (58%) their tradition support the use of condom amongst married couple (Yes) compared to the few 12 (14%) who did not response to it. This finding disagree with [18], that men resist use of condoms for a variety of reasons including reduced sexual pleasure and virility; to achieve men's fertility desires; because of the perceived negative risk of STIs in sex with wives; and to show faithfulness to their wives [52][53][54].

Furthermore, 51% (43) supported that sex outside relation causes HIV infection while 22% (19) said causes domestic violence. It correspond to support [19], that the power is rooted in cultural norms

and values that place married women subordinate to men because of the belief that bride price, locally known as “lobola”, gives men unlimited sexual rights over their wives.

The results further indicate that out of 85, above average 52 (61%) of the participants do not believe on use of force to have sex (No) while few 33 (39%) believe on use of force to have sex (Yes). This result was contrary to [9], report that cultural attitudes and lack of knowledge may diminish women’s rights to make informed sexual decisions in order to gain access to basic needs.

A majority out of 85 participants with 47 (55%) said spouse should communicate his/her HIV status (Yes) compared to very few 38 (45%) who did not (No). It is impossible according to [20], result revealed that women are under pressure by their partners and in-laws to give them children, which may force them to engage in unprotected sex even when they know their partner has STI such as HIV.

Health facility factors that contribute to increase of HIV infection among Married Couples

The study results revealed that out of 85 participants nearest distance from health facility to home a majority 40 (47.1%) reside 6 km or more while few 3 (3.5%) reside 2-3 km away. Similarly [21], reported financial barrier was highly mentioned, distance from home to hospital and poor customer care in health centers and hospitals coupled with rude languages from nurses and doctors.

More than average 67 (79%) of the participants live nearer to Public (Government) health facility while only 18 (21%) stay near to the private health facility. It correlates to [22], report that some women prefer to be tested in private facilities because government hospitals are not good. Furthermore, study results found that most 69 (81%) of the participants had couple HIV services available compared to very few 5 (6%) that did not have. This finding was in line with [23] [45][46] report that limited knowledge of and access to Voluntary Counseling and Testing (VCT) services,

especially among women in relationship, may increase their vulnerability to HIV infection.

Results show out of 85 participants most with 45% (38) spend less than 1 hour waiting for couple HIV services from the clinic and few 8% (7) spend over 4 hours in disagreement with United Nations Population Fund (2009), report that health providers were blamed to report late on duty which delay the timely services made clients for long waiting hours before they were attended to and this diverted them from reproductive health services and ended up using local medicine and traditional healers.

Nevertheless, results showed majority 30 (35.3%) do not like fees attached on the services at the HIV clinic while only few 12 (14.1%) do not like others such as poor service delivery. It does not support [24], that many hidden costs during delivery a mother has to incur, and agree with Prisca that when the money is not enough always big barrier utilizing maternal health services.

In addition most 74% (63) of the study participants feel comfortable with the privacy and confidentiality at the clinic (Yes) while few 4% (3%) do not (No). This finding is in disagreement with [24], result that mothers are afraid of going to hospital because when doctors discover that you are HIV positive they have tendency of leaking such information to the public, these and other reasons normally keep us away from hospitals for delivery [47][48][49][50][24].

Finally, out of 85 participants most with 59% (50) rates quality of HIV services satisfactory compared to only 1% (1) who rated poor. According to [25], report that HIV remains a much stigmatized illness in the society that influences the process of disclosure and often necessitates secrecy about illness in the families, communities and healthcare settings. The study results do not concur with [21], reported poor customer care in health centers and hospitals coupled with rude languages from nurses and doctors that prevent clients from accessing health services.

CONCLUSION

Many participants were formally married compared to those currently in marriage and spend more than 5 years in marriage living together. They have ever had sex outside their relationship and large proportion of them were unemployed.

The participants revealed that HIV infection is common with married couple, they do not believe on use of force to have

sex, supported that sex outside relation causes HIV infection and domestic violence. Participants reside 6 km or more distance from nearest health facility to home and do not like fees attached on the services at the HIV clinic. HIV services were satisfactory at Ishaka Adventist Hospital.

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