HIV RELATED DISABILITIES, AND UTILISATION OF REHABILITATION SERVICES BY PEOPLE LIVING WITH HIV RECEIVING CARE AT THE MULAGO IMMUNE SUPPRESSIVE SYNDROME CLINIC, KAMPALA-UGANDA.

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ABSTRACT

Background: Globally, the proportion of PLHIV that are actively receiving ART increased from 15 million in 2010 to 17 million in 2015. This led to a reduction in AIDS related deaths implying that PLHIV are now living longer. However, PLHIV now face challenges as a result of the disease progression and the side effects of the ART. These challenges can be contextualized as disability. PLHIV therefore need rehabilitation to help them deal with these challenges.

Objective: To determine utilization of and barriers to use of rehabilitation services by PLHIV receiving care at the Mulago ISS clinic.

Methods: A cross-sectional study using quantitative and qualitative methods was conducted. Simple random sampling was used to select the sample. Semi-structured questionnaires and key informant interviews were used to collect data. Univariate analysis was done to determine utilization of rehabilitation services. Multivariable analysis was done using modified poisson regression to determine factors associated with utilization of rehabilitation services.

Results: Rehabilitation service use was at 69.4%, the most frequently utilized services were, counseling at 61%, Physiotherapy at 41.6% and complementary therapy at 19.5%. It was found that participants that were divorced or widowed were 1.53 and 1.72 times more likely to utilize rehabilitation services compared to their never married counterparts (aPR: 1.53, CI: 1.02-2.28) and (aPR: 1.72, CI: 1.13-2.61) respectively. Cost of services and transport were among the major reasons for not utilizing rehabilitation services. Results from the KII revealed that PLHIV receiving care at the Mulago ISS clinic are screened for disabilities and if found with a disability, the clients were majorly referred elsewhere for rehabilitation.

Conclusions and recommendations: 69.4% had utilized rehabilitation services. This high utilization level indicates that these services are being sought for by PLHIV. There is need to integrate rehabilitation into HIV care as this will go a long way in reducing some of the barriers to use of rehabilitation services for example cost of services and transport barriers.