ABSTRACT

Introduction: In March 2007, WHO and UNAIDS recommended male circumcision for HIV prevention among heterosexually males in countries with high HIV and low male circumcision prevalence. Subsequently, MoH in Uganda launched the safe male circumcision (SMC) policy in 2010. Limited information currently exists on clients’ perspectives of the quality of the services since the annual quality assessments focus on providers and managers perspectives. This study therefore assessed the quality of SMC from the perspective of the clients.

Methods: A cross-sectional study using a modified SERVQUAL tool was conducted among 419 males aged above 18 years who accessed the services in March 2014 from two rural facilities in Hoima district. Entry and exit interviews were conducted to ascertain their expectations and perceptions respectively and data were analyzed using STATA to obtain the overall service quality. Multivariate logistic regression models were also used to assess adjusted factors associated with perceived service quality.

Results: Overall, 66% (278/419) of respondents perceived the circumcision services as being of high quality with substantial agreement noted between SERVQUAL results and those obtained using a Visual Analogue scale (Kappa statistic = 0.64). Overall service gap was 0.2 (p= 0.001) with significant differences between the mean gap scores of the different dimensions. Tangibles had the highest (0.5, p=0.001) and responsiveness the lowest (0.1, p= 0.001). Multivariable logistic regression revealed that age > 20 years (Adj. OR 1.6, 95% CI 1.05-2.44) and distance to the health facility of 5.1-31km (Adj. OR 2.02, 95% CI 1.06-3.83) or > 31km (Adj.OR 3.20 95% CI 1.63- 6.27) were significantly associated with clients’ perception of service quality.

Conclusion: Overall, high service quality was found. Tangibles were the most important dimension in the perspective of the clients. Older males and longer distances to the health facility were associated with high levels of perceived service quality.