

Exploring factors that influence individual-decision making towards accessing HIV testing services: a socio-ecological perspective

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Exploring the HIV testing services (HTS) gap

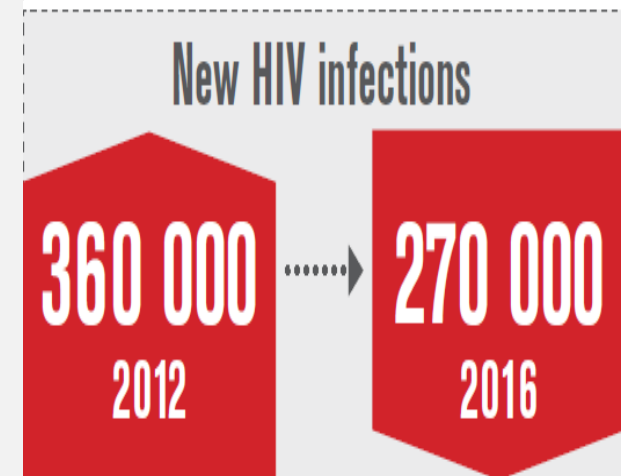
HIV testing services (HTS) are the entry point into HIV care continuum

HTS Achievements in South Africa

- Increase in availability & accessibility to HTS
- 10 million access HTS annually¹

BUT

- Undiagnosed HIV disproportionately fuels transmission²
- 28% men and 17% women (15-59 years) – **never tested**³
- 56% men and 41% women (15-59 years) - **not utilised HTS in past 12 months**³



[¹SA NSP 2017 – 2022 ; ²Hall HI et al, 2012 ; ³South Africa Demographic Health Survey 2016]

Study objectives and methods

Goal: To understand HTS utilisation among recently diagnosed HIV positive individuals with low CD4 counts (≤ 350 cells/mm³) at the time of diagnosis

Setting

- Nested in pragmatic study to evaluate strategies of increasing linkage-to-care⁴
- 7 mobile HTS units in urban & rural regions of South Africa

Inclusion into sub-study

1. Participants enrolled in main study
 - ≥ 18 years of age, HIV+, not in care
2. Received a point of care CD4 (POC CD4) result ≤ 350 cells/mm³

Study sample

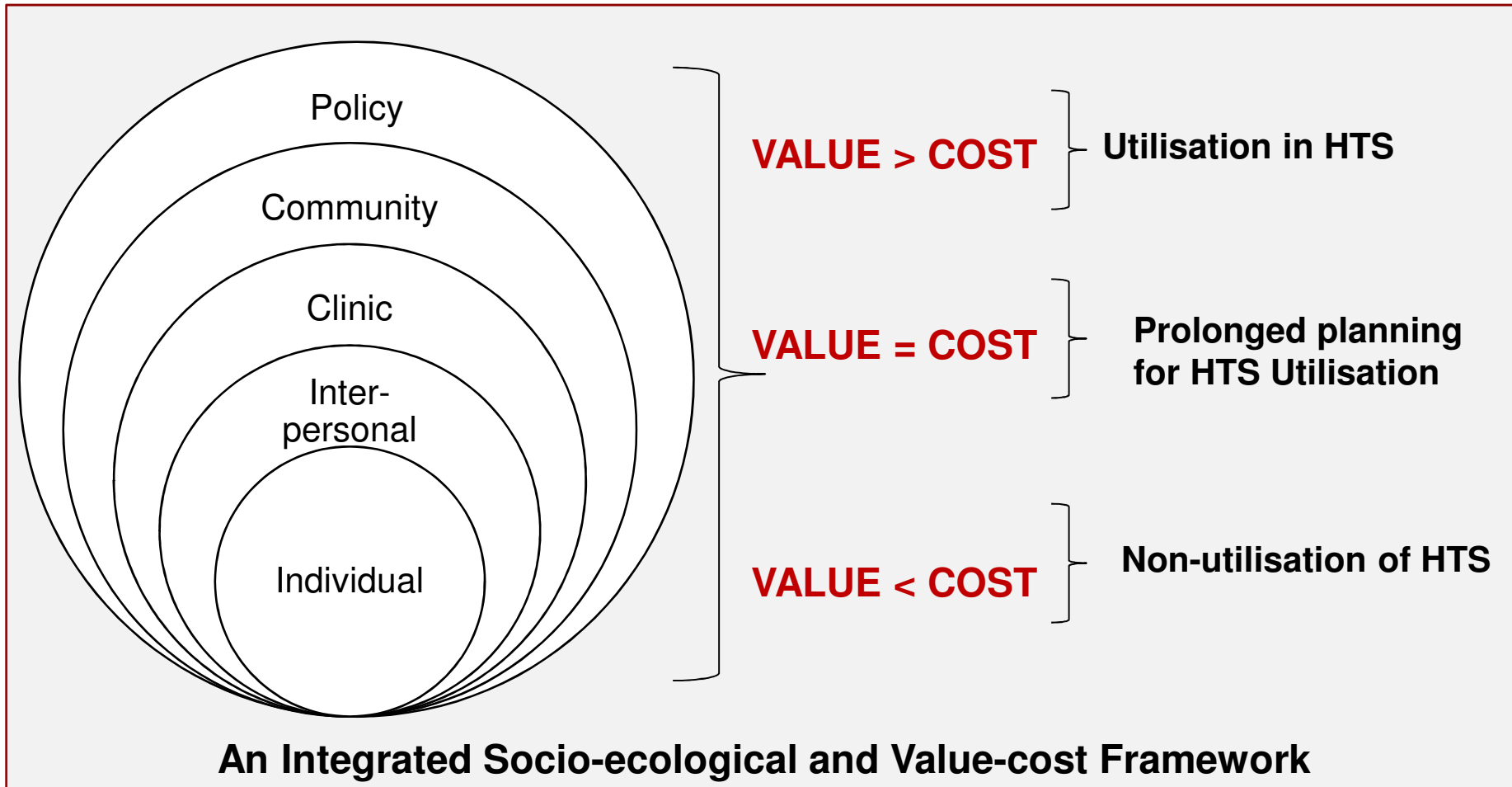
- 40 participants were randomly selected from 631 participants with POC CD4 results



⁴Hoffmann CJ et al, 2017

Conceptual framework – HTS utilisation

- Socio-ecological model⁵ - an individual's context influences HTS utilisation
- Value-cost framework⁶ - conscious and unconscious subjective evaluations of value vs. costs influence HTS utilisation



[⁵McLeroy et al, 1988; ⁶Hoffmann CJ et al, 2016]

Study methods

Data collection:

- In-depth interviews - trained interviewers used a semi-structured guide
- Conducted in-person or telephonically & audio-recorded
- Conducted in English & 4 local languages
- Compilation of field notes – interview context & methodological issues

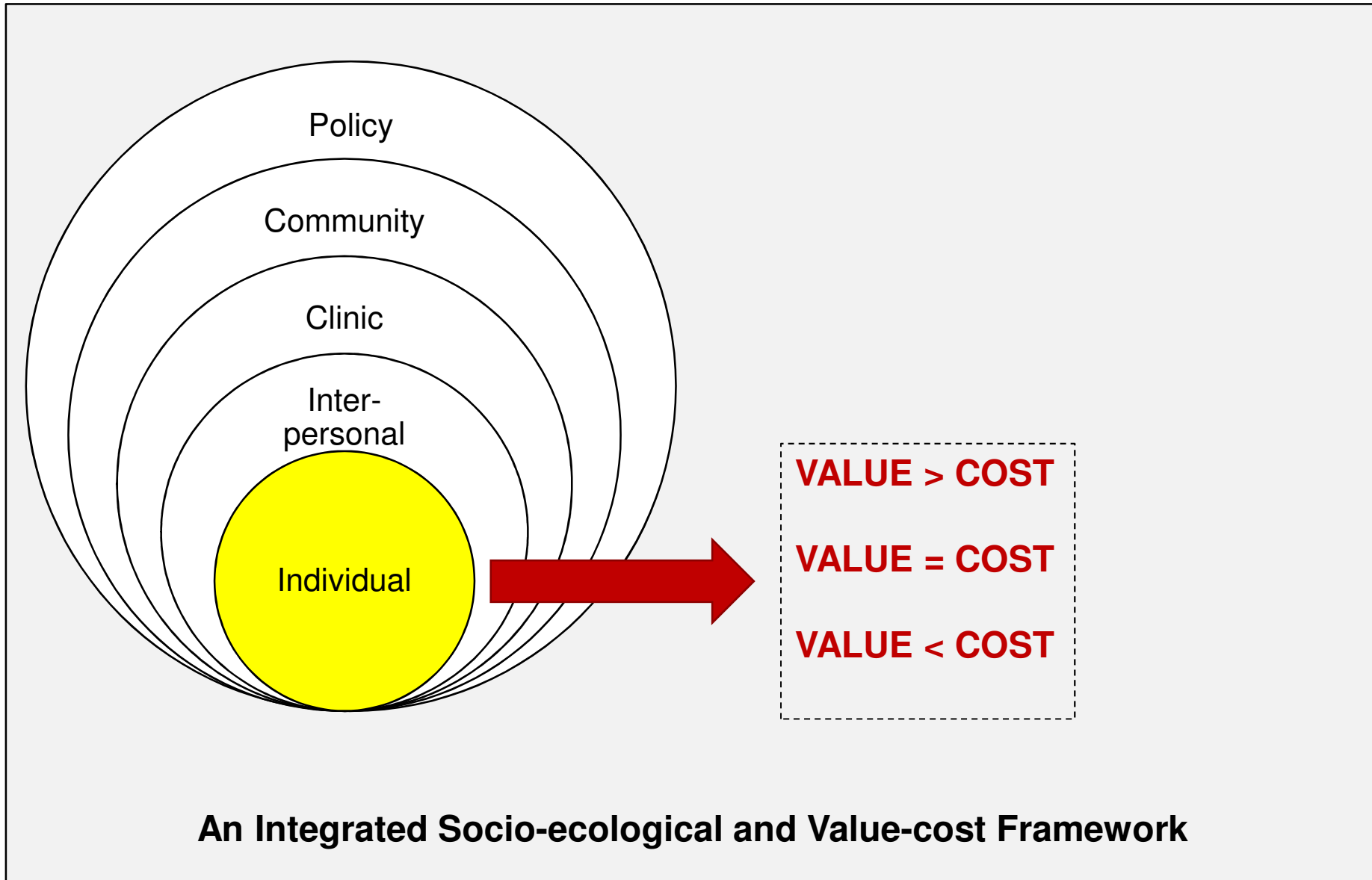
Data analysis

- Interviews transcribed & translated into English
- Thematic data analysis
- A priori coding structure – SEM & Value-Cost Framework
- Key themes
- NVivo 10™ (QSR Int. Pty Ltd., Melbourne, Australia, Version 10).

Participant characteristics

	Total interviewed N= 40
Female	21
Median age (range)	37 years (19 - 54)
In a relationship	20
In relationship > 12 months	15
Unaware of partner's status	18
First time tester	18
Median CD4 at diagnosis (range)	224cells/mm ³ (6 -350)

INDIVIDUAL LEVEL



An Integrated Socio-ecological and Value-cost Framework

Perceived values and costs of HTS - individual level

VALUE

- Understanding illness symptoms
- Mitigate impact of disruptive illness
 - Economic productivity
 - Functional independence
 - Longevity

VS.

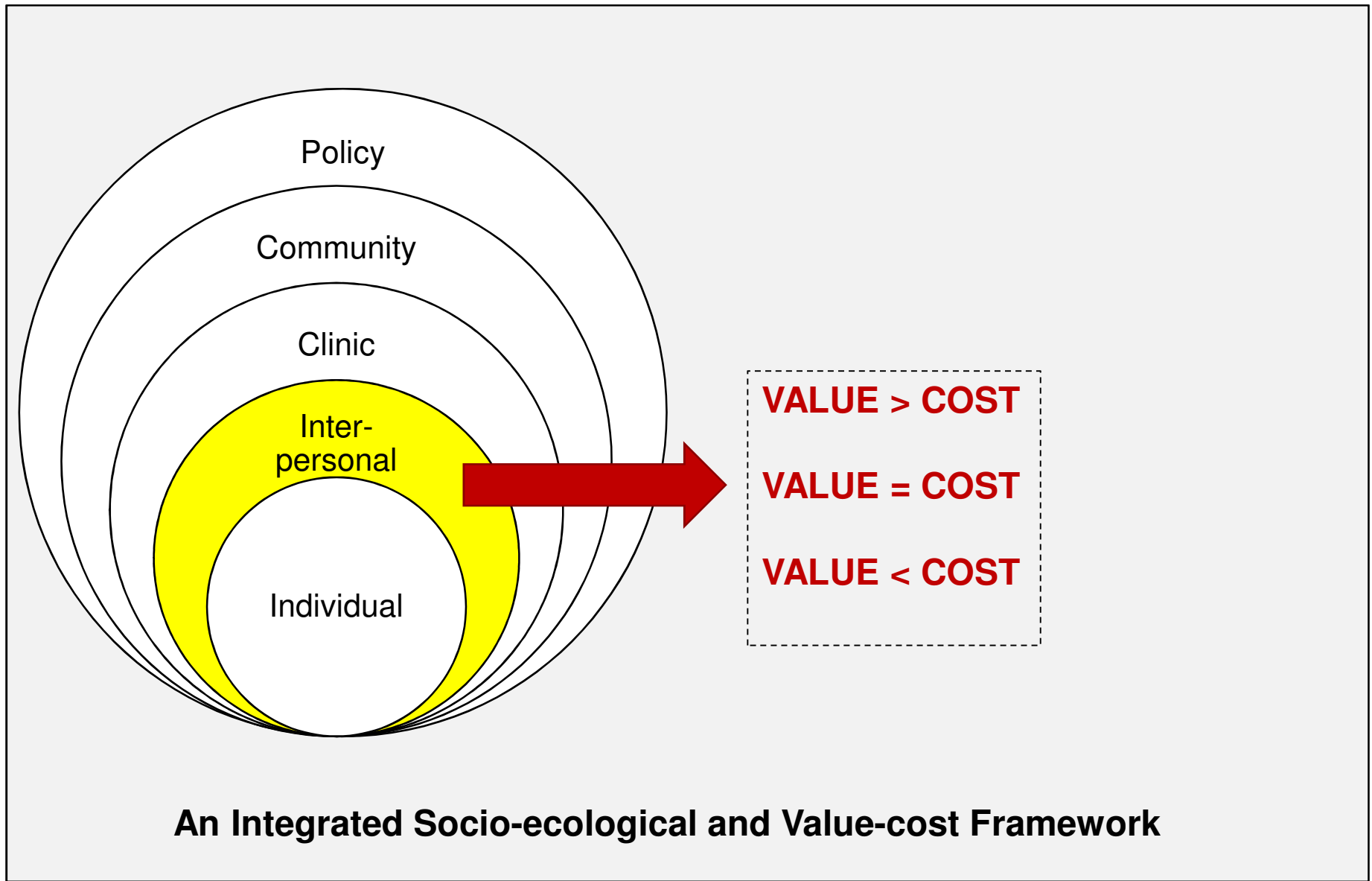
COSTS

- Fear of psychological distress in coping with diagnosis
- Fear of false positive results
- Fear of involuntary disclosure of status
- Time constraints to access HTS

MODULATORS OF PERCEIVED VALUE OF HTS

- ↓ Safe sexual practices (condoms)
- ↓ Faithfulness to one sexual partner
- ↓ Previous HIV negative results
- ↓ Extrapolation of HIV status by proxy
- ↓ Non-allopathic interpretation of illness
- ↓ Attribution of illness to other diagnosed chronic diseases

INTER-PERSONAL LEVEL



An Integrated Socio-ecological and Value-cost Framework

Perceived values and costs of HTS - interpersonal level

VALUE

- Relationship commitment
- Encouragement by social networks

VS.

COSTS

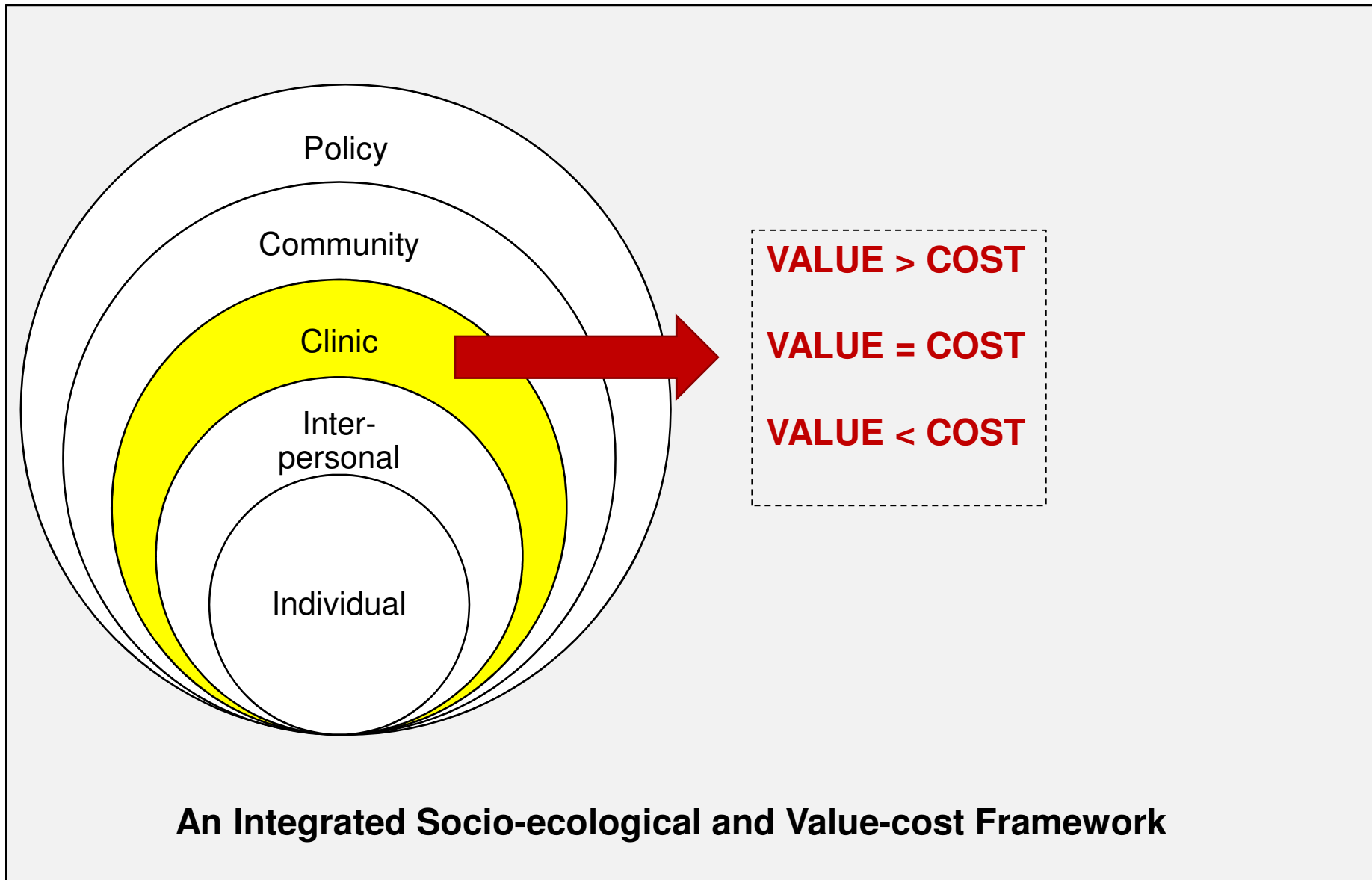
- Anticipated negative outcomes from self-/involuntary disclosure
 - Fear of violence
 - Fear of loss of relationship intimacy
 - Fear of social isolation

MODULATORS OF PERCEIVED VALUE OF HTS

- ↓ Distrust of HTS results
- ↓ Desire to maintain status quo of relationships
- ↓ Fear of utilising HTS without partner approval
- ↑ HIV status disclosure by HIV positive sexual partner



CLINIC LEVEL



An Integrated Socio-ecological and Value-cost Framework

Perceived values and costs of HTS – clinic level

VALUE

- Incentives received for testing

VS.

COSTS

- Fear of clinic-enacted stigma
- Fear of disclosure of status from lack of privacy in receiving HTS
- Queue times for HTS

MODULATORS OF PERCEIVED VALUE OF HTS

- ↓ Failure by healthcare providers to offer HTS led clinic patients to assume that symptoms were not from HIV

Conclusions

- Different socio-ecologic levels influence the balance of value and costs involved in individual decision making for HTS utilisation
- The integrated socio-ecologic and value-cost framework can be used to develop strategies for HTS utilisation.
- Optimising HTS utilisation requires addressing each socio-ecologic level through multiple intervention modalities
- Additional enquiry is required to explore the influence of community and policy level factors on HTS utilisation.

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