

Overcoming the real - and perceived - barriers to HIV testing

By Linda-Gail Bekker 29 Nov 2018

There was a time when HIV was untreatable, heavily stigmatised, and the benefits of testing weren't as clear as they are now. But that was 25 years ago.



The WHO recommends testing for HIV every 6 to 12 months. Shutterstock

HIV testing remains the crucial entry point for all HIV services, including both prevention and treatment.

When someone tests and learns that they are HIV positive, there is an opportunity to access life-saving treatment, ensure their own well-being and that of their intimate partners. When someone tests and learns they are HIV negative, there is an opportunity to evaluate their risk and assess which HIV prevention options are the best fit for them.

UNAIDS <u>estimates</u> that 76% of people living with HIV in eastern and southern Africa know their status. While an HIV-positive diagnosis can still provoke fear among some, <u>85% of people with HIV</u> in South Africa know their status.

The goal is that by 2020, 90% of people with HIV should know their status. Increasing the uptake of testing is an essential first step in this quest, which is part of a package of goals aimed at ending the epidemic.

Read more: HIV, AIDS and 90-90-90: what is it and why does it matter?

Many people still struggle to overcome real and perceived barriers to testing. These include access to testing and the stigma related to testing. However many of the hurdles still in place might not be as big as once thought.

What's standing in the way of 90%

Access: HIV testing is free in South Africa in all public clinics and health facilities, but for many people just getting to the clinic can seem like a major barrier. Whether this is because of long walking distances, the need to take time off work, or simply not prioritising or having the time to build testing into their health care routine.

One solution lies in the advent – and increasing availability – of HIV self-testing kits. Now getting an HIV test can be as

simple as going to the pharmacy and following the instructions.

Being judged: A common concern is around confidentiality and being judged. This is especially evident among young people who are at risk of HIV infection, but may feel as if they would be judged for being sexually active. It's estimated that 2000 adolescent girls and young women in South Africa are infected every week.

This problem needs to be tackled by helping young people access testing. This can be done by providing <u>youth friendly</u> <u>services</u> where health care professionals are friendly, non-judgemental and supportive. Testing must be normalised and seen as an appropriate, responsible and acceptable thing to do. Many clinics already undergo training and accreditation for the provision of adolescent and youth friendly services. But it's not universal.

Stigma: Aside from stigma around HIV, many high-risk groups (such as sex workers, men who have sex with men, and injecting drug users) still face enormous barriers to accessing traditional services due to stigmatisation, discrimination and even criminalisation. This is especially true in sub-Saharan Africa where anti-LGBTI laws are rife and few protective mechanisms exist.

The way this can be solved is by ensuring that testing campaigns and environments encourage everyone to test. More work must be done to combat bad laws and policies, stigma and discrimination. The fight should be against the virus, and not the people it targets.

Low risk perception: The World Health Organisation and the South African government recommend testing every six to 12 months. But most people only test when they feel they have been at risk. Risk perception is highly subjective and sometimes incorrect. In a South African context, where the prevalence of HIV is so high -20.6% of adults aged 15 to 49 years have HIV - everyone is at risk and should get tested every year.

To encourage people to test more frequently, campaigns should continue to focus on the fact that HIV doesn't discriminate. HIV testing also increases the opportunity to screen for multiple conditions, such as tuberculosis and other sexually transmitted infections, at the same time. This integration of HIV testing services with other health services is seen as a way of reducing stigma, increasing access, and is a move towards achieving universal health care

This article is republished from <u>The Conversation</u> under a Creative Commons license. Read the <u>original article</u>..

ABOUT THE AUTHOR

Linda-Gail Bekker, Professor of medicine and deputy director of the Desmond Tutu HIV Centre at the Institute of Infectious Disease and Molecular Medicine, University of Cape Town

For more, visit: https://www.bizcommunity.com