

13th Conference on Retroviruses and Opportunistic Infections



Denver, Colorado - February 5-8, 2006

ROUTINE HIV TESTING IN BOTSWANA: A POPULATION-BASED STUDY ON ATTITUDES, PRACTICES, AND HUMAN RIGHTS CONCERNS

Conf Retrovir Opportunistic Infect 2006 Feb 5-8;13:abstract no. 25

Sheri Weiser¹, M Heisler², K Leiter³, F Percy-De Korte³, S Tlou⁴, S Demonner², N Phaladze⁴, D Bangsberg⁵, and V Iacopino³

¹Cent for AIDS Prevention Studies, Univ of California, San Francisco, US; ²VA Ann Arbor Hlth System, Univ of Michigan Sch of Med, US; ³Physicians for Human Rights, Cambridge, MA, US; ⁴Univ of Botswana, Gaborone; and ⁵San Francisco Gen Hosp, Univ of California, US

BACKGROUND: The Botswana government implemented a policy of routine HIV testing in 2004 in response to the high prevalence of HIV infection estimated at 37% of adults. We assessed knowledge of and attitudes towards routine testing, correlates of HIV testing, and barriers and facilitators to testing 11 months after the introduction of this policy.

METHODS: A cross-sectional population-based study was conducted in November and December of 2004 among 1,268 adults from 5 districts of Botswana using a stratified two-stage probability sample design. Descriptive statistics were used to examine sample characteristics and attitudes. Multivariate logistic regression was used to assess correlates of self-reported HIV testing, which was the primary outcome of interest.

RESULTS: Most participants (82%) reported being extremely or very much in favor of routine testing. The majority believed that this policy would decrease barriers to testing (89%), HIV-related stigma (60%), and violence towards women (55%) and would increase access to antiretroviral treatment (93%). At the same time, 43% of participants believed that routine testing would lead people to avoid going to the doctor for fear of testing, and 14% believed that this policy could increase gender-based violence related to testing. The prevalence of self-reported HIV testing was 48%. Adjusted correlates of testing included female gender (AOR=1.5, 95% CI=1.1-1.9), higher education (AOR=2.0, 95% CI=1.5-2.7), more frequent health care visits (AOR=1.9, 95% CI=1.3-2.7), perceived access to HIV testing (AOR=1.6, 95% CI=1.1-2.5), and inconsistent condom use (AOR=1.6, 95% CI=1.2-2.1). People with stigmatizing attitudes towards people living with HIV/AIDS were less likely to have been tested for HIV (AOR=0.7, 95%

CI=0.5-0.9), and to have heard of routine testing (AOR= 0.59, 95%CI= 0.45-0.76). While experiences with testing were overall positive, 31% felt that they could not refuse the HIV test. Key barriers to testing included fear of learning one's status (49%), lack of perceived risk (43%), and fear of having to change sexual practices with a positive HIV test (33%).

CONCLUSIONS: Routine testing is widely supported and may reduce barriers to testing in Botswana. As routine testing is adopted elsewhere, measures should be implemented to assure true informed consent, and human rights safeguards including protection from HIV-related discrimination, and protection of women against partner violence related to testing.

2006-02-05
25

Copyright © 2006 - [Foundation for Retrovirology and Human Health](#). Reproduction of this abstract (other than one copy for personal reference) must be cleared through the Foundation for Retrovirology and Human Health.