ORIGINAL ARTICLE

Community Perspectives Towards Provider- Initiated Testing for HIV in Macha

[1]D. Sitali, [2]S.H Nzala

[1]University of Zambia, Department of Community Medicine, Lusaka

[2]Assistant Dean, Postgraduate Studies, School of Medicine

ABSTRACT

Background: In Zambia, at least eighty per cent (80%) of the adult population does not know about their HIV status[11]. In order to increase uptake of HIV testing, Ministry of Health introduced provider- initiated HIV counseling and testing for individuals attending health facilities in 2008[12]. However, since the policy was introduced, there has been no research evidence on how the community perceives the policy and how it has influenced their health seeking behavior.***Objectives:*** The aim of this study was to explore community perspectives on provider-initiated HIV testing.

Design: The study was a cross-sectional descriptive design. The study used both qualitative and quantitative approaches. Multistage sampling was used to select households for interviews. Adults above 18 years of age were interviewed from the selected households using a structured interview questionnaire. The questionnaire was translated into the local language to enhance understanding of the subject. Purposive sampling was instituted to select key informants for in-depth interviews. Logistic regression was applied to determine independent predictors for supporting provider- initiated HIV testing. In-depth interviews were translated and transcribed into computer files; common themes were identified, after which data was categorized using the Nvivo statistical package.

Results: A total of 809 respondents and 12 (twelve) key informants participated in the study. The age range for the cohort was 18-80 years, with mean age of 35.8 years. Of the whole study population, 42.8% were males while 57.2% were females.The study found that the majority of respondents (61.9%) were not aware of the provider-initiated HIV testing policy. Despite this scenario, the majority (80.3%) of respondents and all the key informants supported the policy. Furthermore, most (89.5%) respondents indicated that they would accept to be tested if they were to be hospitalized. Support for the policy was on the premise that the community has realized the importance of HIV testing as an entry point to HIV care, treatment, and support. ***Conclusion:*** The Macha community is in support of provider –initiated HIV testing policy although awareness of the policy is low. It is evident that the majority of respondents have been able to observe benefits associated with testing through the ART services going on at the hospital**.** However, there was more preference for community-based voluntary counseling and testing. According to the community, mobile VCT services were more preferred because they saved costs of travel to the health facility and reduced stigma.

INTRODUCTION

Since the National AIDS Council was enacted in the early nineties, the country adopted a number of testing guidelines that have guided testing approaches in the country. The commonest approach in the nation has been voluntary counseling and testing commonly referred to as client-initiated HIV testing. Provider- initiated counseling has been practiced in the nation. This is an approach where HIV testing is routinely offered to all patients attending sexually transmitted infections (STI)

services, ante-natal clinics, and other reproductive health services, and all TB clinic services. Diagnostic counseling and testing is another approach which has been in place. Under this approach, counseling and testing is considered for diagnosing HIV in TB patients, in HIV management, and for patients who present with signs and symptoms that could be attributed to HIV [12]. In its policy guidelines, the council clearly states that it does not support mandatory testing of individuals on public health grounds [12].

Despite promoting voluntary counseling and testing, at least 80% of the Zambian population still do not know their HIV status in Zambia[11]. In order to increase uptake of HIV testing, Ministry of Health introduced provider-initiated HIV counseling and testing for individuals attending health facilities in 2008[12].Since the introduction of the policy, there has been diverse opinions regarding the value of provider-initiated HIV testing among health professionals, human rights groups, and individuals. However, there is paucity of data concerning community perspectives on the policy. The study was therefore important in order to establish the perceptions of the end-users of HIV testing services and create an understanding of how the policy has influenced their health seeking behaviors.

OBJECTIVES

The aim of this research was to explore community perspectives on provider-initiated HIV testing.

The results of the study would serve as preliminary findings that can be used as a basis to build on other similar studies that may help to inform policy

METHODS

The study was a cross-sectional design. The study used both qualitative and quantitative approaches. A semi structured questionnaire was used to collect quantitative data.

A total of 809 respondents participated in the study. The villages were randomly sampled and the households were sampled by systematic sampling

To substantiate the quantitative data findings, in-depth interviews were conducted with ten (10) key informants. The study used an interview guide in order to collect qualitative data. Interviews were recorded on a digital tape recorder and were later transcribed and interpreted. The informants were all drawn from Macha. They comprised four (4) females, and six (6) males.

A multivariate logistic regression model was implored to identify independent predictors of support for mandatory HIV testing. The independent predictors were educational status, relative advantage, and prior knowledge. The "enter" method was used to analyze the data.

RESULTS

The age range was 18-59 years of age. The mean age was 32.37 Of the 809 respondents, 57.2% were females while 42.8% were males.75.3% were married, while 24.7% were single, widowed, or divorced. The majority of respondents (62.7%) only attained primary education. Only 2% of the respondents attained tertiary level education.

Although the majority (61.9%) of the respondents was not aware of provider- initiated HIV testing HIV policy, most (80.3%) of them supported the policy. Most (89.4%) of the respondents also indicated that they would accept to be tested if requested to do so. The majority of respondents (87.6%) felt that the new policy would have more benefits than risks. Most (68.6%) also indicated that the introduction of provider- initiated HIV testing would not change their health seeking behavior.

A multivariate logistic regression model was implored to identify independent predictors of support for provider-initiated HIV testing. The independent predictors were educational status, relative advantage, and prior knowledge. The "enter" method was used to analyze the data.

The model showed that the major factors influencing whether a person supports provider- initiated HIV testing were prior knowledge (p value= 0.044) and relative advantage (p value= 0.001) CI = 6.345 – 15.972**.** Educational status did not have an influence on whether one supported the policy or not. The odds of someone supporting provider- initiated HIV testing was 10 (ten) times higher for those who think that provider- initiated

HIV testing has more advantages than risks. On the other hand, the odds of those who have prior knowledge of the policy supporting the policy was 1.5 times higher than the odds of those that were hearing about the policy for the first time (p value = 0.044) CI = 1.011- 2.308.

DISCUSSION

The study found that the majority of respondents (61.9%) were not aware of provider-initiated HIV testing before. This finding may be explained by the fact that the majority of persons in the rural areas have no access to media. Access to information is essential for increasing people's knowledge and awareness of what is happening around them which may eventually affect their perceptions and behavior. The commonest source (21.9%) of information for those that were aware of provider- initiated HIV testing was the local hospital in the area. Despite this scenario, the majority (80.3%) of respondents and all the key informants supported the policy. This finding is consistent with the US national survey that found that 63% of Americans believe that provider- initiated HIV testing would improve the overall health of the US population[5].Based on the cohort and in-depth interviews, most thought that provider- initiated HIV testing enables government to capture more people for testing and bring about early detection of infections and ultimately people are put on treatment early. This finding is consistent with the arguments that provider- initiated HIV testing brings the benefit of treating people early before their condition deteriorates. To cement their support for the policy, most (89.5%) people indicated that they would accept to be tested if they were to be hospitalized.

Time was taken to discuss the issue of stigma and discrimination that have been a source of concern by a number of people. Key informants unanimously felt that provider- initiated HIV testing is has reduced stigma and discrimination in the community. It was felt that there has been considerable sensitization of the community on issues of testing, and treatment, such that people are more open to discuss issues of testing. With the introduction of ARV's, many people have seen the benefit of testing and are much more willing to be tested than in the past. It was felt that if most people know their status, stigma will be completely avoided.

Although most respondents supported provider- initiated HIV testing (80.3%), the majority of them (71.8%) still indicated that they still value their right to confidentiality and consent before testing. One respondent put it this way, "it *is always good to make your own decisions, but since as Africans we are not keen to be screened for anything when we are not sick, we need such a policy."* Despite many arguments by some proponents that provider-initiated HIV testing is unethical, most people (68%) in the cohort said they would rather forego the right of autonomy for the sake of being tested. This was expressed by one key informant, *"the hospital has got the potential to test everybody whether he or she wants. For example when you have malaria and you go to the hospital, they will ask for your blood and test you for malaria, whether they pronounce to you or not, it is mandatory, only that it is now going to be officially made into a policy. So the blood that we give to the hospitals is enough for anyone to be tested."* The sentiment of this informant is a reflection of what is actually going on in the hospitals. At most times, clients are rarely involved in negotiating for their treatment. Explanations and let alone consent are rarely obtained from them when they attend health care facilities. Because of this factor, most people do not take issues of the right to autonomy seriously because they feel it is normal for the hospital to do what they think will help their clients to recover. On the contrary, they pointed out that most Zambians are not willing to be screened when they are not sick, hence the need to test them at every opportunity that they visit a health facility.

Of great importance in the discussions on provider-initiated HIV testing was the issue of human rights. In its findings, the study established that while 52.6% of the cohort thought that provider –initiated HIV testing is not a violation of human rights, 47.4% felt so. Those who felt that it was not a violation of human rights did so on the basis that government has got the responsibility to protect society from people that may pose a threat to other individuals' health.

The study also found that the majority (87.6%) of clients felt that provider- initiated HIV testing will offer more benefits to individuals and the nation. While others cited benefits such as early treatment for those that will be found positive, others felt that the provider –initiated HIV

testing approach will lead to a reduction in the spread of HIV infections. These findings are consistent with CDC's findings that the perinatal transmission of HIV was demonstrated to be substantially reduced through the opt-out approach and administration of Zidovudine for those mothers who were found positive[5].

Amidst concerns raised about provider-initiated HIV testing is that it would lead to people avoiding health facilities for fear of being tested. However, the study findings were that most people (69%) indicated that the introduction of the policy would not change their health seeking behavior. This is contrary to the findings of Nakchbandi et al, who indicated that provider-initiated HIV testing may create the harms of avoiding prenatal care to avoid provider-initiated HIV testing. However, it is important to note that these findings were among pregnant women.

The study endeavored to identify factors that were associated with supporting provider-initiated HIV testing. None of the demographic characteristics seemed to play a role in influencing support for the policy. The study found that there is no association between sex and support for provider-initiated HIV testing (p value = 0.071).Neither was educational status significant in determining support for policy (p value =0.527).

Of much significance was relative advantage perceived by the respondents. The study established that those who believed that the benefits of provider-initiated HIV testing outweigh the social implications were more likely to support the policy than those who did not believe so (p value = 0.001). This finding was consistent with the Diffusion of innovation theory that proposes that people are more likely to accept an innovation (new idea or practice) if they perceive that there is relative advantage with the new innovation than the old[6]. Furthermore, cohort data showed that those who supported the policy are also more likely to be willing to be tested if they were to be admitted (p value= 0.001).

Logistic regression model was used to determine predictors of support for provider-initiated HIV testing. Of great influence was found to be relative advantage and prior knowledge. It was established that those who had prior knowledge about the policy are 1.5 times more likely to support the policy (p value= 0.044) and CI 1.011 - 2.308. It was also established that those who thought that provider-initiated HIV testing offers more benefits than risks were 10 times more likely to support the policy than those who thought otherwise (p value 0.001) and CI 6.345 – 15.972. The findings support Rogers' theory of Innovation which states that when people perceive that an innovation offers more advantages, they are more likely to embrace the innovation.

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