

Abstract Preview - Step 3/4

- print version -

Abstract category: C33 HIV self-testing

Title: Does the use of HIV self-testing kits lead to unintended effects? Evidence from female sex workers in Malawi.Author(s): P. Mee¹, M. Neuman¹, M. Kumwenda², M. Sambo², W. Lora², P. Indravudh¹, K. Hatzold³, C. Johnson⁴, E.L. Corbett^{1,2}, N. Desmond²Institute(s): ¹London School of Hygiene and Tropical Medicine, London, United Kingdom, ²Malawi-Liverpool Wellcome Trust Clinical Research Programme, Blantyre, Malawi, ³Population Services International, Johannesburg, South Africa, ⁴World Health Organization, Department of HIV/AIDS, Geneva, Switzerland

Text: **Background:** In Malawi, undiagnosed HIV has been highly prevalent among female sex workers (FSW). HIV self-testing (HIVST) can be highly accurate, safe and effective when well supported, but concerns remain about unintended consequences particularly for vulnerable groups. Here we explore FSW experiences during the introduction of peer-based HIVST services.

Methods: Existing peer-educators were trained to provide oral kits and support HIVST and subsequent linkage to care and prevention by FSWs. Between March and September 2017, FSWs were recruited by the peer-educators and given up to 2 HIVST kits. Interviews were conducted with FSWs at recruitment and 3-months, including questions on coerced HIVST use or results disclosure, intimate partner violence (IPV), regrets about taking the HIVST and relationship problems.

Results: Of 131 SWs who completed both interviews and reported having used the HIVST, 11(8.4%) were first time testers. 87(12.6%) reported that HIVST had been initiated by themselves. 44 (22.7%) reported being pressured to self-test or to share results, 42 by peer distributors and 2 by partners or spouses; of these, 5(3.8%) were also pressured to share their self-test result. Immediate regrets about HIVST were expressed by 21(16.0%) and by 12(9.2%) 3-months later, respectively, most commonly in FSWs who had not initiated HIVST themselves and for those aged < 26 years or >36 years.

Variable	Category	Total	Immediate regret about HIVST		Regret now about HIVST		Relationship problems caused by HIVST	
			%	p-value	%	p-value	%	p-value
Test initiator	Self	87	12.6	0.20	9.2	1.0	3.4	0.06
	Other	44	22.7		9.1		13.6	
HIVST result	Positive	45	15.6	1.00	6.7	0.54	8.9	0.25
	Negative	86	16.3		10.5		5.8	
Age in years	16 - 25	66	18.2	0.40	16.7	<0.01	9.1	
	26 - 35	53	11.3		0.0		3.8	0.51
	> 36	12	25.0		8.3		8.3	
	TOTAL	131	16.0		9.2		6.9	

[Reports of regret and relationship problems at the 3 month interview]

High rates of IPV in the previous 3-months were reported (48.4% at enrolment and 30.5% at 3-months).

Conclusions: Introducing HIVST through peer-distributors in Malawi led to frequent experiences of FSWs feeling pressurised into testing and sharing results, and frequent expression of regrets and relationship difficulties - although regrets diminished over time. Background rates of IPV were high. Care needs to be taken when introducing HIVST to ensure uptake is voluntary. Alternative strategies to the use of peer-distributors among FSW should be explored.

Country of research: Malawi

Key and vulnerable populations: Sex workers

Ethical research declaration: Yes

Working on TB? No

Working on HBV and/or HCV? No

Working on HIV and/or HBV cure? No

Conference: 10th IAS Conference on HIV Science (IAS 2019) · Abstract: A-1077-0200-01107 · Status: Draft

Imprint (<https://www.abstractserver.com/datenschutz/imprint.html>) - Data Security Agreement (https://www.abstractserver.com/datenschutz/data_security_agreement.html)

 Print

 Back