GUIDELINES ON HIV SELF-TESTING AND PARTNER NOTIFICATION

SUPPLEMENT TO CONSOLIDATED GUIDELINES ON HIV TESTING SERVICES

Annex 29: Report on the values and preferences on HIV self-testing in Brazil

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Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services

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29.1 Introduction
In order to understand the acceptability and preferences associated with HIV self-testing, we carried out an exploratory qualitative study, organizing focus groups with teenagers and young adults (16-24 years old) in three major Brazilian cities (Porto Alegre, Curitiba, Brasília). The study was approved by the Federal University of Rio Grande do Sul Research Ethics Committee (CAAE: 65028117.0.0000.5347).

29.2 Methods
Focus groups were conducted by at least one of the main researchers and an assistant; discussions lasted about 90 minutes and were audio recorded. The study carried out 7 focus groups, divided between two major categories: (1) Young women and men who identify themselves as heterosexuals, and (2) Young men who have sex with other men, who may identify themselves as homosexuals, bisexuals, transsexuals or travestis.

29.3 Results
In total, there were 66 participants, who were, in average, 18 years old (SD 2 years; IQR 16-24 years); they had their first sexual intercourse, in average, at 15.3 years old (SD 1.4 years). Despite being sexually active, most teenagers and young adults have never had an HIV test before: less than a third of the participants (n=21) reported to have at least one HIV test, and most of these were active in an LGBT non-governmental organization in Curitiba. Acceptability was high, participants expressed great interest in the HIV self-test. Preference for self-testing was especially related to greater privacy; and also many participants thought that HIVST was as easier as and quicker than tests offered at health facilities or laboratories.

Young women and men referred to feel embarrassed when asking for HIV testing in facility-based services, where they do not feel welcomed or respected. The drugstore or pharmacy was consensually indicated as the best venue for accessing the kit; this was considered the most anonymous and private form. They would be willing to pay between US$6.50-13.00 for a kit (R$20-40); on the other hand for some of the participants, 6 dollars was considered as too expensive. When asked about going to health services after having performed an HIV self-test, participants expressed they would want to seek services on their own terms, and would not want any health services to contact them. They would want different resources to be available with the self-test kit, such as mobile apps, telephone number and YouTube videos, providing information about how to use the kit and how to proceed after the results, as well as indicating a list of available health facilities they could access. Majority of participants expressed a lack of information regarding HIV/AIDS and sexually transmitted diseases; also, they have very little information regarding sexuality, from school and from public services.

29.4 Recommendations
We recommend that public policy for HIV/AIDS prevention and for HIV testing targeting youth in Brazil focus on the following priorities: (1) increasing qualified information regarding sexuality, sexually transmitted diseases and HIV/AIDS in schools, creating forum where students can ask freely; (2) Campaigns for the use of condoms, with humor and language adequate to teenagers; (3) Prevention strategies should focus on different specificities and contexts where teenagers and young adults are situated; (4) New prevention technologies for HIV (PrEP and PEP) as new diagnosis technologies (self-testing) should be well divulged in public campaigns; (5) Health professionals should be trained to be better equipped at dealing with teenagers and young adults, making them feel welcome, respected in terms of their privacy, and overall satisfied.