Introduction

- Innovative methods to promote HIV testing have important implications for both prevention and care.
- Because individuals in Africa often must travel long distances to clinics, home-based testing could remove structural barriers to HIV prevention.
- The social stigma surrounding HIV is another important obstacle to HIV testing, but the influence of HIV stigma on testing behavior remains largely unexamined in Africa.
- Perceptions of stigmatizing attitudes and beliefs about HIV-positive persons in one’s community (i.e., felt normative stigma) could serve as a barrier to HIV voluntary counseling and testing (VCT).
- Among individuals completing HIV VCT, perceived HIV status (prior to HIV testing) and actual HIV status may be important markers of felt normative HIV stigma.

Purpose

The present study examined whether perceived and actual HIV status of an index TB evaluation patient who completed HIV VCT were associated with:

1. Willingness to refer other household members for HIV VCT
2. Household acceptance of HIV VCT

Methods

Beginning in February 2008, 419 patients presenting for TB evaluation at the Uganda National TB and Leprosy Control Program in Kampala completed HIV VCT and were enrolled in a randomized controlled trial of home-based versus TB clinic-based household HIV testing. We utilized logistic regression to examine correlates of willingness to refer other household members for HIV VCT and household acceptance of HIV VCT.

Willingness to Refer Household Members for HIV VCT

Prior to receiving HIV test results, each patient rated his or her willingness to refer household members to clinic-based and home-based HIV VCT separately. Individuals who indicated they were very/somewhat willing (1) were compared to those who were very/somewhat unwilling or were unsure (0).

Household Acceptance of HIV VCT

For the families of index patients participating in the randomized controlled trial, household acceptance of HIV VCT was classified as evidence that at least one household member completed testing (clinic-based or home-based). Households where at least one member completed HIV VCT (1) were compared to households where no family members completed HIV VCT (0).

Results

Participant Demographics

Most participants were male (62%), and the mean age was 31 (SE = 0.6) years. One-third of participants had never been married (37%), 42% were married, and 21% were separated or widowed.

Correlates of Willingness to Refer and Household VCT Acceptance

- Index patients anticipating a HIV+ result were 70% less likely to be willing to refer household members to test at the clinic (OR = 0.30; 95% CI = 0.14–0.69; p < .01) and 53% less likely to be willing to refer for home testing (OR = 0.47; 95% CI = 0.26–0.86; p < .05).
- Households of TB patients who tested HIV+ (52% vs. 70%) were 54% less likely to accept VCT (OR = 0.46; 95% CI = 0.23–0.91; p < .05).
- Among the subset of TB evaluation patients randomized to home-based testing, households of those who tested HIV+ (52% vs. 80%) were 78% less likely to accept VCT (OR = 0.22; 95% CI = 0.08–0.59; p < .01).

Summary/Conclusions

- Individuals anticipating a HIV+ test result may be less willing to discuss reasons for testing (e.g., sex risk) with family members, decreasing willingness to refer them to HIV VCT.
- In households where the index patient has tested HIV+, fear of a similar test result may impede acceptance of HIV VCT.
- Although home-based testing can remove an important structural barrier to HIV VCT, community-level interventions are needed to mitigate the effects of HIV stigma in order to further enhance testing rates.