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In 2017, as part of the USAID Combination Prevention Program in Central America, the Pan American Social Marketing Organization (PASMO) integrated questions regarding knowledge and acceptability of HIVST to four studies conducted among men who have sex with men (MSM), transgender women (TW) and female sex workers (FSW).

This analysis summarizes these findings and describes factors that may support or hinder the success of HIVST introduction in Central America.

"IF YOU DON'T HAVE THE COURAGE TO GO GET A TEST, YOU WON'T HAVE THE COURAGE TO GO FOR TREATMENT": CONSUMER PERSPECTIVES ON THE INTRODUCTION OF HIVST IN CENTRAL AMERICA

AUTHORS: Jennifer Wheeler, Isolda Fortin, Negli Gallardo, Paola Letona and Susana Lungo

1. BACKGROUND

The introduction HIV self-testing (HIVST) may overcome stigma-related barriers to HIV testing among Central America’s vulnerable populations.

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In 2017, as part of the USAID Combination Prevention Program in Central America, the Pan American Social Marketing Organization (PASMO) integrated questions regarding knowledge and acceptability of HIVST to four studies conducted among men who have sex with men (MSM), transgender women (TW) and female sex workers (FSW).

This analysis summarizes these findings and describes factors that may support or hinder the success of HIVST introduction in Central America.

2. METHODS

This analysis summarizes findings from:

1) A quantitative study among 1,922 MSM/TW in three Honduran cities collected using respondent-driven sampling;

2) A population-based quantitative study among 617 FSW in three Honduran cities using time location sampling;

3) A quantitative study among a convenience sample of 622 MSM residing in Guatemala, El Salvador, Honduras, Nicaragua and Panama administered online using recruitment through targeted banners; and

4) An ethnographic study among 50 NGO-affiliated MSM and TW (Transgender Women) in Guatemala.

Univariate and bivariate statistics are presented for quantitative variables.

Qualitative data was analyzed thematically.

Results were validated through a consultative focus group with the target population.

3. RESULTS

Twenty percent of MSM and FSW, and one-third of TW had heard of HIVST in Honduras, despite unavailability of the technology.

After a brief description, >90% of respondents agreed that they would take and HIVST if presented the opportunity.

Key reasons for not accepting one included not trusting the test (36%-40%) and preferring to receive services at a clinic (18%-20%).

While other MSM/TW NGO/community leaders suggest that, absent counseling, HIVST could lead to risk behaviors and potential violence.

"It’s a double-edged sword, because in reality a person can do it, and it will give a result. But, who is going to help you psychologically? If it turns out positive, you are alone…” (GTH06)

Participants also expressed confusion and doubts regarding HIVST and operationalizing linkages to care and access to medications.

"It’s ironic! …let’s say a person does it and turns out positive. I think that if he didn’t have the courage to go somewhere to get tested he wouldn’t have the courage to ask for treatment or say "look, I’m positive." I think it would be difficult, at least for that reason.” (GT18)

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4. CONCLUSIONS AND RECOMMENDATIONS

While there is little knowledge of the HIVST in the region, vulnerable populations have favorable intentions toward accepting HIVST. These results are consistent with studies in other contexts. Successful introduction of HIVST will require engagement and buy-in of civil society groups.

"It think it would be excellent because many times people don’t go to clinics… First because they are scared… Second because someone will see them getting an HIV test… So, I think one of those tests would be very good, in the sense that I go, I buy it, I do it and I don’t have that doubt.” (EH39)

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