

Acceptability of HIV self-screening among young people (18-24 years) in two high-HIV burden districts - King Cetshwayo and Tshwane districts, South Africa

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INTRODUCTION

This study compares the acceptability of AtomoRapid blood-based and OraQuick oral-based screening kits for HIV self-screening among young people in two districts.

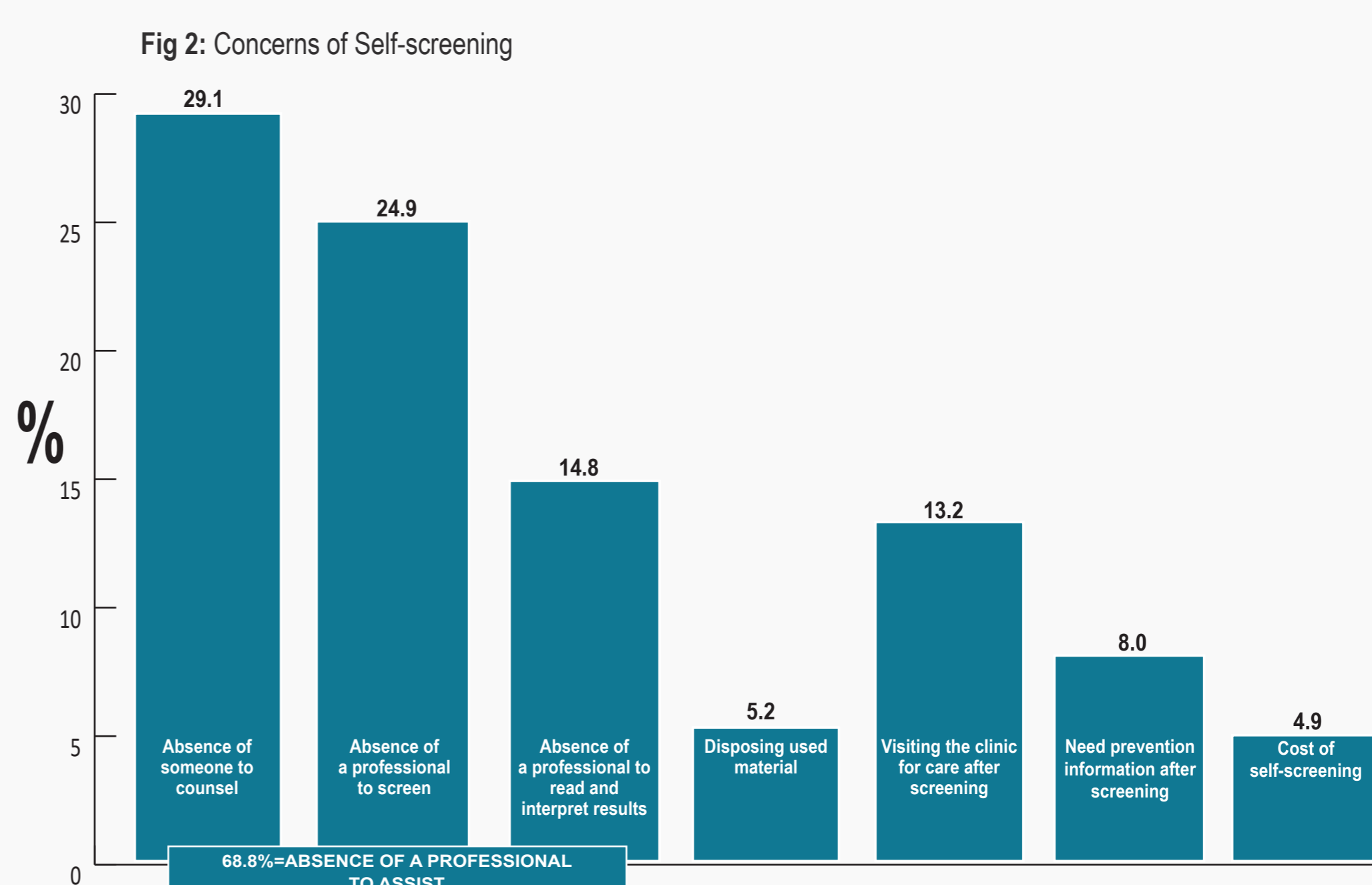
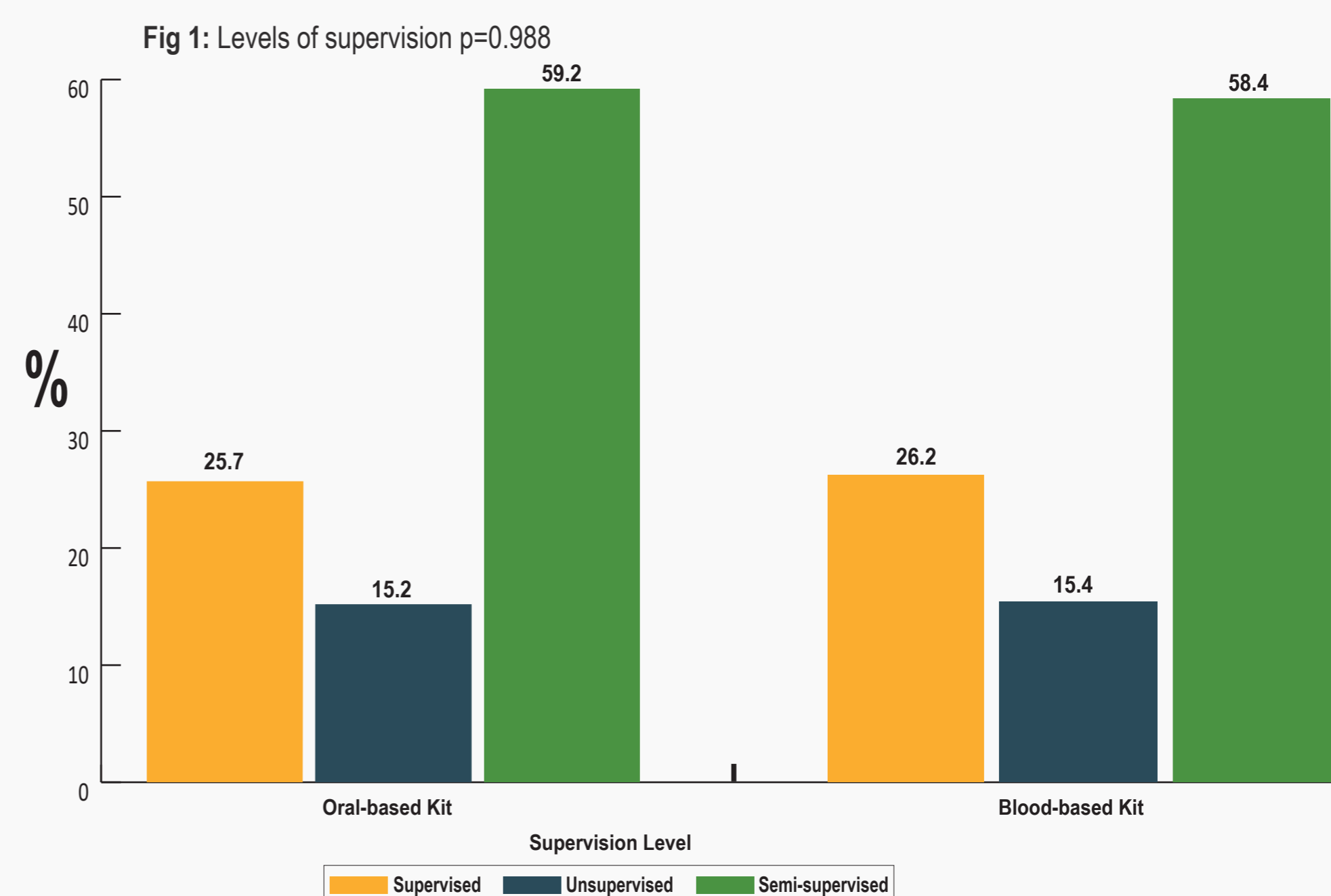
METHODS

A cross-sectional household demonstration survey was conducted among young people (18-24y) without a known HIV+ diagnosis. Participants chose a screening kit and self-screened with, with partial or without supervision. Pre-screening interviews investigated participants' demographics, testing history while post-screening investigated screening experience. Descriptive analyses were conducted by screening kit type in Stata.

RESULTS

Of the 440 participants recruited, 98.6% self-screened and 7 (2%) screened positive. The most common motivations for self-screening were trying new method (36.7%), knowing HIV status (34.7%), privacy (10.5%), knowing results first (10.7%). 81% never saw a self-screening kit before. More participants chose the blood-based kit (51.7%) than the oral swab (48.3%) kit. There were no differences between choice of screening kit by gender, age, education, class and marital status ($p < 0.10$). The choice of screening kit did not differ by sexual activity [transactional sex ($p = 0.402$), multiple sexual partnership ($p = 0.274$), STI history ($p = 0.946$)], HIV screening ($p = 0.169$) nor self-screening history ($p = 0.859$). It did not differ by choosing supervised (63.3%), unsupervised (24.6%) or semi-supervised (12.1%) screening method ($p = 0.988$). The level of screening difficulty was higher with the blood-based than oral-based kit in reading instructions (11.6% vs 4.6% $p = 0.015$), following instructions, (10.6% vs 4.6%; $p = 0.03$) and interpreting results (8.7% vs 2.9%; $p = 0.02$) but not actual screening ($p = 0.37$). Although 93.8% would recommend the screening kit to others, no differences were observed by screening kit ($p = 0.171$).

Common self-screening concerns were unavailability of counsellors to guide (24.8%), counsel (29.1%) and interpret results (14.8%).



CONCLUSION

The choice of a screening kit did not differ by demographics nor sexual history but the blood-based kit was more difficult to use. Unavailability of counsellors and less preference for unsupervised screening are big concerns for self-screening roll-out.



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