Males in Kenya, Uganda, and Nigeria: findings from qualitative market research

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Abstract reference: A-AIDS-2022-08154 | Abstract number: EPD335 |Contact: smalaba@psi.org

Introduction

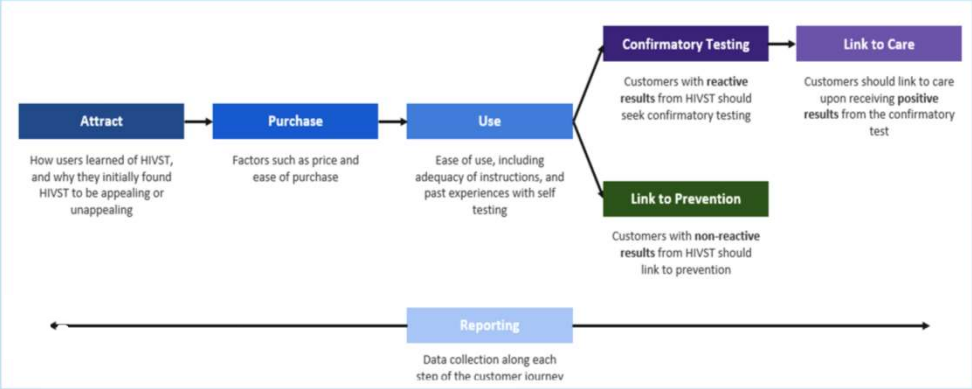
HIV self-testing (HIVST) is effective in increasing demand for HIV testing among populations at risk of HIV acquisition. While HIVST products are penetrating the market in many countries, there are unanswered questions regarding sustained demand for private sector sales, linkage to prevention and treatment post HIVST and reporting results. We conducted qualitative research to understand the enablers and barriers to uptake, use, post-test linkage and results reporting.

Methods

We conducted qualitative market research between July – September 2021 in Nairobi and Kiambu Counties in Kenya; Anambra, Kano and Lagos states in Nigeria; and Kampala and Mbale districts in Uganda. Purposive sampling was used to enrol 89 sexually active males and 95 females. We conducted 104 in-depth interviews and 15 group discussions. Thematic analysis was used to analyse and code data using NVivo. We analysed themes and identified enablers and barriers to HIVST uptake, use, post-test linkage and results reporting.

Results and Discussion

Conducted private sector client journey mapping from promotion, purchase to test-kit use and uptake of post-test services and assessed barriers and enablers at each step along the journey (Fig.1 below)



Consumers learned about HIVST kits from peers, social and community media. Curiosity about alternative ways of testing motivated uptake/purchase. Barriers at this stage included low risk perception, mistrust on the accuracy of the test and the results, and fear of coercion and intimate partner violence.

Consumers purchase test kits at the pharmacy, including physical and online stores and mobile applications. Bundling of HIVST with other SRH products were enablers of purchase. Clients preferred obtaining HIVST kits from pharmacies instead of health facilities (where HIV testing services are free of charge). However, lack of awareness of availability of HIVST at pharmacies, cost of the kits and fear of being seen at pharmacies were seen as barriers to purchase.

Support from peers, perception of autonomy, confidence in the efficacy of HIVST, perceived self-efficacy and prior experience with other types of self –tests (pregnancy tests) were enablers of self-test use. Nevertheless, some reported lack of confidence to self test, and risk of psychological trauma in case of a false positive result as barriers to self-test use.

Self-test users with non reactive results reported linking to HIV prevention services, in order to maintain a healthy lifestyle. Education sessions on HIV prevention was key to linkage. Clients have perceived side effects of Pre-Exposure Prophylaxis (PrEP), which is a deterrent.

Self-testers with reactive results reported linking to confirm their positive test results and subsequently linked to care and treatment. Unclear instructions on next steps following the test results, denial, disbelief and psychological trauma following a reactive test result may delay linkage to care. Availability of ART, effective pre-test education, and linkage facilitation were enablers of uptake of post-test services.

Data may be collected to inform reporting along the client journey. Clients understand the importance of data for timely referral and linkage and to inform program planning and research. Clients are concerned about data privacy and fear stigmatization. Clients desire results' privacy and lack information on how and where to report their HIVST results.

Conclusion

The findings indicate high demand for HIVST among sexually active females and males in Kenya, Nigeria and Uganda; this is in line with findings from past studies. However, there are demand/client related constraints that inhibit individuals from purchasing and using HIVST kits offered through private sector channels. Some supply side barriers including the high cost of HIVST kits, lack of instructions on next steps to take following the test and absence of clarity on how to report results also need to be addressed. These results provide the basis for designing demand and supply side interventions to enhance purchase, use, initiate and complete post-test linkage and reporting of test outcomes.