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**Increasing the acceptability of HIV counseling and testing with three C's: Convenience, confidentiality and credibility<sup>1</sup>**

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**ABSTRACT**

Agencies engaged in humanitarian efforts to prevent the further spread of HIV have emphasized the importance of voluntary counseling and testing (VCT), and most high-prevalence countries now have facilities that offer testing free of charge. The utilization of these services is disappointingly low, however, despite high numbers reporting that they would like to be tested. Explanations of this discrepancy typically rely on responses to hypothetical questions posed in terms of psychological or social barriers; often, the explanation is that people fear learning that they are infected with a disease that they understand to be fatal and stigmatizing, yet when we offered door-to-door rapid blood testing for HIV as part of a longitudinal study in rural Malawi, the overwhelming majority agreed to be tested and to receive their results immediately. Thus, in this paper, we ask: why are more people not getting tested? Using an explanatory research design, we find that rural Malawians are responsive to door-to-door HIV testing for the following reasons: it is convenient, confidential, and the rapid blood test is credible. Our study suggests that attention to these factors in VCT strategies may mitigate the fear of HIV testing, and ultimately increase uptake in rural African settings.

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**Introduction**

In high HIV prevalence countries of sub-Saharan Africa, multiple campaigns have been mounted to halt the spread of HIV. Initially, the predominant prevention approach was an emphasis on

educating the population in three prevention methods: abstinence, marital fidelity and consistent condom use ("ABC"). While the ABCs differed from the continued spread of HIV, little is clear that knowledge was not enough, AIDS activists, donors and governments tried other approaches. One such approach was the promotion of voluntary counseling and testing (VCT) under the assumption that individuals would act in their own self-interest to learn their HIV status and change their sexual behavior (The Voluntary HIV-1 Counseling and Testing Efficacy Study Group, 2000; UNAIDS, 2006). Over time, the number of facilities in the region grew and the cost of testing was reduced dramatically, such that most testing is now free.

But despite surveys that showed high proportions reporting that they would like to be tested for HIV, few people have utilized the available testing services. Recent demographic and health surveys (DHS) in several African countries reported that over two-thirds of individuals who did not know their HIV status said they would like to get tested, yet the proportion of adults who reported actually having been tested was much lower, below 15% in some areas (Jack, 2005; Obermeyer & Onders, 2007). Even when individuals

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Agencies engaged in humanitarian efforts to prevent the further spread of HIV have emphasized the importance of voluntary counseling and testing (VCT), and most high-prevalence countries now have facilities that offer testing free of charge. The utilization of these services is disappointingly low, however, despite high numbers reporting that they would like to be tested. Explanations of this discrepancy typically rely on responses to hypothetical questions posed in terms of psychological or social barriers; often, the explanation is that people fear learning that they are infected with a disease that they

understand to be fatal and stigmatizing. Yet when we offered door-to-door rapid blood testing for HIV as part of a longitudinal study in rural Malawi, the overwhelming majority agreed to be tested and to receive their results immediately. Thus, in this paper, we ask: why are more people not getting tested? Using an explanatory research design, we find that rural Malawians are responsive to door-to-door HIV testing for the following reasons: it is convenient, confidential, and the rapid blood test is credible. Our study suggests that attention to these factors in VCT strategies may mitigate the fear of HIV testing, and ultimately increase uptake in rural African settings.

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