

Authors

Rebecca Thornton Professor of Economics



Increasing the acceptability of HIV counseling and testing with three Cs: Convenience, confidentiality and credibility $^{\rm th}$

Nicole Angotti ^{4,*}, Agatha Bula¹⁶, Lauren Gaydosh¹⁷, Eitan Zeev Kimchi⁴⁴, Rebecca L. Thornton⁴⁷, Sara E. Yeatman⁴

*Distances of Trease at Assists, T2, 103A *University of Chromologues, Density Hannesson, O'Amerghanes, Britalinghese, PA, U *University of Margined, Beltimere, MD, 105A *University of Margine, Ann. Marc. 105, 105A *University of Galeranis, Denset, US, 105A

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Introduction

In high HIV prevalence countries of sub-Saharan Alika, ener getic campaigns have been mounted to halt the spend of HV initially, the predominant prevention approach was an emphasis or

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Volumery HV-1 Conversing and Tening Efficacy Sendy 0 2006; UN-MCS, 2000). Over times, the samehers of trackins: region greve and the cost of tracing non-mbused dramatically that most testing a non-these. This proportions reports they used that to the testes it 1970, too people have utilities available to the testes it 1970, too people and to table of UPS1; in sevent African constraints regardle that now theothy the send african constraints regardle that now the oth

(DES) in several Advices countries reported that over two-thirds individuals who did not know their HPV status said they would it is get to steel, yet the proportion of adults who reported actual having here testind was much levers, before 125 in some are (Gkik, 2005; Obermeyer & Osborn, 2007). Even when individual

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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 highprevalence 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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