

Acceptability of HIV Self-Testing in Lithuania: findings from a survey of clients of a Lithuanian non-governmental organisation

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BACKGROUND

Uptake of HIV self-tests (HIVST) remains low in Europe, partly due to lack of published studies on the acceptability among HIV risk groups. In Lithuania, HIVST was introduced for private purchase for €25-30 in pharmacies in 2016. There is anecdotal evidence that HIVST have had limited uptake and there is low public awareness for the availability of HIVST and they are not easy to access. In Lithuania, late diagnosis of HIV remains high (1) and UNAIDS estimates indicate that 17% Lithuanians living with HIV in 2019 are undiagnosed (2). These figures indicate that HIV prevention and testing interventions require further implementation.

We conducted a survey as part of INTEGRATE, an EU funded Joint Action, to understand awareness of, attitudes toward and barriers to HIVST among Lithuanian clients of a non-governmental organisation (NGO).

METHODS

The survey was developed using questions previously used to assess acceptability of HIVST (3, 4). These questions were then tailored to fit the Lithuanian context where required. The survey was carried out in November 2019 through online survey and through face to face interviews. The inclusion criteria for participants were at least 18 years old and fluent in Lithuanian. Survey participants were recruited from social media and the clients of a Lithuanian HIV NGO, Demetra.

Participants were asked about their HIV risk factors, testing history, knowledge of HIVST, preferences and concerns for their use, willingness to pay and information they would like about the test. Data from the online and paper-based responses were combined and a descriptive analysis was performed.

RESULTS

A total of 138 people completed the survey, most were men (122 men and 16 women). HIV risk was assessed using questions about sexual behaviour, ever having an HIV indicator condition and engagement in needle sharing practices. Most participants reported at least one HIV risk factor (86%) and most had tested before (83%). Yet a third of participants who reported a risk factor had not tested for HIV in the past year (33%).

- Awareness was relatively high where three-quarters of participants knew you could test for HIV using a self-test. Demand for self-testing was similar, where 74% said they would likely buy and use a self-test in the future. However, preferred mode of testing was split, with 46% preferred to have a blood test, 22% would prefer a self-test and 32% were unsure.
- 80% said they would trust the result of an HIVST and would know what steps to take if they received a reactive result (66%). Despite this, most people did not think that HIVST would be easy to use (63%) and would like to have the contact details for organisations if they required support (67%).
- The **top cited benefit for using an HIVST in the future was privacy and confidentiality (70%)** (Figure 1). The next highest reasons for using an HIVST were the quick result (59%), followed by convenience (51%).
- The **most common cited barrier to the use of HIVST was the price of the test (59%)** (Figure 2). Only 14% of participants would be willing to pay more than 20€ for the test and 15% were currently able to pay more than 20€ for the test.
- Further to this, 42% were concerned about performing the test incorrectly and a third (36%) were concerned about having nobody with whom to discuss the test result.
- Participants were also given the opportunity to provide free text responses if they wanted to provide further thoughts and suggestions for HIVST (Figure 3).

Figure 1. Reported reasons why participants would use a HIV self-test in the future

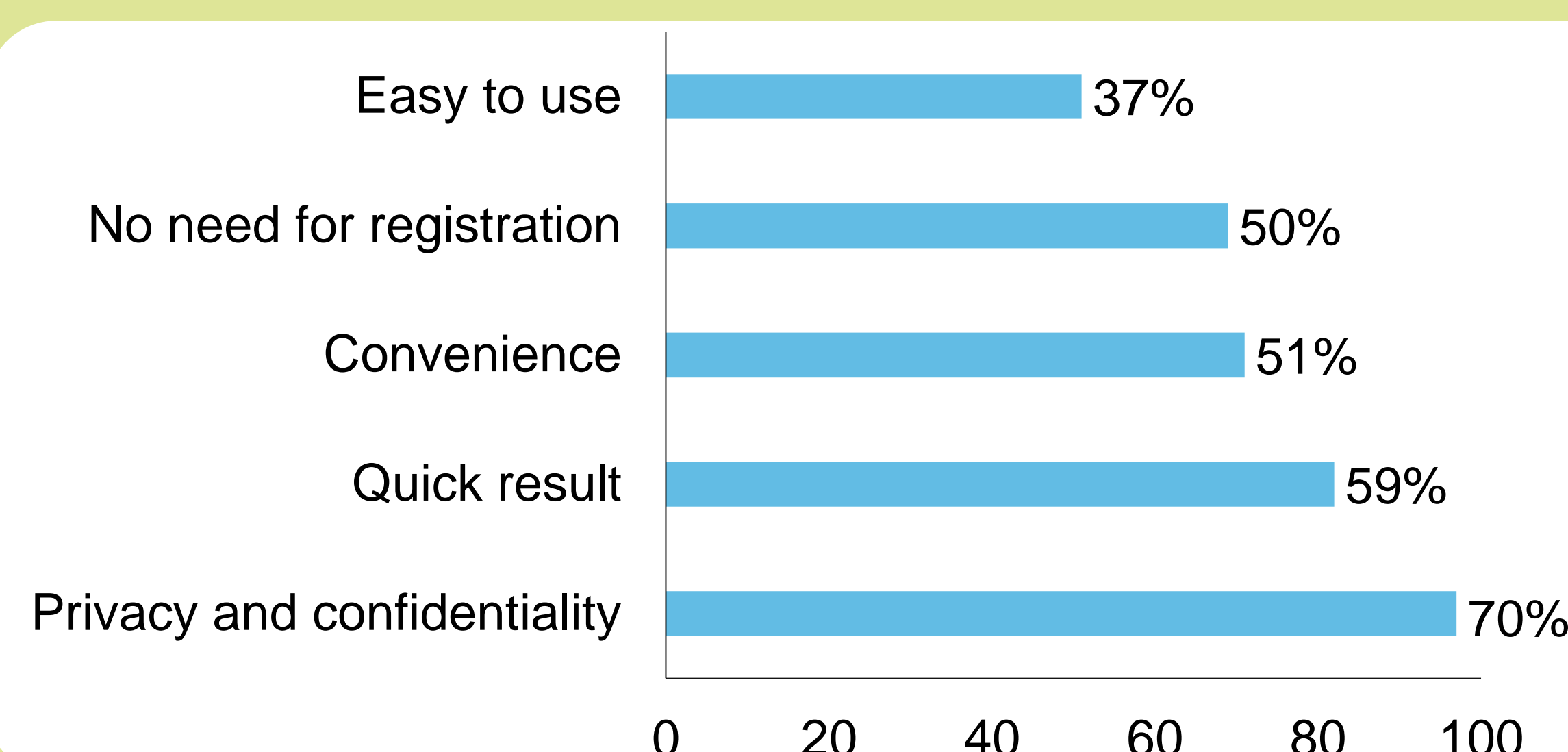


Figure 2. Reported reasons why participants would not use a HIV self-test in the future

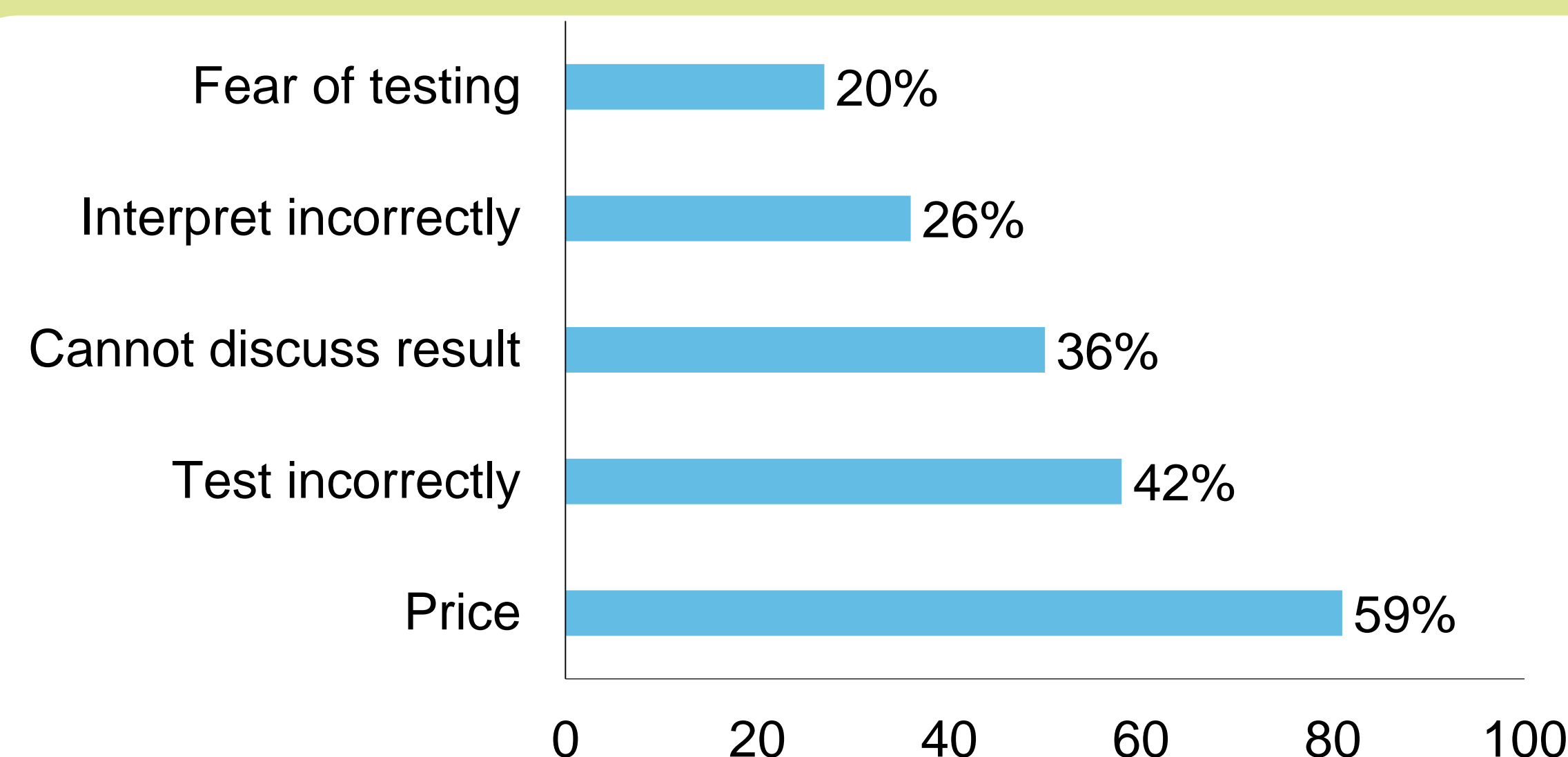


Figure 3. Thoughts and suggestions for HIV self-testing in Lithuania



DISCUSSION

This is the first survey of acceptability of self-testing in Lithuania which has demonstrated good acceptability and awareness for HIVST. Most participants knew you could test for HIV using a self-test.

Participants valued the privacy and confidentiality that HIVST offer and this was the most common reported benefit. However participants cited concerns over the price of the test which was the most common reason why they would not to choose an HIVST. At the current cost level only 15% of participants would be able to pay for an HIVST.

Participants were also concerned that they would not carry out the test correctly. Further to this, participants also stated that they would like information about how to obtain support from relevant organisations.

Most participants reported that they would likely use an HIVST in the future. However, preference for future testing was fairly evenly split between being tested by HCW, using a self-test or not sure.

CONCLUSIONS

This survey provides a baseline measure of acceptability of HIVST in Lithuania. The survey has indicated that although many people are aware of HIVST, access to them needs to be expanded and initiatives to reduce the cost of the test should be explored. It has also highlighted that people would like to easily access support during and after carrying out the test.

The findings from this survey will support the development of design of local testing strategies to increase awareness of HIVST, increase access to HIVST itself and tailor support services for those using HIVST

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