

KENYA - Understanding and Preventing Potential Social Harms and Abuses of Oral HIV Self-Testing in Kenya

African Population and Health Research Center - APHRC

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Overview

Identification

ID NUMBER

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Overview

ABSTRACT

HIV/AIDS remains a leading cause of morbidity and mortality in sub-Saharan Africa. HIV disproportionately affects women and youth aged 15-24 years. The majority of those living with HIV/AIDS (69%) as well as the largest proportion of new infections (72%) are in sub-Saharan Africa. The percentage of the general population who are aware of their HIV status is less than 20%, a factor that may explain the large numbers in new infections each year relative to other regions of the world. In response to preliminary findings indicating relatively high approval and potential acceptance of oral HIV self-testing, this study aimed to assess and quantify perceived social harms and abuses that may arise from widespread availability of oral HIV testing kits and to describe possible actions to prevent these harms and abuses. Using both qualitative and quantitative approaches, the study explored potential social harms and abuses that could emanate from self-testing and assessed potential strategies to mitigate these harms and abuses. Information on approaches to mitigate these harms and abuses was also collected. The results of this study are expected to inform the design, development and implementation of HIV prevention and control strategies aimed at promoting the safe use of oral HIV self-testing kits as an alternative to conventional avenues of HIV testing.

UNITS OF ANALYSIS

Individuals

Scope

NOTES

In this study, the main themes on psychosocial attributes, HIV knowledge and perceived social harms and abuses of self-testing were examined.

KEYWORDS

HIV, Testing, Self-testing, Abuses, Harms, Counseling

Coverage

GEOGRAPHIC COVERAGE

Urban and Rural - Nairobi (Viwandani, Korogocho, Jericho, Harambee) and Machakos

UNIVERSE

Randomly selected males and females aged 15-49 years

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

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African Population and Health Research Center	APHRC

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Metadata Production

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Name	Abbreviation	Affiliation	Role
African Population and Health Research Center	APHRC		Documentation of the study

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Sampling

Sampling Procedure

Study participants were randomly-selected from the study communities to ensure sufficient numbers of urban and rural residents, as well as males and females of different ages. In each community, enumeration areas were randomly selected and every household within selected EAs was visited. Fieldworkers recruited alternately one young female (15-24 years), an older female (25-49 years), young male (15-24 years), or an older male (25-49 years) from the household until the desired sample size of 970 was achieved.

Response Rate

A total of 1139 individuals were interviewed (Viwandani-189, Korogocho-170, Jericho-223, Harambee- 206 and Machakos-351).

Weighting

Data not weighted

Questionnaires

Overview

The individual questionnaire was administered in Kiswahili to each eligible respondent in the selected households. The questionnaire included sections on household characteristics, socio-demographics, HIV knowledge, HIV stigma and perceived risk and oral HIV self-testing. Data were collected electronically using netbooks.

Data Collection

Data Collection Dates

Start	End	Cycle
2013-08-15	2013-09-28	N/A

Time Periods

Start	End	Cycle
2013-08-25	2013-09-28	N/A

Data Collection Mode

Face-to-face [f2f]

SUPERVISION

Field workers were divided in four teams of 5 persons, with each team being headed by a supervisor. Every field worker had a manual that served as a guide for field interviews. The research officer assigned areas to supervisors who in turn assigned specific households to each enumerator for actual interview. Supervisors assigned duties to their team members on a daily basis and ensure the work is properly done. Overall, a field coordinator was in charge of the field work operations. The coordinator supervised the field supervisors and ensured that work was of excellent quality and done in an efficient manner. The field coordinator was also responsible for field logistics to and from the field.

Completed quantitative interviews were sent electronically to the supervisor each day for quality checks and also synchronized to the main database on a daily basis. Preliminary cleaning was performed to identify implausible values for verification in the field before analytical data sets were prepared for use and storage.

Data Processing

Data Editing

Data labeling and final verification checks were conducted by project data analyst

Other Processing

Data were collected electronically using netbooks during the interviews

Data Appraisal

No content available