

SURVEY OF BARRIERS TO HIV TESTING AMONG PEOPLE WHO INJECT DRUGS IN GEORGIA IN 2012

Qualitative Survey Report

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioral Surveillance Survey
CIF	Curatio International Foundation
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GEL	Georgian Lari
HIV	Human Immunodeficiency Virus
PWIDs	People Who Inject Drugs
NGO	Non-Government Organization
USAID	United States Agency for International development

Executive Summary

HIV testing is an important preventive measure to avoid the HIV epidemics spread. Along with other measures implemented with the Government and donor organizations support in Georgia HIV testing is offered to the representatives of high-risk groups, including PWIDs. Although the level of awareness of this risk-group about the availability of counseling and testing services is satisfactory, the utilization of these services is low.¹ This survey aimed at investigating factors promoting or hampering utilization of HIV testing services among PWIDs.

The qualitative survey among PWIDs was conducted in 2012 in six big cities of Georgia (Tbilisi, Batumi, Kutaisi, Zugdidi, Telavi, Gori) in parallel with the Bio-Behavioral Surveillance Survey. The survey applied in-depth interviews technique. In total, 56 respondents participated in the qualitative survey, 12 of which were females. Anonymity was ensured for the study participants. The study protocol and the questionnaire were approved by the Ethics Committee of the HIV/AIDS Patients Support Foundation. *The fear of diagnosis* is one of the leading barriers to HIV testing. This psychological barrier is supported by a deeply rooted stereotype that a positive HIV test result means a death sentence for the patient and that HIV infection is a disease which is dangerous for the patient's social contacts. The fear of diagnosis is closely connected with *stigma* that exists in the society in relation with HIV positive / AIDS affected individuals. The survey revealed that *stigma associated with drug users, especially female drug users*, is a major impeding factor for undertaking HIV testing. By avoiding HIV testing drug users are, in fact, trying to keep themselves away from acquiring the double label of an "AIDS patient" and a "drug addict" (double stigma).

Low demand for HIV testing is a result of inadequate recognition of the risk of acquiring HIV infection due to the opinion that HIV infection is not widely spread among drug users. Contrary viewpoint exists with regard to Hepatitis C that is shown by high demand for Hepatitis C testing. Low awareness of drug users about the availability of free and anonymous HIV testing in their home city is a major barrier for HIV testing which, in turn, gives rise to a *financial barrier*.

Anonymity and confidentiality are essential prerequisites for IDUs to undergo HIV testing. For this reason, they try to avoid taking HIV test in hospitals – so called "public / governmental" entities – where personal information is asked.

Risky behaviors, care for friends and relatives, direct exposure with /information about HIV positive friend or relative, and a friend's advice are among factors motivating drug users to undergo HIV testing.

¹ Behavioral Surveillance Survey with a Biomarker Component among IDUs in Georgia (Tbilisi, Batumi, Zugdidi, Telavi, Gori, 2008-2009) www.curatiofoundation.org

Respondents deem that combining HIV and Hepatitis C testing will attract more people willing to undertake HIV test.

Location and label of a test center are also very important factors to motivate individuals for HIV testing. Respondents take it seriously that HIV testing should not take place in a crowded area where there is a high probability of coming across their acquaintances. The label of an HIV test center should not contribute to a further stigmatization and trigger negative associations.

The survey investigated the respondents' attitude towards mobile laboratories that was found to be divergent. It is noteworthy that awareness about mobile laboratories is low. Majority of those who have heard about this service think that mobile laboratory is acceptable for them due to accessibility and quick test result. Small proportion thinks that mobile laboratory is not acceptable, as they express mistrust in a rapid test performed outside a medical facility and fear of being identified as a drug user. The police are not named among leading factors impeding HIV testing. In addition, non-governmental organizations are not deemed to be connected with the police.

In their description of a perfect test center IDUs name all characteristics that remove barriers associated with the fear of diagnosis and stigma, including anonymity and confidentiality, and eliminate financial barrier as well. Non-governmental organizations are desirable places where drug users would undergo HIV testing. They also give preference to a female consultant.

Drug users consider friends as the most trustworthy source of information about importance HIV testing. They also trust in non-governmental organizations and have little confidence in media. Internet has a role in spreading messages about HIV prevention, especially among the young people.

The following recommendations have been elaborated based on the study findings:

Recommendations to increase testing demand:

- Spread information about opportunities for and availability of free and anonymous HIV testing among IDUs;
- Active involvement of peer educators in information distribution about the need of HIV testing and preventive messages in general;
- Use the Internet resources to spread information about the availability of HIV testing and preventive measures, in general;
- Emphasize the benefits of knowing about a personal HIV status in the communication messages for prevention;
- Increase trust in HIV rapid tests;
- Widespread dissemination of information among target groups about capacities of a mobile laboratory and investigate attitudes toward mobile laboratory among the service users;

- Develop an ad hoc strategy for HIV prevention in female IDUs;
- Implement measures against HIV associated stigma and discrimination including implementation of activities directed at media / general population / health workers.

Recommendations to increase/improve testing service provision

- Change administrative arrangements for the State Programs and introduce anonymous HIV testing for high risk behavior groups under the preventive programs;
- While arranging testing services take into consideration the factors such as anonymity, confidentiality, friendly environment, female consultant, waiting area, etc.;
- Minimize the impact of factors associated with the location and the label of a test center that put obstacles in attracting testing service users.

Introduction

Georgia belongs to low HIV prevalence countries. HIV prevalence among adult population is 0.2%.² As of December 31, 2012 in total 3,559 cases of HIV infection were registered in the country, among which intravenous drug use is the leading route of infection.³ It is noteworthy that the majority of newly identified cases are diagnosed late, in the AIDS stage. On the one hand it has a negative impact on disease outcome and on the other hand creates the risk of the disease transmission.

Behavioral Surveillance Surveys among IDUs conducted in five cities of Georgia in 2008-2009 showed that despite satisfactory level of awareness about the availability of voluntary counseling and testing (VCT) services their utilization was very low.⁴ Only 1/3 of the IDUs had ever taken HIV test and only 2.9% to 8.4% by various cities were tested in the last 12 month prior to the survey.

The State Program to prevent HIV infection in Georgia has been implemented since 1994. The program provides free voluntary screening and confirmation of HIV infection among high-risk behavior groups. Although the coverage and the budget of the program varied by years the services provided under the program were mainly offered in Tbilisi and major cities.

Since 2004, there have been VCT centers and Harm Reduction Centers operating in the country along with specialized centers which offer free and anonymous counseling and testing as well as other types of services to individuals pertaining to high-risk behavior groups. These centers have been established with the support of various donors with the leading financial support from the GFATM and the USAID.

A mobile laboratory was introduced since 2008. For the moment, it operates in Tbilisi, Kutaisi and Batumi, where representatives of high-risk groups are tested for HIV, Hepatitis C, and Hepatitis B.

In total, 56 centers offering free HIV testing to IDUs operated in Georgia in 2012. It has to be noted that the centers provide free HIV testing to IDUs only under the financial support of donor organizations. The reason is that the HIV/AIDS component of the State Program envisaging free HIV testing of the IDUs was not implemented in 2012. The changes in the State Program administration were endorsed in 2011.^{5,6}

According to the changes each beneficiary of the State Program is obliged to submit his or her identity card to a service provider. The latter, in turn, has to provide this information to the program implementing agency initially in the form of a notification and using the special software application and

² UNAIDS, AIDSinfo, 2012. <http://www.unaids.org/en/regionscountries/countries/georgia/>

³ National Center for Disease Control and Public Health, unpublished data

⁴ Behavioral Surveillance Survey with a Biomarker Component among IDUs in Georgia (Tbilisi, Batumi, Zugdidi, Telavi, Gori, 2008-2009) www.curatiofoundation.org

⁵ Decree of the Minister of Labor, Health and Social Affairs #01-1/n – 2011 on state health care programs administration rules and conditions

⁶ Decree #92 of the Government of Georgia as of March 15, 2012; State Healthcare Programs for 2012, Chapter II, Administration of State Healthcare Programs.

later in the form of monthly electronic and paper reports. The law of Georgia on HIV/AIDS stipulates that all individuals have the right to undergo voluntary consultation and testing including anonymous and confidential testing on HIV.⁷ Hence, the State with above mentioned changes in the State Program administration makes anonymous testing impossible and totally delegates this obligation to donor organizations. Moreover, given that special measures for data protection are not in place, it is almost impossible to secure confidentiality of personal information of a program beneficiary.

Considering all above it was foreseeable that beneficiaries would refuse to disclose their personal information. Taking all of these into consideration, test centers operating throughout the country refused to participate in the announced tender. It did not affect other components of the program that provided HIV testing of HIV infected contacts, persons with clinical signs of infection as well as individuals affected by Hepatitis B, Hepatitis C or tuberculosis.

The goal of this survey was to investigate the factors facilitating or impeding the utilization of services by PWIDs, to identify the attitudes of PWIDs towards testing services and to study HIV testing users experience.

Findings of the study were used as a basis for developing recommendations about what, from the viewpoint of end-users, should be done to improve testing services.

The study was implemented within the GFATM-funded project “Generate evidence base on progress in behavior modification among MARPs and effectiveness of preventive interventions, to inform policies and practice” by Curatio International Foundation and Public Union “Bemoni”.

Methodology

The qualitative survey was conducted in 2012 in six major cities of Georgia (Tbilisi, Batumi, Kutaisi, Zugdidi, Telavi and Gori) among IDUs in parallel with the Bio-Behavioral Surveillance Survey (Bio-BSS). The field works were carried out in February-August, 2012. Un-depth interviews technique was used for the survey. Respondents were selected from individuals included in the Bio-BSS, where participants were recruited through respondent driven sampling (a modified snow-ball sampling) method. The sample size consisted of 56 respondents. Selection criteria were education, sex, geographic distribution, and experience of VCT service use (positive and negative) prior to the survey.

⁷ Law of Georgia on HIV/AIDS, article 6

In total 56 respondents participated in the qualitative survey. They were interviewed on the day or day after the Bio-BSS.

Interviews were held at predetermined locations in central districts of each city. In Tbilisi and Telavi interviews took place in offices of Public Union “Bemoni”; in Gori – in the office of a local program for syringe exchange; in Zugdidi, Kutaisi and Batumi – in offices of “Tanadgoma” (of a local NGO working with the high risk groups).

Table 1. Distribution of Survey Participants

Location	Total	Female	Male	Tested on HIV prior to survey	Not tested on HIV prior to survey
Tbilisi	12	5	7	6	6
Gori	9	4	5	5	4
Telavi	8	1	7	2	6
Zugdidi	10	2	8	5	5
Batumi	9	0	9	4	5
Kutaisi	8	0	8	7	1
Total	56	12	44	29	27

A guiding questionnaire for interviews was prepared for the survey to cover issues such as: (motivations for testing) what motivations for undergoing HIV testing are there; what factors to facilitate respondents’ decisions to take HIV tests are there; and what barriers preventing from taking HIV tests are there; what types of facilities acceptable for the respondents are there, and what sort of personnel is there to be employed in these facilities in respondents’ opinion.

Interviewers received training on sampling issues and in-depth interviews techniques.

Upon receiving consent on inclusion into the survey each respondent was interviewed by an experienced interviewer personally, face to face, in Georgian, in private. Interviews were anonymous. Interviews were taped if respondents agreed to. If a respondent was against audio recording manual notes were taken instead. The average duration of interviews was 45 minutes. The transcript of each audio recording was prepared and used for coding of data analyzed at later stage.

Ethical Issues

The protocol and the questionnaire of the survey were adopted by the Ethics Committee of the HIV/AIDS Patients Support Foundation (protocol #579/680, as of 26.12.2011). Ethical issues, considered during the planning and implementation of the survey, were as follows:

- Participation in the survey was voluntary. Participants could opt out at any moment;

- Anonymity was ensured. Names of respondents were not recorded in the documents and only their unique study ID numbers were used instead.

A financial award in the amount of 20 GEL was granted to each respondent included in the survey.

Study Limitations

Similar to any interview -based survey, it is possible that respondents may not have accurately answered some of the sensitive questions, or may have had difficulties in recalling information. In addition, respondents could colour the truth about certain behaviors due to a social stigma.

Results

The age of PWIDs varied from 30 to 40 years. Most of respondents were males of Georgian ethnicity. The majority of interviewees from Tbilisi had higher education. Respondents were almost equally distributed into the groups of individuals who had undergone HIV testing and who had never taken HIV test.

Motivations for HIV Testing

PWIDs name basic factors motivating them for undergoing HIV testing. In their opinion, risky behaviors like: an unprotected sexual intercourse, the use of a syringe used by another person, the continuous use of intravenous drugs - are factors motivating them to undergo HIV testing.

“I am dependent on drugs. I know, however, that I will not be able to quit this drug. That is why I am more afraid of it . . .” (Gori, Male respondent)

“I was interested whether or not I had acquired an infection. Considering my lifestyle, I was exposed to drugs and had had unprotected sexual intercourse several times as well . . .” (Kutaisi, Male respondent)

Female respondents talk about risks associated with their sexual partners, since, as a rule, these males are also drug users with whom they had unprotected sexual relations.

According to respondents’ account, a care for friends and relatives is also an important factor motivating them for HIV testing since they do not want to endanger their spouses and children. The need of HIV testing before marriage is also named as one of the factors.

“Now I am sitting and thinking, my goodness, I’m waiting for the result to be negative since I have children and my baby happened to steal my toothbrush; that is mostly of what I am worried about...” (Tbilisi, Female respondent)

Information about infected individuals is an important factor making respondents think that they are under a similar risk. In addition, respondents indicate that drug users share the opinion that HIV is not a widespread disease. Hence, most of them do not think that he or she is under the threat of infection and the demand for HIV testing is low.

Respondents think that a (negative) HIV test result will enable them to put an end to an unpleasant uncertainty and fear associated with the ignorance of their own HIV status. In addition, determination of HIV status may serve as a starting point for a new life “without drugs”.

“Everyone wants to live, and, to start a family, all the more. I am personally interested as well, to find out how healthy I am to proceed with normal life and how and which ways should I relate with other people...” (Zugdidi, Male respondent)

“When one finally comes to the idea and undergoes HIV testing he or she starts thinking about doing away with everything ...” (Telavi, Male respondent)

Some of them take seriously advices of friends and family members and reckon that the advice of a person from an inner circle is important for decision-making. They enrolled in the BSS exactly because of a friend’s advice.

“I have seen a lot of advertisements in newspapers; but, well, I have never thought of going anywhere ... but now I came more because of the support of my friend...” (Zugdidi, Male respondent)

“I personally highly prefer the opinion of my acquaintance i.e. my buddy and take it into consideration as fully as possible...” (Zugdidi, Male respondent)

Advertisement also plays an important role in decision-making for some respondents. They think that more advertisement means more people interested in their health condition.

“Advertisement contributes greatly to decision-making...” (Batumi, Male respondent)

IDUs give high importance to a cash benefit, even if it is a symbolic amount of money. They consider financial incentives to be an effective method of attracting people and think that the use of such an approach will make more individuals willing to undergo HIV testing.

“Offering money is the most effective approach. In addition, the number of people in need is greater nowadays and offering money is a better way to attract people...” (Kutaisi, Male respondent)

Barriers

Study participants talk about different types of barriers that prevent people from undergoing HIV testing. These barriers can be grouped into the types of psychological, social, and institutional barriers.

Psychological Barrier

Respondents were asked to think about their associations with HIV testing. For the majority of the respondents HIV testing is associated with a negative event, such as: an incurable disease and a death. Respondents believe that due to their lifestyle they are under the threat of acquiring HIV infection and HIV testing immediately reminds them of the risky behaviors they were engaged in earlier. Respondents as well as their friends are very much worried about a test result (diagnosis). If the diagnosis is confirmed they do not see way out, “the life is ended” for them.

“It is a death sentence. That is why people try not to take it...” (Batumi, Male respondent)

“I am used to think of death, to tell the truth, and tremble at such thoughts...” (Tbilisi, Female respondent)

“When you look at life, it is just a blink of the eye. Then you take HIV test and that’s it, your life comes to an end. I think so anyways. Nobody needs you in the society, everyone avoids you, everyone is afraid of you...” (Tbilisi, Male respondent)

“I know that it is a deadly disease and if such a thing happens to somebody this person has to decide upon what to do, what to cope with in limited time, what he or she has to do, what he or she has to fulfill, whom he or she has to put on the right track and so on...” (Batumi, Male respondent)

The fear of knowing one’s own HIV status is so strong that the majority of people refrain from HIV testing in order not to face the truth. They try to postpone this moment for as much time as possible.

“I have heard from many people: “I am not interested in a test result; I will not be able to find out the diagnosis; I am afraid; what should I do next if I learn that I have got something bad; how can I live then; perhaps, I will kill myself”, really, there are people of such kind ...” (Kutaisi, Male respondent)

“I, for example, would disappear from here and go to a place where no one would recognize me; I would go away from here; I would prefer anything rather than learning it...” (Zugdidi, Female respondent)

It is important to emphasize that the majority of the respondents are not aware that HIV treatment is free and available for everyone that feeds an opinion that HIV as a deadly disease.

Social Barrier

Stigma

The fear of diagnosis is closely linked with stigma and discrimination associated with HIV infection and is an important barrier for taking HIV test. There is a deeply rooted fear among people that the society will exclude them if their diagnosis is confirmed. They must be confident that their condition will remain unknown for friends and family members since the latter will not stop to contact them and, thus, they will be isolated from the society.

“Everyone will avoid a person if he or she is diagnosed with this disease. Many people may want to undergo HIV testing but fear that either another person will learn about it or when they find out the diagnosis they will fall into a deep depression or will be excluded by others...” (Batumi, Male respondent)

“People believe that it is a deadly disease, a contagious virus and, therefore, everyone tries not to relate with, avoid or exclude (etc.) such a person...” (Batumi, Male respondent)

Low awareness about the disease and a widely held opinion that infection could spread through touches, kisses and handshakes are named as a main reasons for stigma.

Female respondents talk about the stigma associated with female drug users. It contributes to such social phenomenon that this group of women are particularly marginalized. These women try their best not to show up for HIV testing in order to conceal their status of a drug user.

“There are a lot of female drug users. Everybody wants to come. But their brothers or other relatives work somewhere and they are afraid of them and stigma, as one may say it, prevents them to go there (for testing)...” (Zugdidi, Female respondent)

Respondents also talk about that, in general, stigma is caused by a lifestyle which led to HIV infection in the first place. In case of mother to child transmission, the society treats one more “mercifully” than one who acquired the infection due to a drug abuse or other asocial behaviors. However, in any case, people would avoid an infected individual.

Respondents have not given even a single example of discrimination or exclusion of their HIV positive friend from the society. Although, it is interesting, that respondents themselves, as a representatives of the society, also expressed stigmatizing attitudes towards HIV positive people:

“I used not go to places where such patients are likely to be. I did this, I don’t know, because I was afraid. I could get infected, could not I? ...” (Tbilisi, Female respondent)

“I cannot think of a person who will embrace and kiss an AIDS affected person wholeheartedly. It is next to impossible to imagine...” (Tbilisi, Female respondent)

Anonymity and Confidentiality

Most of the respondents believe that anonymity has to be an essential condition for HIV testing. They do not want to disclose their personal information. Some of them think that in case of breach of anonymity they will not undergo testing since they are afraid that family members will learn about their risky behaviors and health condition.

“I would have refused to come if video recording had taken place or disclosure of my name, surname or ID card and so on had been required here. No way would I agree to it. I would avoid all of it...” (Telavi, Male respondent)

“Indeed, it is important. Had I not been confident, I, probably, would have not come...” (Batumi, Male respondent)

Some believe that anonymity is desired though, if it is a necessity, they would disclose their personal information given that this information will not be revealed but rather will be kept confidentially. Respondents think that if the disease is identified it will be impossible to observe anonymity, although it is very important to keep information confidentially.

An HIV infected person may disclose his or her HIV status only if he or she wants to. One respondent expressed mistrust in keeping personal data confidentially. Respondents think that advisers should assure them that information will not be revealed.

“You should assure people that it is anonymous, that there are no adverse events to expect from it, and that nothing will happen to complicate their lives afterwards...” (Kutaisi, Male respondent)

A number of IDUs think that disclosing name and surname to an adviser is not a hindrance and what is important is to learn about their health condition.

In answering the question: “whether you prefer free HIV testing with the disclosure of personal information or paid HIV testing with anonymity” – most of respondents said that they would prefer paid and anonymous services.

“Of course anonymous and paid. I will disclose my information where I want upon my will; others must not disclose it...” (Tbilisi, Female respondent)

“I, probably, would prefer to pay money and keep my identity secret...” (Telavi, Male respondent)

Few respondents think that they would prefer free HIV testing with disclosure of personal information. According to one respondent, the opposite will be true - it will be useful if the information will spread that a particular person has taken HIV test. It will serve as an example for others to follow.

“On the contrary, I think it is not at all disgraceful. One should talk about it to get lots of people know, if you love your family members, relatives and friends, to reach everyone’s ears to make

them think “you see, this person has made such step let me also do the same...” (Gori, Male respondent)

Institutional Barrier

HIV Testing Site

Respondents give high importance to the location of an HIV test center. The major requirement is that it should not be easy to identify a client, i.e. to find out why a person comes to the facility. Some of them think that a laboratory should be located in a suburb away from their homes, in a place where only few people walk around and where chances to come across an acquaintance are rather low.

“I will never go to the center located in my community because of the very simple reason – people usually talk about even such things that does not exist and why should I make them look at me with suspicion? ...” (Gori, Female respondent)

“Here, in Batumi, it is, indeed, located in a concealed and on the street which is not crowded...” (Batumi, Male respondent)

However, some of them think that an isolated facility gives rise to even greater suspicion and that going to such a center means pinning an immediate label to oneself. It is acceptable for them that a test center is located in a big hospital where people go for various reasons and where the center will be less noticeable.

“In my opinion, a hospital is a preferred place. I think so because there are a lot of reasons why you go to a hospital and you attract less attention when you are there...” (Gori, Male respondent)

“If it were a separate building, I, for example, would never go there since someone would notice that I entered the building and start to look at me with suspicion...” (Gori, Male respondent)

However, in a hospital, especially in the one located in a small city, there is a high probability of seeing an acquaintance and of informing a family member. Besides, hospitals are associated with filling out hospital forms and breaching of confidentiality.

“Greater number of people goes to a hospital. Someone will notice me and will ask my family - why I came to the hospital, what happened to me. My family will learn that I have been there...” (Tbilisi, Male respondent)

“It should be located separately to ensure that not everyone would get there. Because a lot of my acquaintances work there now ...” (Telavi, Male respondent)

“It is preferred at it is, because a hospital a big facility and there are thousands of eyes an thousands of ears there...” (Gori, Male respondent)

Respondents from small cities indicate that they will feel themselves more protected if HIV testing will be performed in Tbilisi, or by specialists coming from other cities. However, they also note that going to another city for testing is connected with finances and is not affordable for everyone.

Status of an HIV Test Center

The majority of respondents prefer non-governmental organizations (NGOs). They show little trust in “public” institutions (hospitals) and think that their anonymity is kept better in NGOs. In their opinion, NGOs have more caring attitude towards a patient and, besides, they are less crowded and can be freely accessed for HIV testing.

“To my mind, any entity which is non-governmental is more trustworthy because in that hospital information could leak out more or less and someone could learn that a particular person has got some disease...” (Gori, Female respondent)

“As for hospitals and official public entities one would avoid going there rather than going to a non-governmental organization...” (Telavi, Male respondent)

“Believe me, even I would not have gone there had this test been performed in a hospital or in some other place. You see, I came, since this procedure is confidential and anonymous here...” (Telavi, Male respondent)

Signboard of an HIV Test Center

Respondents were asked what they think about a center’s signboard indicating that the center performs HIV testing. Most of the respondents deem that such an indication will create an additional barrier associated with a stigma once again. If a person will be noticed by one’s acquaintances beside this building they will tell about it to one’s family members, think that one acquired a dangerous disease and try to avoid him or her afterwards. In addition, there is an opinion that persons taking an HIV test are mainly drug users or other people exhibiting suspicious behaviors.

“It is better that a signboard does not bear such writing. I would become suspicious of someone; you cannot do anything, unfortunately, the majority in Georgia thinks that if you take this test you are a drug user for sure. Everyone whom I have talked to thinks this way...” (Batumi, Male respondent)

For some the signboard itself is embarrassing since “AIDS” is associated with negative developments and is a basis of fear. Hence, such signboard does not help in attracting those willing to undergo HIV testing. Respondents believe that the writing on a signboard should be neutral though at the same time be indirectly indicative of the purpose of the facility to help with finding the center.

However, there are also some respondents who think that a signboard is not a hindrance for them. On the contrary, they believe that a facility should bear a signboard to inform them what type of facility they are visiting.

Recognition of Risk

Respondents express an idea that HIV infection is not common among IDUs in Georgia. That is why they do not think that they are under the threat of HIV infection. Some of them are even confident that they will not acquire this infection for sure.

Ephedrone (“Vint”) users give a specific reason why they cannot get HIV infection:

“This drug, “Vint”, is such that it kills the virus since it contains iodine, alcohol and substances entering in such a chemical reaction that by no means there is a chance that anything is left over...” (Tbilisi, Female respondent)

Some believe that they do not have the infection since they do not have any symptoms.

“I intended (to undergo HIV testing), I intended it before marriage, but neither had I noticed any signs. I am sure that there is nothing there, but still ...” (Batumi, Male respondent)

Awareness about the Availability of HIV Testing

It is worth of noting that as it turns out IDUs who has never been tested for HIV are unaware of the availability of free HIV testing in their own cities. None of 27 respondents who never tested for HIV has heard about the availability of free HIV testing. Nobody from their milieu has ever undergone or offered them such testing. These respondents do not have information about non-governmental organizations and do not know where to apply. However, they also indicate that they have never been interested in the issue as well. Only one respondent indicates that he knows about such services though he could not take this step due to a psychological barrier.

“I do not know such organizations to choose from, i.e. to talk that this organization is better than the other. Perhaps, I would have gone to any place if I had known about all of these; you see, I has never heard about anything like this; and if my friend would have not told me (about lab test) just recently I would not have learned anything about it...” (Tbilisi, Female respondent)

“I do not have an idea where “this something” takes place. Well, if I had asked for it, I would have learned where it was performed and, would have gone there. I don’t know where I can take it...” (Tbilisi, Male respondent)

The respondents note that lack of awareness prevents people from testing; they also think that general public does not have enough information about HIV infection and that TV coverage of the issue is inadequate.

“The sole hindrance is ignorance not only of an individual but also of a society not accepting this individual due to the lack of training or counseling....” (Batumi, Male respondent)

The respondents believe that if information about free testing was spread widely much more people would use this opportunity.

“If this was free, especially nowadays, everyone would go and take the test with great pleasure. It is a sort of the means of human security, isn’t it? ...” (Batumi, Male respondent)

Financial Barrier

The issue of financing was also mentioned as one of the barriers to testing for HIV. Those who never tested for HIV, think that HIV test is associated with fees so far as they are unaware of the availability of free testing. These respondents say that if they wanted it they would pay a fee for HIV test as required, although for some people it could be a serious hindrance. There are a lot of people around the respondents who want to be tested for HIV but often do not have additional 10 GELs to pay for it. Some of the respondents think that such tests can be performed only in Tbilisi and, thus, they are associated with additional spending.

The Police

Some of interviewed respondents named police as one of the barriers because of which they could refrain from testing for HIV. They believe that the police are informed about locations of test centers and that they would be detained if they come there; moreover, some of them think that there are surveillance cameras installed in testing centers.

“They will come and wait somewhere, far away, and when you leave this place they will detain you and take you to an addiction clinic...” (Kutaisi, Male respondent)

“I took my friend with me but he / she thought that there might be surveillance cameras over here and fled away ...” (Tbilisi, Male respondent)

However, it is worth mentioning that none of the respondents could recall a particular case when the police acted in such a way. Also, NGOs are not considered to be in alliance with the police.

Facilitating Factors

Testing for Hepatitis

All respondents think that taking HIV test along with testing for hepatitis is a very good idea and it will attract lots of people. They believe that Hepatitis C is more common condition, hence risk of transmission is higher compared to HIV infection.

It is noteworthy that in contrast to HIV infection, there is no stigma associated with Hepatitis C; according to the respondents, people around them as well as in the society in general talk freely about Hepatitis C; therefore, demand for testing for Hepatitis C is high, though many people cannot afford it because of the fee. In addition, testing for Hepatitis C would, in a way, disguise testing for HIV i.e. among people willing to undergo testing an emphasis will be put on testing for Hepatitis C whereas they will also undergo HIV testing upon coming to a test center.

“Of course, it would be great! At the moment there is much higher risk of Hepatitis C in Georgia...” (Kutaisi, Male respondent)

“It will be better to do tests for Hepatitis C and B along with HIV/AIDS so far as people are less wary of them; e.g. I can say I am going to test for C or B and if, in fact, I am going to test for HIV/AIDS no one would know about it and, I think that this way it will be easier for a visitor and a patient to go to a center...” (Batumi, Male respondent)

Non-Governmental Organizations

Respondents who dealt with or heard about NGOs give positive appraisal of their activities. They underline warmth and convenience of the environment, high level of expertise and responsiveness of personnel, comprehensiveness of the information about issues of their interest, reliability of test results and free nature of services offered. Most importantly, they are sure of anonymity of testing and feel themselves protected:

“If scores are used for evaluation, I would give five. Everything is protecte...” (Kutaisi, Male respondent)

“I think it is my second home. I feel rather relaxed here. When I come here they treat me with warmth...” (Gori, Male respondent)

“Firstly and most importantly, it is a very warm environment here; they treat each of us as family members, they support us ... Everyone is satisfied with this center...” (Gori, Female respondent)

Knowledge of an individual's HIV Status

Respondents consider that the knowledge of his or her HIV status is important for everyone. If they knew their HIV status they would treat their associates and partners more carefully, start their treatment in a timely manner, and carry on with their ordinary life.

*“When you know (about it) you try to secure yourself and your family and undergo treatment...”
(Kutaisi, Male respondent)*

“In case of infection I would rather avoid contacting people; even with my family members I would behave so that I do not transmit my infection to even a person and do not get anyone else involved in it...” (Kutaisi, Male respondent)

The opinion was also voiced that it might be preferable to stay unaware of the fact that you are HIV infected to live a “peaceful” life. It is important that a person is not unprepared when he or she faces the diagnosis in order not to give up all hope for life, not to become embittered, and not to infect others as a matter of revenge. Several examples were given when learning the diagnosis exerted pernicious influence on an individual's state of mind.

“The person accompanying us has never sobered since he learned the diagnosis. He is on drugs since then...” (Batumi, Male respondent)

Mobile Laboratory

From the interviewed 56 respondents 18 were aware of a mobile laboratory, however they mainly spoke from foreign experience and none of them had used mobile laboratory service in Georgia. Majority from these 18 respondents (15 persons) think that such service is acceptable for them and they will use it. According to their opinion mobile laboratory services will address the issue of accessibility for many users especially in suburbs of Tbilisi and districts of Georgia. The respondents express their trust in such service and state that they will use it so far as such service is convenient, efficient and, most importantly, anonymous.

“Of course, I have heard about it. I am positive about it as well – if, for example, it is difficult for someone to come then a laboratory will go to him. This is only appreciated. Indeed, it should be ordinary and inconspicuous not to attract any attention...” (Batumi, Male respondent)

*“It would be nice, the bus comes at the place of gathering and people would take tests...”
(Batumi, Male respondent)*

“Of course I will go, I think people will use it...” (Telavi, Male respondent)

Of course it is justified, nowadays people can't go from one district to the other. Why not?..."
(Gori, Female respondent)

Of those respondents who have heard about mobile laboratories only three would not use this service, because of fear to be disclosed as a drug user.

Thirty eight respondents who were unaware of mobile laboratories were given its standard definition. Majority of those who have heard of this service first time (28 respondents) expressed positive opinion about it:

„Not only in my city, but I will use it in every place I see it..... (Zugdidi, Male respondent)

"I have not heard about it but I think that it is a good idea. Some may refrain and some not. I would never refrain from using it...." (Tbilisi, Female respondent)

From all interviewed participants 13 respondents (among them three who were aware of mobile laboratories) disapprove such service. They do not trust in a test performed "in the street" and prefer a test taken in the center. Some think that mobile laboratory service is not appropriate for the representatives of the society they belong to.

"A test performed in a bus cannot be accurate..." (Tbilisi, Male respondent)

"No, I would never go to a street laboratory for sure even if there are nine of them located over there. I am not an experimental rabbit! No labels; if someone is interested he would learn anyway..." (Kutaisi, Male respondent)

"I personally would not use it and I am sure that people from my community would do the same i.e. would never use it...." (Gori, Male respondent)

It is important to ensure that a mobile laboratory is made available by NGOs and that information is not conveyed to the police.

"If this is confidential and guaranteed that the police officers would not stand behind a laboratory and would not arrest these sick and unfortunate people..." (Tbilisi, Female respondent)

Respondents believe that color and label on the vehicle should not be conspicuous, though it should have an identification logo; it is also important to spread the information among the users since the majority of them are unaware of the availability of such services.

It is noteworthy that the majority of the respondents from the cities in which mobile laboratories are functional are unaware of their existence.

Time for Test Results

Respondents were asked about how stressful the period of waiting from taking the sample until learning the test results was for them. They have different opinions about a turnaround time for test results and it is mainly due to the mistrust in a rapid HIV test, especially if it is performed outside a medical facility. Some respondents do not consider it problematic to wait for couple of days for a test result. They think that time is necessary for a test result to be more accurate.

“After a fortnight; let them study the sample duly and properly and tell me the truth. I prefer this...” (Zugdidi, Male respondent)

“Two weeks are not a hindrance; it is good that you are protected (against a false result) by these two weeks since something can be overlooked, not revealed by this rapid test ...”

“I would rather wait and get a correct result; time is not important...” (Gori, Male respondent)

However, other respondents prefer a rapid test. It is important for them to learn about a test result immediately since waiting is associated with additional stress for them. Moreover, many of them could change their minds and do not come to get a test result due to the fear of the diagnosis.

“Well, of course, it is important to get a test result immediately. During this three weeks-long period I may even change my mind to come for getting a test result...” (Gori, Male respondent)

“One might be interested in a test result but when finds out that three weeks are necessary and waits for these three weeks he or she might not come to get a test result then ...” (Kutaisi, Male respondent)

An ideal Test Center

Respondents were asked to describe a desirable test center where they would come for HIV testing without any hesitation. They gave characteristics of a perfect consultant, a test site and test services. It is ideal for IDUs that the facility offering test services is readily accessible, though at the same time it is not easily recognizable for others that HIV testing services are offered there; the facility should be comfortable, clean and not crowded. It is important that counseling takes place in a private environment to ensure that people coming for help do not see each other. Anonymity of services and confidentiality of data along with free services and high expertise of specialists are important factors for the respondents. For those living in small cities it is important that their acquaintances are not working in the testing center. Some respondents talked about incentives (like cash awards and coupons) that might help in increasing the number of people willing to undergo testing.

“Readily accessible; in a decent district; staffed by highly skilled specialists, clean and equipped with modern equipment...” (Tbilisi, Male respondent)

“It should be neat, not scaring but rather friendly; of course, personnel should treat you very well, cordially and with sympathy...” (Batumi, Male respondent)

“... to treat clients with humanity; avoid oppression and psychological pressure...” (Tbilisi, Female respondent)

“It is preferable that a center is isolated and it labeled appropriately to find it easily. People entering and leaving the center should not meet each other. If I come out nervous, with strained face someone who sees me might guess that I am affected by AIDS...” (Zugdidi, Male respondent)

For IDUs characteristics of a consultant they have to personally contact with is of high importance. In their opinion, consultant should be sympathetic, sociable and responsive person in order not experience difficulties while discussing sensitive issues. The consultant should be a good psychologist to ease stress of a person coming for HIV testing and, most importantly, to prepare a patient for the diagnosis, to explain him what to do next and to advise on treatment. It is important that the consultant does not disapprove of client’s behavior, does not scorn him but rather shares in the client’s sufferings.

The majority of respondents, including man, prefer a female consultant to whom they can talk more openly and freely.

“It is of a paramount importance how they meet you, what they advise you, how they talk to you, how they give you information properly to help you understand it...” (Tbilisi, Male respondent)

“It does not matter whether a person undergoing HIV test is infected or not; of course, consultants should treat him cordially and keep smiling not to frighten the patient. Even if the patient is diagnosed with HIV they should try to comfort and cheer him up so that the patient starts treatment and does not give up...” (Gori, Female respondent)

“Yes, necessarily woman; you see, I am more depressed with man and will not be able to unburden my heart with him...” (Tbilisi, Female respondent)

Trust in Information Sources

Respondents were asked to talk about trusted sources of information about HIV testing they had already received or to be received in the future. Each respondent thinks that the information from a partner is trustworthy. They also trust in the information they get from NGOs. IDUs trust less in TV and in media, in general. They believe that they will not take note of broadcasted information about HIV testing opportunities, e.g. they will not come for testing if it is broadcasted by TV. However they think that TV

plays a considerable role in educating people in general. Some, especially young respondents, talk about the role of the Internet in getting the information.

"I will not go if aired on TV..." (Tbilisi, Male respondent)

"I believe less in such things if aired on TV..." (Telavi, Male respondent)

"Well, I have also seen a lot of advertisements in newspapers but have never thought of going... but in this case I came here more because of my friend's advice..." (Zugdidi, Male respondent)

"I personally would believe to my friend's advice since he knows what's on your mind and who you are; TV cannot reach you in such a way..." (Batumi, Male respondent)

Conclusions

Testing for HIV is an important preventive measure to avoid epidemics spread. The BSS conducted in six cities of Georgia in 2012 showed that the share of IDUs tested for HIV in the last 12 months has increased three times during the last three years; additionally, the share of those who has tested for HIV at least once in their life has almost doubled. The survey made it clear that the majority (69.5%) of IDUs knew about the availability of HIV testing in their cities. It is an important step forward in terms of the preventive programs implementation, however indicators are still unsatisfactory. Only the half of the IDUs has ever tested for HIV, whilst the share of those who tested for the infection in the last year amounted to 14.7% only.

As it was shown by the qualitative survey ***the fear of diagnosis*** is one of the leading barriers to HIV testing. This psychological barrier is supported by a deeply rooted stereotype that a positive HIV test result means a death sentence for the patient and that HIV infection is a disease which is dangerous for the patient's social contacts. The fear of diagnosis is closely connected with ***stigma*** that exists in the society in relation with HIV positive / AIDS affected individuals. IDUs believe that such people are excluded from the society and that even their family members and relatives do not want to have relations with them. Disease-specific death rate is further worsened by the ignorance of the fact that HIV treatment is accessible for everyone in Georgia. ***Stigma associated with drug addicts*** as such is one of the prominent barriers to testing for HIV. As a rule, people cast suspicious looks at individuals coming for testing for HIV and, due to a widely held stereotype, accuse them in engaging in asocial behaviors straight away. By avoiding HIV testing drug users are, in fact, trying to keep themselves away from acquiring the double label of an "AIDS patient" and a "drug addict" (double stigma).

The survey revealed that ***stigma associated with drug users, especially female drug users***, is a major impeding factor for undertaking HIV testing. ***The stigma associated with female drug users*** is especially

strong. Drug addiction in women is associated with immoral behaviors. It is a big shame and a stigma not only for a woman but also for her family and children. To avoid getting such a label, female drug users do not apply for HIV testing notwithstanding that they might be under a higher risk of infection because of having partners who are drug addicts either. The stigma is conducive of pushing female drug users underground in the form of a particularly concealed group.

Low demand for HIV testing is a result of ***inadequate recognition of the risk of acquiring HIV infection.***

The fear of acquiring HIV exists but is not strong since many of the respondents do not think that they are under the risk of infection. It is not a result of the thinking that they are not engaged in risky behaviors but rather is due to the opinion that HIV infection is not widely spread among drug users.

Therefore, it is unlikely that they have got the infection. If someone in their close circle is diagnosed with the disease it becomes a serious stimulus for them to test for HIV. There is a different attitude regarding Hepatitis C infection. It is a widely spread condition and not associated with stigma. Therefore, there is a high demand for testing for Hepatitis C. ***Low awareness of drug users about the availability of free HIV testing*** in their native city is a major barrier for HIV testing. Although the BSS showed that 69.5% of the respondents know where HIV testing is performed, the awareness of the opportunities for free HIV testing is unsatisfactory.

Almost none of 27 participants of the qualitative survey who never tested for HIV have heard about the availability of free HIV testing. A ***financial barrier*** was also mentioned among factors preventing from HIV testing. So far as drug users are unaware of the availability of free and anonymous services and some of them think that such tests can be performed only in Tbilisi, HIV testing becomes associated with additional costs.

In theory, the respondents reveal positive attitude towards knowing their HIV status. It is connected with the opportunity to do away with the uncertainty, to start a new life, to take preventive measures not to spread the disease in case of the confirmed diagnosis, to start treatment in good time, and to build plans for life appropriately. However, it should be noted that all of these is outweighed by the burden associated with an HIV positive status.

Anonymity and confidentiality are factors that all respondents deem as essential for HIV testing. It is worth of note that respondents have not given a specific example when they refused to undergo testing because of the requirement to reveal their personal information. However, when they were asked for choosing from anonymous and paid services or free services requiring the disclosure of personal information they preferred paid and anonymous services without any hesitation. Owing to this reason IDUs try to avoid testing for HIV in so called “public/governmental” entities where they are required to reveal their personal information. Considering all of these, the requirement of the State Program to

submit an ID card remains a serious problem. It is necessary to take specific steps to remove this limitation. Otherwise, the state will not be able to implement such an important preventive measure as HIV testing of high risk groups and this function will be limited to donor support only.

It is noteworthy that the awareness of the availability of anonymous services is low. Risky behaviors, care for friends and relatives, direct exposure with /information about HIV positive friend or relative, and a friend's advice are among factors motivating drug users to undergo HIV testing. Respondents deem that combining HIV test with a Hepatitis C test will attract more people willing to undergo the procedure. The increased interest of drug addicts in testing for Hepatitis C is due to the fact that this is a relatively common condition and that the risk of its acquisition is adequately recognized. In addition, unlike HIV infection, there is no stigma associated with this disease.

Location and label of a testing center are also very important factors to motivate individuals for HIV testing. Respondents take it seriously that HIV testing does not take place in a crowded area where there is a high probability of coming across their acquaintances. The signboard on the testing center should not contribute to further stigmatization and creation of negative associations.

The attitude towards mobile laboratories is rather mixed. The majority of those who have heard about this service think that mobile laboratory is acceptable for them due to accessibility and quick test result. They believe that the information about such services should be made available only for interested groups rather than for a general population, e.g. through TV / media outlets, not to instigate a public interest in them. Small proportion considers that such a service is unacceptable for them since they do not trust in a test performed "in a street" and fear to be disclosed as a drug user. They think that such services might be appropriate for certain groups of people residing in suburbs and district areas.

There is a mixed attitude also with respect of the waiting time for test a result. On the one hand, waiting is associated with additional stress, although, on the other hand, there is a little trust in rapid tests and in tests that are performed outside a medical facility. All of these are indicative of the need to increase trust in rapid tests and this, in turn, will increase utilization of services offered by mobile laboratories.

The police are named among barriers to testing, though the police are not regarded as a leading obstructive factor. Respondents believe, that in theory the police could intervene, though they fail to provide specific examples. In addition, non-governmental organizations are not deemed to be connected with the police.

In their description of a perfect test center drug addicts name all those characteristics of the center that can remove barriers associated with the fear of diagnosis and the stigmatization, including anonymity and confidentiality, and can eliminate the financial barrier as well. Non-governmental organizations are

desirable places where drug users would undergo HIV testing. They also give preference to a female adviser to whom they believe they can talk more openly.

Drug users consider friends and partners as the most trustworthy source of information about the need of HIV testing. There is little trust in media, however it is believed that TV, in particular, plays an important role in general education and in spreading the information about HIV prevention. The level of trust in non-governmental organizations is high. The role of the Internet, especially among the youth has also been revealed.

Recommendations

The following recommendations have been elaborated based on the study findings:

Recommendations to increase testing demand:

- Spread information about opportunities for and availability of free and anonymous HIV testing among IDUs;
- Active involvement of peer educators in information distribution about the need of HIV testing and preventive messages in general;
- Use the Internet resources to spread information about the availability of HIV testing and preventive measures, in general;
- Emphasize the benefits of knowing about a personal HIV status in the communication messages for prevention;
- Increase trust in HIV rapid tests;
- Widespread dissemination of information among target groups about capacities of a mobile laboratory and investigate attitudes toward mobile laboratory among the service users;
- Develop an ad hoc strategy for HIV prevention in female IDUs;
- Implement measures against HIV associated stigma and discrimination including implementation of activities directed at media / general population / health workers.

Recommendations to increase/improve testing service provision

- Change administrative arrangements for the State Programs and introduce anonymous HIV testing for high risk behavior groups under the preventive programs;
- While arranging testing services take into consideration the factors such as anonymity, confidentiality, friendly environment, female consultant, waiting area, etc.;
- Minimize the impact of factors associated with the location and the label of a test center that put obstacles in attracting testing service users.

Annex: In-Depth Interview Guide

Survey of barriers encountered by users of HIV voluntary counseling and testing (VCT) services

I. Introduction (3minutes)

Good morning / Good evening. Firstly, I would like to thank you for coming. My name is (first name, last name) and I work at (the name of the organization). My colleague (first name, last name) will also attend our discussion and make notes to help us later in remembering all relevant pieces of information that you provide to us. It will be very interesting for us to hear what you think about HIV/AIDS counseling and testing services in general. Our discussion will last approximately 30-40 minutes. Please, relax as much as you can and talk about your feelings and opinions openly.

The goal of this survey is to improve VCT services as much as possible based on the information you provide to us. Hence, it is important that you are absolutely frank with us and express your opinion openly even if it is a negative one. Please, keep in mind, that there are no correct or incorrect answers. Please, also be sure that any information you provide to us in the discussion will be kept confidential and your name and surname will not be mentioned in any document.

II. Inception of the Discussion (3minutes)

1. What is the first thing you think of when I mention about HIV testing? What do you think about HIV counseling?
2. Have you heard of HIV voluntary counseling and testing services? If yes, please, specify what you have heard about it.

For the interviewer: if the respondent has never heard of such a service, read out its standard definition before proceeding with next questions.

Definition:

Counseling– before taking a blood sample the specialist tells the patient for what the purpose of the lab test is and how it is performed, in which case it is advisable for a person to undergo HIV testing, what the results of HIV testing could be and what a person with one or another test result should do.

III. Main Questions (25-30minutes)

a) The process of decision-making and motivating factors associated with HIV voluntary counseling and testing (including the role of influential individuals and subjective /objective barriers to accessing VCT services)

3. Please, tell us about circumstances/factors that make you think of / stimulate you for HIV voluntary counseling and testing.

Probe: a friend, s partner, radio, TV, newspapers, other factors

4. If free testing for Hepatitis C is offered to you along with HIV testing would you made up your mind to undergo HIV testing? If yes, why? If not, why?
5. If you decide to use VCT services where and/or from whom (organization, person, sex) would you like to get these services and why?

Probe: higher trust or mistrust in HIV testing performed in a specific clinic

Probe: other reasons

6. Where /from whom (organization, person) would not you like to get counseling and why?

7. What are the obstacles /factors preventing / that will prevent you from using voluntary counseling and testing services? What is / will be the most inconvenient factor for you?

Probe: Fear of a positive test result

Probe: Don't think it's necessary due to lack of risk behavior

Probe: Fear that person will be associated to drug use

Probe: Fear of being recognized by friends or acquaintances

Probe: Financial accessibility/ Expensive testing, financial incentives.

Probe: Geographical accessibility

Probe: Gender, social status

Probe: Time from testing to receiving results and/or visiting the clinic second time to receive test results

Probe: Other barriers/ Factors

8. What did you hear about protection of private information in consulting/testing provider clinics/centres?

Probe: How important is guarantee of confidentiality, for consulting/testing?

Probe: Location of clinics; Problem of identification in regions/ in Tbilisi

Probe: The advantage of general profile hospitals compared to the specialized clinics and/or to NGOs which are working with specific groups.

Probe: Other circumstances / Factors

9. Will it create problem for you to share your personal information (ID number, questions about behaviour) to get free consultation/test?

If yes:

Probe: Why?

Probe: Will you choose anonymous, but paid service or free service requiring sharing your personal information?

b) Perceptions and attitudes towards HIV/ AIDS VCT services. Method of improving service delivery based on proposals.

10. Based on your or your friends' experience, who had voluntary counseling and testing experience, how would you describe the center and its services?

Probe: Good or bad?

Probe: Convenient or inconvenient?

Probe: Warm welcome or not?

Probe: Anonymous/confidential or not?

Probe: Other aspects of the services?

Probe: Other characteristics

11. What would you consider to be an ideal VCT service? Can you describe such a place?

Probe: Institution type (general profile hospital, specialized clinic, mobile laboratory)

Probe: Separate waiting rooms, where the probability of meeting with others is minimal.

Probe: Doctor's attitude and other characteristics

Probe: Other characteristics

12. What do you think about mobile laboratory, where HIV testing is done with rapid method and you can receive result in 15 minutes? How reliable do you think is this type of service? Will you use this type of service? If yes, why? If not, why?

For interviewer: if respondent have not heard about this service, read the following standard definition and after that ask the twelfth question.

Definition:

Mobile laboratory: this is a properly equipped special minibus, where it is possible to perform blood analysis. When a person interested in personal HIV status does not want to go to the clinic to do the analysis, mobile laboratory comes to an agreed place and HIV testing is done on site.

Probe: Stigma/ High risk of identification

Probe: Police factor

Probe: Car neutral visual/ the need of sticker for car

Probe: Other characteristics/ Factors

c) Perceptions and attitudes toward knowledge of HIV status.

13. In your opinion, what is the negative side of knowing your HIV status?

Probe: Why do you think so?

14. In your opinion, what positive effects / benefits may follow knowing of HIV status?

Probe: Why do you think so?

d) Advantages of VCT services

15. Besides knowing of HIV status, in general, what advantages do you see in voluntary counseling and testing? More? Why do you think so?

IV. Summing up the discussion

Thank you for useful information. We have talked much about HIV / AIDS voluntary testing and counseling services, its advantages and its disadvantages, including the knowledge of their own HIV -status. We also discussed the issues / factors that may influence on the decision to receive a VCT services. Is there something that we talked about, but I haven't mention?

16. Are there other issues that are related to VCT services and you would like to share before we finish the discussion?