



MOTIVATIONS FOR AND BARRIERS TO HIV TESTING AMONG GEORGIAN YOUTH

QUALITATIVE SURVEY REPORT

Prepared by UNICEF Georgia CO and Bemoni Public Union (BPU) Within the framework of the Project "Strengthening Capacity of NSA for HIV Testing and Counseling of Most-at-risk Adolescents and Young People", with funding from the European Commission

Main Findings

- The young people living in a city know that HIV infection is a communicable and incurable disease that ruins the immune system and is transmitted through blood and sexual contact. The young people living in the villages do not even have this minimum piece of information.
- The youth do not know where and how the tests are administered, and in which cases they need to undergo this investigation.
- The attitude of the youth towards this disease is controversial they say that nobody is fully protected from HIV infection, but still they think that this is a problem of commercial sex workers and drug users.
- The young people think that HIV is a disease which is related to the shameful behavior.
- The issue of HIV infection is not topical among the youth; they have never thought that it may affect them; this is why they do not realize the significance of tests.
- People in Georgia usually do not really undergo prophylactic check-ups. Besides, there is an important and specific barrier for HIV testing stigma.
- None of the tested young people, who were participating in the research, has ever been tested with his/her own initiative.
- For the girls there is an additional barrier fear that they will be considered to have been engaged in an unacceptable behavior such as sexual intercourse without being married.
- The young people think that the best way to promote HIV testing is to arrange wide-scale campaigns to go for testing with a group, personal example of celebrities.
- There was a clear effect of the Georgian awareness-educational videos broadcasted via the television "within the HIV prevention project in Georgia": the youth and the adults often recalled key messages from these videos.
- Representatives of the youth and HIV-service provider organizations think that the peer education is the best way to work with the youth, although none of the young people has mentioned this method.
- If the youth center for HIV testing is located separately with an eye-catching signboard, this will also become a barrier for those who want to be tested.

Recommendations

- Information on HIV should be provided to the youth permanently through various ways. The youth most often identify social networks and television as a source of information;
- Awareness-educational videos should be prepared about the significance of HIV testing;
- Young people who have migrated from rural areas to the cities should be considered a high-risk group;
- Youth center for HIV should be functioning in the territory of another organization. This
 can be a medical institution of general profile or a youth organization which is working in
 different directions;
- The method of working in the field should be actively used for testing the high-risk youth;
- Importance of testing should be emphasized at wide-scale campaigns arranged in connection to the HIV infection;
- Wide-scale testing campaigns should be arranged with participation of celebrities that will support to reduce stigma and to perceive HIV testing as "an ordinary check-up".

Description of the Study

The goal of the Qualitative Survey is to investigate young people's knowledge and attitudes towards HIV Counseling and Testing (HCT) services in Georgia. The findings of this study will guide future HIV prevention interventions among youth in order to make care and testing facilities more accessible to them.

The qualitative research "Promoting the HIV testing and barriers among the youth of Georgia" was conduced in September and October in 5 cities of Georgia – Tbilisi, Zugdidi, Batumi, Rustavi and Telavi.

There were 10 focus group discussion and 20 in-depth interviews held within the frameworks of the research.

There were 2 focus group discussions held in every city — one group consisted of the representatives of local youth and HIV-service provider non-governmental and state organizations; whereas 15-24 year old girls and boys participated in the other one — in the youth group. There were also the young people of high-risk behavior.

The focus groups consisted of 8-10 participants.

In-depth interviews were held with 4 young people in every city -2 girls and 2 boys. Both kinds of respondents were selected: tested and non-tested for HIV.

The survey was conducted with the help of a specially developed guide-questionnaires (see the Annex).

Focus-group discussions lasted for 1.5 hours on average, and the in-depth interviews lasted for 45 minutes.

Attachment 1. Survey Instruments

A1. QUALITATIVE DISCUSSION GUIDE Focus Group Discussion and In-depth Interview for youth

- → With youth aged 18-24
- → Recruited by BPU and partner organizations in selected cities
- → Tested and non tested declaration of HIV status not requested
- → Male and female

Introduction:

Good day, my name is _______, and my colleague is ______. We represent the Georgian NGO BEMONI Public Union. Within the framework of the EC funded Project "Strengthening Capacity of NSA for HIV Testing and Counseling of Most-at-risk Adolescents and Young People", in collaboration with the UNICEF we are conducting a study in this community to generate information on the awareness of, and barriers to, utilization of testing services by Georgian youth. We also want to conduct some more open-ended discussions with you to develop a more in-depth understanding of what people know and think about various issues regarding HIV/AIDS. You have valuable insights on these issues and we want to encourage you to speak as openly and freely as possible - there are no right and wrong answers. The information we gather can be used to develop improved programs and interventions to help assist young people and communities protect their health. The better the information that we gather, the better the programs that can be developed.

Confidentiality and Informed Consent:

I want you to know that all the information generated from this discussion is for research purposes only and will not be used for any other purpose. All the information you volunteer will be kept confidential and no reference will be made to your name. The interview will take about one hour, and your open and candid contribution to discussions will be highly appreciated. We also want to use a recorder so that we can get all the information you provide and nothing useful is lost. Do I have your permission to continue?

For focus group discussion participants:

- **1. Yes** (If Yes, remain in group)
- **2. No** (If No, thank them and let them leave)

Proceed to administer informed consent.

For key informants:

- **1. Yes** (If Yes, continue with informed consent process)
- **2. No** (If No, thank them and end interview)

For FGD participants only:

Here is how we will conduct the discussion: We have some rules to follow in order to help keep the discussion on track. I want to encourage everyone to participate actively in the discussions. There are no wrong or right answers and everyone should please state what they think, know, and the way they perceive it. What we will do is to speak one after the other, so that each person's opinion can be fully heard. I may interrupt and probe your ideas. Because the interview is being recorded, please wait for someone to finish talking before you speak. Once again I would like to tell you that what we are going to discuss is very confidential and it was used only for the research. Your name never will be used in connection with any information, you provide in the results of this research. Audio tapes and notes were destroyed after being used. Thank you.

introduction exercise

In order to know each other better, please tell us:

- → The name under which you want to address during the discussion
- → The city, which tend to go when you have free time

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Questions	Sub-questions and Probes	
1. Knowledge about HIV/AIDS (transmission, prevention, stigma)		
1.1. Do you know about HIV/AIDS? What do you know about it?	 Do people your age talk about HIV/AIDS? Are you or people like you worried about the risk of contracting HIV/AIDS? How can people become infected with the virus? What are the behaviors that put people at risk for HIV/AIDS? Are you aware of other ideas held in the community? If there are other ideas about risk in the community, do certain groups of people have these ideas or are they more a matter of individual differences in knowledge? What can be done to protect against HIV/AIDS? 	
1.2. What does your community	1. Is there prejudice (stigma) associated with being HIV infected, and if	
think about people who are	so, describe it.	
infected with HIV or are sick with	2. Why do people hold these ideas?	

or have died from AIDS?	3. Have these ideas changed over time? How so?
	4. How are people with HIV/AIDS impacted by these attitudes?
1.3. Do you know people in your	Do they belong to any particular social groups?
community who may be infected	2. In your opinion, what are the factors responsible for their infection?
with HIV or are sick with AIDS or	Are the individuals themselves responsible?
who might have died of AIDS?	
2. HCT service (knowledge, attitu	
2.1. What about HIV testing?	What do people think about HIV testing? Is there anything negative
How important is HIV testing?	associated with testing?
Why is or isn't it important?	2. What do you think of when you hear people discussing HIV testing
	and counseling? Please provide your feelings, thoughts,
	conversations you have had.
	3. Where do people get tested? Do you know of any places that offer
	HIV counseling and testing in your area or elsewhere?
	4. How do people find out about testing? Do enough people know about
	testing sites?
	Is testing convenient—location, close to transportation
	Is testing accessible—cost, enough different locations
2.2. Do you think that young	Do you think that many people want to know their HIV status?
people are willing to go to HIV	Why do people get tested or avoid doing so?
testing centers to get tested?	Probe:
Why or why not?	a) Distance and cost
	b) Anonymity, confidentiality
	c) Attitude of health care providers
	d) Social-cultural factors (beliefs, taboos, norms etc.)
	e) Attitude of people towards individuals who are infected
	f) Gender power relations or ideas about proper gender roles
	g) Knowledge about where testing centers are
	h) Fear of knowing HIV status
	i) HIV is a low priority/ do not think they are at risk
	3. Please tell the reasons why young people DO get tested?
	Please tell the reasons why young people DON'T get tested?
2.3. What do you see as being	What would motivate or encourage you to go for HIV testing?
the benefits of HIV counselling	How could people like you be made aware of VCT?
and testing services offered at	3. What kind of information would you or people like you want to know
VCT centres?	about Voluntary counselling and Testing (VCT)?
O. A. William also consultable and the	4. What would bind an arrange library for a realism was a CVOT
2.4. What do you think are the	1. What would hinder you or people like you from making use of VCT
greatest barriers to HIV testing in	services? (Attitudes and beliefs, Structural factors, e.g. availability of
your community?	services, lack of resources, no power to go to testing locations
2 Hoolth commisses	without others knowing about it, etc.)
3. Health services 3.1. We would like to know from	what types of services available/not available to young people
you whether youths your age	what types of services available not available to young people where do young people prefer to go for such services
seek reproductive health	where do young people prefer to go for such services what do you or your friends like and dislike about the services
services. Do young people of	What types of services would you expect to get at a VCT centre?
your age seek health services	5. How would you like to be served at a VCT centre?
concerning pregnancy or	6. How do you think access to HTC and the experience of HTC could
abortion, HIV, STIs or	be improved for youth?
contraceptives?	7. What could be encouraged young people to have a HIV test?
Conclusion/Debrief	7. What sould be checoliaged young people to have a fire test!
	ire. Thank you far taking your time to respond to this questionneire, the

This is the end of the questionnaire. Thank you for taking your time to respond to this questionnaire, the information that you have provided will go a long way in helping improve youth friendly VCT services in the country. Before we end up this discussion, if anything you would like to add or suggest on the themes we discussed, you are well come.

A2. FOCUS GROUP DISCUSSION GUIDE for Key informants

- → With key informants: youth and HIV service providers, including NSA, state-sponsored service providers, youth-friendly service providers, and others providing HIV-related services
- → Recruited by BPU and partner organizations in selected cities
- → Male and female
- \rightarrow 8 -10 per group

Introduction:

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- 1. Yes (If Yes, remain in group)
- 2. No (If No, thank them and let them leave)

Proceed to administer informed consent.

Here is how we will conduct the discussion:

We have some rules to follow in order to help keep the discussion on track. I want to encourage everyone to participate actively in the discussions. There are no wrong or right answers and everyone should please state what they think, know, and the way they perceive it. What we will do is to speak one after the other, so that each person's opinion can be fully heard. I may interrupt and probe your ideas. Because the interview is being recorded, please wait for someone to finish talking before you speak. Once again I would like to tell you that what we are going to discuss is very confidential and it was used only for the research. Your name never will be used in connection with any information, you provide in the results of this research. Audio tapes and notes were destroyed after being used. Thank you.

introduction exercise

In order to know each other better, please tell us:

- → The name under which you want to address during the discussion
- → The city, which tend to go when you have free time

→ The city, which tend to go when you have free time		
Questions	Sub-questions and Probes	
1. HIV/AIDS		
1.1. How big an issue do you think HIV/AIDS is for people in your community and what makes it an issue of greater or lesser importance?	 Find out if this has changed over the past few years and if so why? Is it more of an issue for some groups than for others, and if so, which groups and why? Is there denial or do they accept that AIDS is an issue? 	
1.2. What does your community think about people who are infected with HIV are sick with or have died from AIDS?	 Do different groups feel differently about PLHI and if so, describe these differences? Do opinions differ depending on who is infected and if so describe these differences (e.g. children vs. wives vs. IDUS, etc.) Is there stigma associated with being HIV infected, and if so, describe it. Why do people hold these ideas? Have these ideas changed over time? How so? How are people with HIV/AIDS impacted by these attitudes? 	
2. HCT service		
2.1. How important is HIV	7. What do people think about HIV testing? Is there anything negative	

testing relative to other health priorities in your state/community? 2.2. Do you think that young people are willing to go to HIV testing centers to get tested? Why or why not?	 associated with testing? 8. Where do people get tested? Do you know of any places that offer HIV counselling and testing in your area or elsewhere? 9. How do people find out about testing? Do enough people know about testing sites? 10.Is testing convenient—location, close to transportation 11.Is testing accessible—cost, enough different locations 5. Do you think that many people want to know their HIV status? 6. Why do people get tested or avoid doing so? Probe: j) Distance and cost
Wily of Wily Hote	k) Anonymity, confidentiality I) Attitude of health care providers m) Social-cultural factors (beliefs, taboos, norms etc.) n) Attitude of people towards individuals who are infected o) Gender power relations or ideas about proper gender roles p) Knowledge about where testing centers are q) Fear of knowing HIV status r) HIV is a low priority/ do not think they are at risk 7. Please tell the reasons why young people DO get tested? 8. Please tell the reasons why young people DON'T get tested?
2.3. What do you see as being the benefits of HIV counselling and testing services offered at VCT centres?	 4. What would motivate or encourage youth to go for HIV testing? 5. How could young people be made aware of VCT? 6. What kind of information would young people want to know about Voluntary counselling and Testing (VCT)?
2.4. What do you think are the greatest barriers to HIV testing in your community?	What would hinder young people from making use of VCT services? (Attitudes and beliefs, Structural factors, e.g. availability of services, lack of resources, no power to go to testing locations without others knowing about it, etc.)
3. Age, gender and HIV	
3.1. Do you think that adolescents/youth require different types of HIV services? Why?	 How do you think access to HTC and the experience of HTC could be improved for youth? What could be encouraged young people to have a HIV test?
3.2. Do you think that gender affects adolescent girls and boys HIV risk behaviour?	 Why is their behaviour different? Do you think that gender affects adolescent girls and boys use of HIV services? How does gender affect their use of services? How should be organized VCT services to promote gender equity?
Conclusion/Debrief	

This is the end of the questionnaire. Thank you for taking your time to respond to this questionnaire, the information that you have provided will go a long way in helping improve youth friendly VCT services in the country. Before we end up this discussion, if anything you would like to add or suggest on the themes we discussed, you are well come.