

BARRIERS FOR LOW DEMAND AND UPTAKE OF HIV TESTING AMONG YOUTH IN GEORGIA

Qualitative Study Report
2020



The present study was conducted within the framework of "Promoting Healthy Lifestyle and Reproductive Health and Rights" project, implemented by "Center for Information and Counseling on Reproductive Health - Tanadgoma" with the technical and financial support from United Nations Population Fund (UNFPA) and in close partnership with National Center for Disease Control and Public Health (NCDC&PH).

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EXECUTIVE SUMMARY	7
CONCLUSIONS AND RECOMMENDATIONS	7
INTRODUCTION	10
HIV AND YOUTH	10
THEORETICAL BACKGROUND	11
METHODOLOGY	12
OBJECTIVES AND TARGET POPULATION	12
RESEARCH TOOL	13
DATA COLLECTION AND ANALYSIS	13
KEY FINDINGS	14
ANALYSIS AND INTERPRETAION	16
BARRIERS TO HIV TESTING	16
QUALITY OF SERVICE AT HIV TESTING CENTERS	18
ATTITUDES TOWARDS HIV TESTING	19
FEATURES OF HIV TESTING CENTERS THAT WOULD PROMOTE THE SERVICE UPTAKE	20
PREFERRED SERVICE CENTER	20
ENVIRONMENT AND SERVICE	20
EXTERIOR-INTERIOR OF THE CENTER	22
HIV RELATED STIGMA	22
KNOWLEDGE ON HIV	23
FINDING SOURCES OF INFORMATION ON HIV	24
HIV AND GENDER	26
SELF-TESTING ON HIV	27
CONCLUSIONS AND RECOMMENDATIONS	31
ANNEX: QUALITATIVE RESEARCH GUIDE	33

EXECUTIVE SUMMARY

The present study was conducted within the framework of “Promoting Healthy Lifestyle and Reproductive Health and Rights” project, implemented by “Center for Information and Counseling on Reproductive Health – Tanadgoma” with the financial support of UNFPA. Based on evidence obtained from the study, a communication strategy to change behaviour will be developed tailored to the needs of young people. This strategy will contribute to reducing barriers to uptake of HIV testing services among youth.

STUDY METHODOLOGY

The qualitative study is based on the social cognitive (learning) theory. The goal of the study is to identify barriers (including gender issues) that hinder young people from using HIV testing services and contribute to late detection of HIV cases.

Objectives of the study are: (1) to study individual and structural barriers stipulating low demand on and referral to HIV testing among young people; (2) to study the local context related to HIV/AIDS and HIV testing from the perspective of youth behaviour change communication and develop recommendations for planning and implementing behavioural intervention strategies.

The target population of the study is young people aged 18-24 (including vulnerable and at risk youth) living in Tbilisi, Batumi, Zugdidi, Gori and Telavi.

The qualitative research guide - the semi-structured questionnaire was developed by a team of researchers based on local and international experience.

115 young persons participated in the study. A total of 10 focus group discussions and 15 in-depth interviews were carried out. Data was processed using the ATLAS.ti software.

CONCLUSIONS AND RECOMMENDATIONS

Based on the study data analysis, various barriers to using HIV testing services were identified by young people. We used social cognitive (learning) theory for classification of these barriers. According to this theory, formation of human behaviour is a result of interaction of personal, environmental and behavioural factors/patterns. Also, recommendations for optimal ways of overcoming the identified barriers were developed.

PERSONAL FACTORS

Low awareness among youth regarding HIV/AIDS related issues
Limited access to HIV/AIDS related information and counseling for young population living in rural areas
Common myths and stereotypes existing among youth
Fear of positive test result
Fear of anonymity and confidentiality breach
Inadequate perception of the risk of acquiring HIV infection
Low awareness on the importance of HIV testing
Lack of knowledge on testing procedure
Lack of knowledge on testing center locations
Expectations of negative attitudes from the general public towards HIV positive persons
Expecting stigma, discrimination and judgmental attitudes from the service providers
Expecting discriminatory attitudes related to gender stereotypes from the service providers
Embarrassment related to visiting testing centers, particularly among smaller town residents and among girls
Using unreliable sources for information regarding HIV
No information on HIV self-testing options
Superficial comprehension of gender equality –gender-related values hinder girls’ access to HIV/AIDS services
Low motivation to care for one’s own health

1. In order to increase motivation for testing, it is necessary to provide young people with information regarding the risks of HIV infection, the locations for testing, the procedure itself and expected results and benefits of testing.

2. It is essential to pay more attention to young people living in rural areas. It is desirable to explore the situation around the youth in rural areas and develop an action plan tailored to their needs and specifics in order to raise awareness on HIV/AIDS and increase access to relevant services.

3. It is desirable to use the internet platforms and non-formal learning methods to raise awareness on HIV among young people, to provide information on the services available and to facilitate referral to HIV testing.

4. To facilitate young people’s involvement in HIV self-testing, it is essential to increase access to self-testing and to use internet platforms taking into account all the findings from the study. In particular, 1. Informing young people on HIV self-testing; 2. Abolish the shortcomings of self-testing for HIV (translated into positive messages); and 3. Promote all benefits of self-testing for HIV that were emphasized by young people during the study.

SOCIAL AND STRUCTURAL FACTORS

PUBLIC OPINION

Low level of public awareness and widespread misconceptions regarding HIV transmission

Negative attitudes and stereotypes existing among general public

Widespread public opinion that HIV is a problem of certain social groups only

HIV-associated stigma and discrimination

Gender stereotypes prevailing in society and attitudes towards women

HIV TESTING SERVICES

Lack of service centers in the country that are customized to the needs and interests of young people

Low visibility of existing service centers

Distance and time factors in reaching testing centers

Unfriendly and incompetent environment

5. In order to raise public awareness regarding HIV transmission and prevention options and to change widespread gender stereotypes, it is desirable to plan and implement a consecutive information campaign. Raising public awareness will most likely reduce the extent of HIV-related stigma as well.

6. It is of utmost importance to develop the concept of youth-friendly HIV testing services and service quality control mechanisms with the involvement of both, professionals and young people, in order to create comprehensive services tailored to the needs and specifics of youth, which in turn will help increasing HIV/AIDS testing uptake among young population.

7. It is desirable to create/integrate multi-profile youth centers with testing centers, covering different geographical areas.

8. It is important to increase awareness on the service centers.



HIV AND YOUTH

Georgia is one of the countries with low prevalence of HIV/AIDS. On the other hand, according to the updated UNAIDS program SPECTRUM, the estimated number of people living with HIV/AIDS in Georgia in 2019 was 9,400¹. For small country like Georgia, this is a quite solid number. As for July 2, 2020, according to data of the Infectious Diseases, AIDS and Clinical Immunology Research Center, 8,376 cases of HIV infection were registered. Majority of those infected (6252) are men in the age group of 29-40 years. In 2020, overall 274 new cases were identified. In 2019, 144 new cases of HIV infection were detected in Georgia, among young people aged 14-29.

Late detection of HIV cases is still a challenge in Georgia. During the last three years, more than half of the cases (51% to 55%) were identified late, resulting in delayed treatment initiation, and 35% already had advanced form of the disease^{2,3}.

Awareness of young people and adolescents remains low regarding both, reproductive health and sexually transmitted infections, including HIV/AIDS - only 11% of young people aged 15-24 have comprehensive knowledge about the routes of HIV transmission and 60% reveal discriminatory attitudes towards people living with HIV/AIDS⁴. Low awareness on HIV/AIDS among young people not only increases their vulnerability towards the infection, but further exacerbates stigma towards HIV-positive people, which in turn hinders effectiveness of the HIV/AIDS country response.

Also, young people's knowledge on HIV testing and counseling is low. According to the survey⁵, only 57.7% of the 15-29 age group and 53.7% of the 15-19 age group know that HIV testing is the only way to diagnose HIV. Only 12.1% of the 15-29 age group have been tested on HIV. The same indicator for adolescents aged 15-19 drops down to 1.5%. HIV testing rate is higher in Tbilisi and other large cities compared to rural areas. 46% of young people aged 15-29, who did not get tested, revealed they had never thought about it, while 72.9% consider that they are at very low risk of being infected. The same indicator for adolescents of the 15-19 age group turns out to be 47.6% and 72.7%, respectively. According to the survey⁶, only 33% of young people aged 15-24 know where to get HIV testing services.

Characteristics of the transition age- curiosity, sexual maturity, a sense of adulthood, and increasing peer influence often become the basis for dangerous experiments. At this age, alcohol and drugs are usually tried and sexual life begins. Psychoactive substances, regardless of whether they are injected or not, are dangerous in terms of HIV infection since they weaken self-control and affect a person's ability to take care of safe behaviour. The probability of risky sexual behaviour is also very high alongside the background of high sexual activity and exposure to psychoactive substances.

An important feature of adolescent sexuality is its "experimental" nature, i.e. the drive to explore one's own sexual peculiarities and abilities. Such experimentation often carries high risk in terms of sexual and reproductive health. Adolescents lack experience and relevant knowledge: No one talks to them about these topics in the family or at school, at the same time easily accessible

1. National Strategic Plan on HIV/AIDS, 2019 - 2022

2. Chkhartishvili N, Sharvadze L, Gabunia P, Abutidze A, Nikolaishvili M, Tsertsvadze T. Late HIV diagnosis in Georgia: public health and economic implications. *Translational and Clinical Medicine-Georgian Medical Journal*. 2016;1:11-14. 24

3. Chkhartishvili N, Chokoshvili O, Bolokadze N et al. Late presentation of HIV infection in the country of Georgia: 2012- 2015. *PLoS One*. 2017;12:e0186835

4. Multi-Indicator Cluster Survey (MICS6), Georgia, 2018

5. National Youth Survey: Analysis of the situation and needs of youth in Georgia, 2014. UNICEF

6. Multi-Indicator Cluster Survey (MICS6), Georgia, 2018

pornography and commercial "science-fiction" literature often provide them with highly distorted information, which contributes to misconceptions regarding human sexual behaviour. Urbanization, acceleration, increased autonomy of modern youth, openness and access to information of erotic-sexual nature - all contribute to rejuvenation of the age of sexual intercourse and liberalization of sexual morality.

However, it is also noteworthy that strong influence of traditional norms and sexual abstinence in girls before marriage is quite common in Georgia. Consequently, traditions do not allow the loving couples any other alternative of having sexual intercourse other than marriage, thus pushing for early/childhood marriages.

Early and forced marriages, gender inequality, violence, unequal access to information, widespread gender norms and stereotypes in society, economic dependence on men - these is the incomplete list of factors making adolescent girls and women particularly vulnerable to HIV infection - their risk of being infected for young girls is twice as high compared to men.

As usual, adolescents and young people are not considered as separate target groups when developing national HIV/AIDS strategies and plans. Therefore, there is a lack of preventive and health services tailored to the needs of young people. At present, there are no adolescent and youth friendly services in the field of sexual and reproductive health within the health care system, which is critical for the prevention of either HIV, or childhood/premature marriages and adolescent pregnancies.

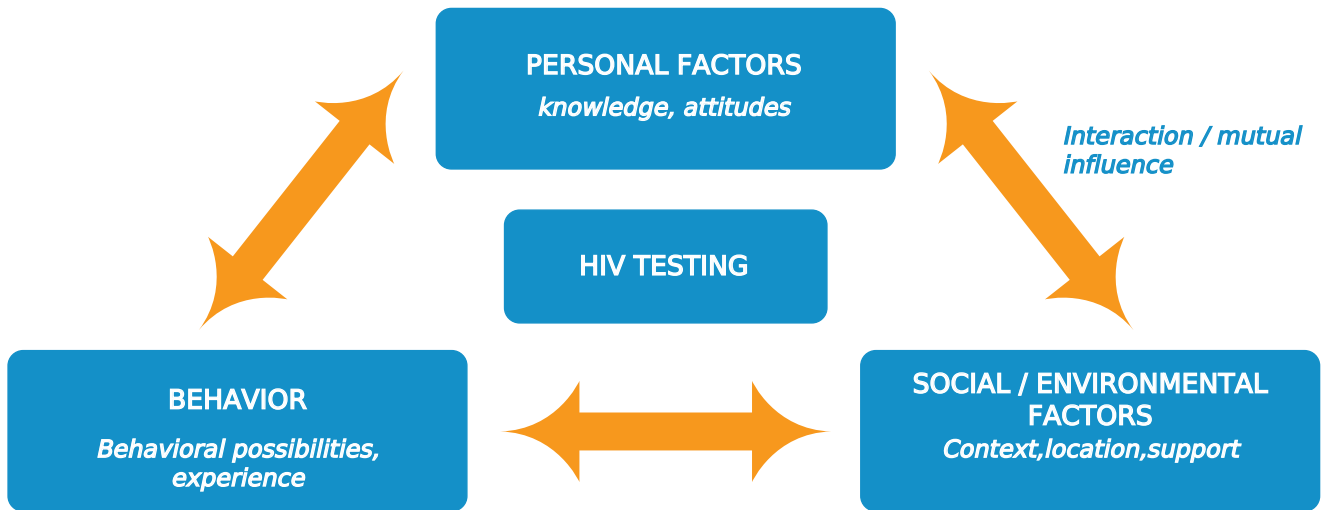
THEORETICAL BACKGROUND

The present study is based upon the theory of social cognitive (learning) theory⁷. According to this theory, developed by Canadian psychologist Albert Bandura, humans learn and acquire knowledge in a social context, based on events' observation and direct experience.

A. Bandura discussed a three-component model of reciprocal determinism, according to which human behaviour results from interaction and interplay of personal factors, environmental factors, and one's behaviour. According to the model of reciprocal determinism, human behaviour is formed under influence of 3 variables: environment (punishment and encouragement, other people, their behaviours and consequences of these behaviours, physical location, etc.), behaviour (individual actions, verbal expressions, etc.) and personal characteristics. This three-component model was adapted by Bandura to Health Promotion Strategies^{1,2} and HIV Control³ - combination of these factors and their interactions can have positive or negative impact on health promotion behaviours, including those associated with HIV.

7.Social Cognitive (Learning) Theory (SCT; Bandura 1986).

Through research, exploring these three interrelated groups of personal, behavioural, and environmental factors preventing young people from using HIV testing services will enable us to develop effective communication strategies to change their behaviour. The diagram below demonstrates a model of social cognition theory adapted in the context of HIV testing⁸:



METHODOLOGY

Exploring specific segment within the study was carried out through qualitative research methodology. In particular, both focus group discussion and in-depth interviewing techniques were applied.

OBJECTIVES AND TARGET POPULATION

The goal of the study is to identify barriers (including gender issues) that hinder young people from using HIV testing services and contribute to late detection of HIV cases.

OBJECTIVES OF THE STUDY ARE:

1. to study individual and structural barriers stipulating low demand on and referral to HIV testing among young people;
2. to study local context related to HIV/AIDS and HIV testing from the perspective of youth behaviour change communication and develop recommendations for planning and implementing behavioural intervention strategies.

8. Strauss et al. BMC Health Services Research (2015) 15:250

The target population is young people aged 18-24 (including vulnerable and at risk youth) living in Tbilisi, Batumi, Zugdidi, Gori and Telavi.

INCLUSION CRITERIA FOR THE PARTICIPANTS:

1. 18-24 years of age;
2. Respondent lives in one of the five cities mentioned above;
3. The young person voluntarily consented to participate in the study.

RESEARCH TOOL

The qualitative research guide - the semi-structured questionnaire was developed by a team of researchers based on local and international experience. The tool was pre-tested in the target population, modified and finalized (the research instrument is presented as an annex).

The guide covers the following research issues:

1. Awareness on HIV/AIDS
2. Access to HIV testing
3. HIV and Gender
4. Source of information on HIV
5. Self-testing for HIV
6. Factors contributing to the accessibility of HIV testing

DATA COLLECTION AND ANALYSIS

The study has applied the quota sampling method. Specific socio-demographic criteria were pre-defined for the selection purposes. Respondents were recruited by Youth Center from PITA Project, supported by the United States Agency for International Development.

Fieldwork was conducted in December 2019. 115 young people participated in the study. A total of 10 focused group discussions and 15 in-depth interviews were carried out. The average duration of group discussions was about 1.5 hours, the average duration of in-depth interviews - about 40-60 minutes.

Informed consent. Before getting started, the interviewers explained study objectives and procedures to the respondents, obtained consent from them to participate, and documented it in the informed consent form.

Ethical issues. The research protocol, questionnaire and informed consent form were approved by the Bio-Medical Ethics Committee from Infectious Diseases, AIDS and Clinical Immunology Research Center (OHRP # IRB00006106) (Certificate # 20-002).

The following ethical issues were taken into consideration while planning and implementing the research topics:

1. Participation into the survey was voluntary; Participants could refuse to participate at any time.
2. The principles of anonymity were assured. Identities of the participants were not recorded. Only the respondent code numbers were mentioned in entire documentation.

After getting permission from the respondents, audio recording during focused group discussions and in-depth interviews was allowed. Upon completion of the fieldwork, detailed transcripts of group discussions and interviews were prepared from those audio records. Data were processed by the ATLAS.ti software to identify qualitative aspects of the key trends, on the basis of which the research was analyzed. Data collected within the qualitative research are presented below by subsections, thematically.

KEY FINDINGS

BARRIERS TO HIV TESTING

Respondents mentioned the following barriers to the uptake of HIV testing: expectation of negative attitude towards HIV-positive people and the stigma associated with HIV; distance and the time factor of reaching the testing centers; lack of information regarding locations of the testing centers; fear of anonymity and confidentiality breach, unfriendly and incompetent environment.

A large proportion of respondents considers geographical unavailability to access HIV testing centers, especially in the regions, to be one of impeding factor to using HIV testing services.

QUALITY OF SERVICE AT THE TESTING CENTERS

Respondents talk about the quality of service at the testing centers as one of the important factors in terms of referring to HIV testing. The following factors determining the quality of service were mentioned: professionalism, clean and comfortable environment, quality of tests, short waiting time, friendly and attentive personnel, customer-oriented approach, information delivery, and confidentiality.

ATTITUDES TOWARDS HIV TESTING

For some respondents, HIV testing is closely linked to risky behaviours. They think that testing should be done only in case of risky behaviour. Given that the large proportion of respondents have insufficient, or even no information regarding HIV, their assessment of behaviours may be inaccurate, risky, and disruptive in terms of timely referral for HIV testing.

FEATURES OF HIV TESTING CENTERS THAT WOULD PROMOTE THE SERVICE UPTAKE

Factors contributing to HIV testing include: privacy, the ability to plan the visit in advance (online or by phone), sanitation and safety, competence, efficiency, accessibility by public transport, free testing.

PREFERRED SERVICE CENTER

ENVIRONMENT AND SERVICE

Describing the ideal service center, respondents often emphasize anonymity and confidentiality, trustworthy and friendly atmosphere, friendly service, professionalism, environment free from stigma and discrimination. Youth Center's multi-profile diversity is named as the possibility that, according to the respondents, will facilitate young people to come and feel more secure when referring for testing. This need was mentioned mostly by the respondents living in small towns.

EXTERIOR-INTERIOR OF THE CENTER

Describing the ideal service center respondents emphasize that the building should be modernistic, in bright colors (blue, light green, light yellow, pink, or light gray), should not be identified as an HIV/AIDS testing center and should be located in an easily reachable and suitable place (i.e. the central district).

HIV RELATED STIGMA

The study once again revealed the common misconception that HIV is a problem of specific social groups. Widespread myths and misinformation nurture fear, stigma, discrimination and hatred, which in turn hinders overall healthcare goals.

KNOWLEDGE ABOUT HIV

Only the small proportions of study participants have accurate information about HIV (routes of transmission, testing, treatment). Mostly, knowledge is incomplete and mixes up both correct and incorrect information. It turned out that misconception about possibility of HIV transmission through saliva is still prevalent among young people.

FINDING SOURCES OF INFORMATION ON HIV

When talking about the ways to search information on HIV, study participants prioritize internet due to four main reasons: it is accessible, anonymous, acceptable, and easy to use. Although respondents consider internet as the priority means of obtaining information, they often question the reliability of it and talk about the need to verify it again.

Other ways mentioned to search information beyond internet include: books, television, formal and non-formal education. Reliable sources of information include school, doctors, official websites, and documentaries.

While speaking about HIV awareness and testing, a weak link has been identified: young people living in rural areas who do not have access to educational trainings and face-to-face counseling to learn from professionals. Therefore, internet and media sources are the only choices for them to search for information, although the trust towards these is not high enough, according to the study findings.

HIV AND GENDER

Part of the study participants think that men are more sexually active than women. Traditions establish the "norm" and gender stereotypes push people to conform to those well-accepted norms, dictated to the public by the group/groups promoting particular values.

Some respondents believe that girls and boys may have equal access to HIV/AIDS services; on the other hand, however, they highlight some topics that men may talk about much freely than women, considering them more relevant to men than to women. This means that perception of gender equality in public remains superficial, and some norms related to gender still prevail, which has negative impact on the health of young girls and women.

SELF-TESTING ON HIV

AWARENESS AND ATTITUDE TOWARDS SELF-TESTING

It should be clearly noted that the majority of respondents have never heard of self-testing for HIV. Attitudes towards self-testing are heterogeneous. For some it is associated with certain risks, for the others - with taking care of one's health.

Some part of respondents talks about the risks and consider that self-testing results may be false, therefore it is better that testing is carried out by the medical personnel.

Larger proportion of participants who never heard of self-testing for HIV, when learning its meaning from the study moderator, assess it positively. They say it may help young people bypass typical barriers to testing and get tested privately

LIMITATIONS OF SELF-TESTING FOR HIV

Limitations of self-testing mentioned by participants are: the likelihood of misuse of the test-kit, no counseling opportunity and emerging psychological factor (distress) in case of positive test result, which a person will have to deal with alone.

ADVANTAGES OF SELF-TESTING FOR HIV

Respondents highlighted the following advantages of self-testing: privacy, accessibility and time saving, disease detection and timely treatment opportunities.

ANALYSIS AND INTERPRETATION

BARRIERS TO HIV TESTING

Respondents mentioned the following barriers to the uptake of HIV testing: expectation of negative attitude towards HIV-positive people and the stigma associated with HIV; distance and the time factor while reaching the testing centers; lack of information regarding locations of the testing centers; fear of anonymity and confidentiality breach, unfriendly and incompetent environment. A large proportion of respondents considers geographical unavailability to access HIV testing centers, especially in the regions, to be one of impeding factor to using HIV testing services.

“ *Of course, their location!.. The closer to you, the easier to get there and not waste time on travel and other things like that ... It should be onsite at all cities and not only two cities in the country, let's say, and no way for the person to travel 3-4 hours to arrive in another city for taking the test (Batumi).*

Maybe the only one center is open and cannot cope and serve the overall number of people and the person stands in the line for hours and waits for when he will get through and so on (Batumi).

If someone gets infected somewhere in a remote region, he/she may not seek testing just because he/she may not know where to go and think it's only in Tbilisi and that is far away (Gori).

Testing is free, but majority avoids the travel costs. You may think coming to Tbilisi is nothing, but it is problematic for the residents of remote villages (Zugdidi).

At all study sites, it was revealed that majority of young people have no idea where to go in their city for HIV testing. None of participants from one of the focus group discussion in Gori knew where it is possible in the town to get HIV testing. Most participants, when talking about HIV testing, list large hospitals and consider that HIV testing is available there too, since "they do all kinds of tests".

“ *Private clinics do it, but I do not know the address (Batumi).*

I do not know, I was not interested, but probably all hospitals can do it. I never needed it and I did not know it was so hidden for those, who really need it, I thought it could be available everywhere, not only at some specific places (Batumi).

Yes, I know, it is done at the Evex clinic ... I do not know exactly, but I think so - all kind of tests are done over there (Zugdidi).

Unprofessionalism of the service providers, rudeness, low trust, and fear of confidentiality breach were listed as obstacles to referring to HIV testing:

“ *Unprofessionalism, disclosure of the results, indifference (Batumi).*

Poor environment and unprofessionalism, time resource as well (Gori).

Many things can work badly. Someone's rudeness, I mean the rudeness from the staff towards the patient. False test result, if someone checked somewhere else and the results did not match, so loss of the trust (Gori).

I also underwent this test myself when there was a promo event at the university, and I want to say, though we were all friends having nothing to hide from each other, they all brought us together and announced the test results to everyone so that privacy was not protected at all. And yet, there still was a fear that if I were positive, I would be told in front of my friends. In my opinion, it is good that such events are carried out, but more attention should be paid to confidentiality. When we got tested, there was a list. The names and surnames were written there and the test results as well. It was put in such a place that I could observe it easily. The name, surname was written there and whether he or she was infected. Thus, there is a problem in terms of confidentiality indeed (Tbilisi).

In young people's opinion, low level of public awareness, negative attitudes and stereotypes, HIV-associated stigma and discrimination are also very important:

“ *Stigma existing in the society (Gori).*

This is it - discrimination, difference between people, bullying (Batumi).

Leave alone the test result, there is such a mentality in the society that you may be looked upon with suspicion when you just go for the testing. You may feel isolated, ignored. You may consider it as the normal moment - you understand it's just for prevention, but you may refrain from testing just for fear of public pressure. And I think this is also due to the low level of public awareness (Zugdidi).

QUALITY OF SERVICE AT HIV TESTING CENTERS

Respondents talked about the quality of service at the testing centers as one of the important factors in terms of referring to HIV testing. The following factors determine the quality of service: professionalism, clean and comfortable environment, quality of tests, short waiting time, friendly and attentive personnel, customer-oriented approach, information delivery, and confidentiality.

“ *By higher quality of services, I mean, of course, professionalism and high quality of tests, let's say, without failures and mistakes - tests should not be damaged (Batumi)...*

... Upon admission, find out what I need and how, quickly and smartly, as well as provide with some attention and information. I also would not like to hold conversation in someone else's presence, even if I got some relevant information and are being questioned, I just want to know the result of the test when I am alone (Batumi) ...

It is cleanliness and the safety, trained personnel and receiving results in a timely manner, even by mail (Batumi).

...That's when I go and find a building like a ruin, unrepaired. At the reception or where I have to register, I will be treated rudely or the doctor will treat me badly ... In short, everything I do not like in general (Zugdidi).

Rudeness from the personnel... carelessness ... there must be professional doctors, so what is the point of going to an institution where they make a lot of mistakes (Zugdidi).

At least the environment should be quiet, or the personnel should be selected so being able to support and not criticize people. The personnel should not to discourage people from understanding the test result (Tbilisi).

ATTITUDES TOWARDS HIV TESTING

For some respondents, HIV testing is closely linked to risky behaviours. They think that testing should be done only in case of risky behaviour. Given that the large proportion of respondents have insufficient, or even no information regarding HIV, their assessment of behaviours may be inaccurate, risky, and disruptive in terms of timely referral for HIV testing.

Young people mention they would seek testing for HIV and also recommend it to their friends only if they had unprotected sexual intercourse:

“ *Yes. Of course! ... Since I think it's more likely (meaning sexual intercourse)... I think there is the bigger chance of transmitting AIDS this way (Batumi).*

In my case, he is sexually quite active and has some fears ... he smiles ... (Zugdidi).

In my case, sexual intercourse was the reason, because this person did not have a condom (Zugdidi).

They do not go for testing, if they have no doubts. In case of unprotected sex with suspicious person (Gori).

Suspicion of using improperly sterilized medical instruments was listed as one of the motivators to get tested:

“ *In case of visit to another medical facility, where I would not be sure of the quality of sterilization, and in this regard something suspicious would seem to me, I would do it in this case (Gori).*

Generally, young people go to the medical facility only if they have some health problems:

“ *When I would no longer be in the shape I am now ... I will be physically weakened and even if my sexual ability decreases (Gori).
None of my friends have gone for it. They also go to the doctor only when it is already urgent... if it's extremely needed, then they usually go (Zugdidi).*

Rarely, probably, since I don't think young people seek testing once a month or even once a year. They generally do not go for examinations unless they have any signs, or are not bothered somehow. If they see there is a case, and they have contact with it, they will go for testing, but I do not think young people will go for prophylaxis (Batumi).

You know what this test is like... As I told you, I went for certain testing to Tbilisi, to Iashvili Clinic, meanwhile, there was the point, along with those tests they were also offering tests for HIV. In other words, just in such case the person will make it, otherwise if you do not have any doubts or you are not feeling ok, I think the person will never go for check and get tested for HIV (Telavi).

FEATURES OF HIV TESTING CENTERS THAT WOULD PROMOTE THE SERVICE UPTAKE

Factors contributing to HIV testing include: privacy, the ability to plan the visit in advance (online or by phone), sanitation and safety, competence, efficiency, accessibility by public transport, free testing.

“ *Hygiene and safety and also when they explain to you in detail, what your result means and, if necessary, what's next the person should do (Batumi).*

Probably it should be close, easily accessible by transport, may be a separate center, where there are not many people around... and preferably free of charge (Batumi).

Warm environment, clean and tidy medical personnel. As well as everything disposable, when blood is taken and the result is given promptly, and there is no need to wait for a long time (Batumi).

It should be easily accessible, free at least for young people to attract them, as well as the interior and the place where the analysis is checked, should be comfortable, without any extra blood and things. Let's say, it should not look similar to the traditional laboratory. If it is free, it will attract, and also keeping in mind the timely treatment is important, if any problem appears, take the test on time as needed (Gori).

Transportation should be easy, better if it is close, but if the transport goes easily, it is easy and you will not be too lazy to go. With regards to the financial issues, I know there are some organizations and health programs where testing is free. If it is not for everyone, then it should be affordable at least (Gori).

As simple and fast as possible, I would speed up every process and the result would be fast, and customer-oriented (Tbilisi).

Warm and clear, the processes arranged to the possible extent so that people do not have to wait, getting results privately without many people around, even service providers (Zugdidi).

To be comfortable for the customer, cleanliness is necessary, keeping the anonymity of the patient, his name and surname anonymous to everyone, even to his own parents (Zugdidi). In my opinion, it is important to add online services. Wherever you go, there are queues at medical facilities everywhere, and when you go for this test, you do not want anyone to meet you. Thus, it would be nice if there would have been the options for booking. You will go online exactly at the time booked and will not meet anyone in the queue (Tbilisi).

PREFERRED SERVICE CENTER

ENVIRONMENT AND SERVICE

Describing the ideal service center, the respondents often emphasize anonymity and confidentiality, trustworthy and friendly atmosphere, friendly service, professionalism, environment free from stigma and discrimination. Youth Center's multi-profile diversity is named as the possibility that,

according to the respondents, will facilitate young people to come and feel more secure when referring for testing. This need was mentioned mostly by the respondents living in small towns.

“ *By no means the irresponsible doctor, there should be no hygiene issues and the information leakages... as well as confidentiality issues, by no means should there be allowed the pictures and cameras, regarding information – restricted both for doctors and the patients (Batumi).*

Probably like the Youth Center, where young people do not have the feeling of going to the hospital ... [thinks] ... the people working there would also be better, if they were younger, but not my age and inexperienced. I am talking about those who already are doctors and have sufficient experience (Batumi).

Calm, youthful environment, knowledgeable service provider staff and doctors. There would be counselors informing the patients where to go and answering every questions (Zugdidi).

To be comfortable for the customer, cleanliness is necessary, keeping the anonymity of the patient, his name and surname anonymous to everyone, even to his own parents (Zugdidi).

There should be friendly environment when this center is up for the young people. People there should work with non-stereotypical mindset so that they do not make the person who turns to you for help feel bad. The person must feel reliability, since the problem he is facing in the form of disease that may become stigmatized, so to deal with this stigma as well. Therefore, there should be psychologist who will meet these people, explain, talk (Gori).

I remember example of the small town. Everyone knows each other and what someone said and something else. It should be simply guaranteed that no one leaks personal information from the center (Gori).

Mainly professionalism of the service personnel and what the environment will look like... that is, when somebody comes to the center, if he/she has to wait, good also to have working environment, having internet or possibility just to relax before one's turn comes. In this case, I think people will come to you and not to someone else (Tbilisi).

Something should be done, if our community thought it is shameful to take this test, we should open the service center offering other services as well, so even if friends meet each other on-site, they will not say I went there just to take the test, it may be something else I'm looking for (Telavi).

Everybody knows each other, and if they meet you, you will not convince them you are here for another business... Can this center be multi-profile? (Telavi).

In my opinion, the critical factor is who is working at the center. It's important how they create the environment, I should not feel tense, I should not have the sense of shame that I am being tested for HIV and I am outcast from community and ... they should not start watching me like this, "he has something wrong ..." and so on, so I would not be happy to come to such place. Employees must be ready to communicate, open (Telavi).

EXTERIOR-INTERIOR OF THE CENTER

Describing the ideal service center, respondents emphasize that the building should be modernistic, in bright colors (blue, light green, light yellow, pink, or light gray), should not be identified as an HIV/AIDS testing center and should be located in an easily reachable and suitable place (i.e. the central district).

“ *Perhaps it should be the modern-style or nicely renovated building for more young people to come (Zugdidi).*

I would probably set it in the place where it was easily accessible, so there would be no obstacles for people to take the test (Telavi).

There would be friendly, colorful walls; There would be no recognizable door sign on the outside that this is the AIDS center (Zugdidi). I would not have written AIDS on the door sign for sure, I need to think about it, but bypassing it, I would have thought of how to call it, but AIDS, it would not have been in that title, I really know for now (Gori).

I am familiar with design, and if I were to make the center myself, I would probably build the nice modern building in bright colors. It would be colored bright inside as well, mainly blue, light green, light yellow, pink, in such colors (Batumi).

The interior would be in brighter colors; I would not color it in contrast, in red... more plain, light, more that calms, soothes, for instance light gray, light pinkish (Gori).

As for the interior, in brighter colors. Information should be posted in simple and understandable language, presented in diagrams, for example (Telavi).

HIV RELATED STIGMA

The study once again revealed the common misconception that HIV is a problem of specific social groups. Widespread myths and misinformation nurture fear, stigma, discrimination and hatred, which in turn hinders overall healthcare goals.

“ *Interviewer: Or since HIV is related to drug addiction and drug use, do you think these factors lead to different attitudes towards HIV?*

Respondent: Yes, this opinion exists in the community (Batumi).

I would say, they talk about sexual transmission and then the conversation turns to homosexuality and transsexuals and things like that, but they do not know it can be transmitted in such an elementary way as saloons and clinics (Gori).

When I was making the presentation, the group members were asking the questions making obvious they had no information. They said those who were infected are to blame, and the others will not be affected, even though they did not know how it is transmitted (Tbilisi).

I will share my family experience. A member of my family suspected he had HIV. I was much younger, it was probably 10 years ago, but I remember how difficult the testing process was to overcome. He encountered so many difficulties in the process of testing in terms of stigmatization. This person was actually a drug user and had very high risk of being infected, and the whole process was very hard to deal for him (Tbilisi).

One thing is accessibility and how they talk and another - if someone turns out infected. Regarding the service, whether the woman or the man, they will be served in the same way, but the second stage is what the people will say. Women will be claimed having sex with many men and so to deserve it. Men will be more likely claimed as drug addicts or homosexuals (Tbilisi).

I read somewhere some infected people attach a bloody needle under a chair in a theater or other gathering places to pass it on to the others. And one girl become infected and worried about it a lot (Gori).

KNOWLEDGE ON HIV

Only the small proportions of study participants have accurate information about HIV (routes of transmission, testing, treatment). Mostly, knowledge is incomplete and mixes up both, correct and incorrect information. It turned out that misconception about possibility of HIV transmission through saliva is still prevalent among young people.

“ *Interviewer: Good. What do you personally know about HIV? How is it transmitted? One said to be sexually transmitted, alright, what are the other routes of transmission?*
Respondent: Again - with saliva, for example. Drinking water from one surface, for example, from the bottle ... or even a cigarette - when sharing with each other ... (Batumi).

To my best knowledge, HIV/AIDS is also transmitted through saliva ... as far as I know (Zugdidi).

It also is transmitted through salivation, isn't it? That is, if you drink water from his pot or something like that (Telavi).

Transmitted through sexual intercourse and blood, I have also heard, to the fetus from mother... I think I have read about these, I have heard also, but not sure it is true (Batumi).

Through blood, if the blood from your cut organ mixes up with the blood of somebody, it is also transmitted sexually (Batumi).

It also does not pass through caesarean section and passes during the normal delivery. It also passes through the needle, through drugs and there is something else I do not remember (Gori).

It is transmitted from mother to child and through the blood, as well as during breastfeeding, as it may be inside the breast milk (Gori).

It is not transmitted through household means: bathing, utensils, but mosquito is suspicious, it touches one person with the sting and then another person with the same sting, thus issue is suspicious, but it does not pass through the toilet, touching, water (Gori).

Through blood, through the single-use needle, if two guys share it, by sexual intercourse, they say, some percentage remains unknown, how it is transmitted (Gori).

I do not consider this topic as the daily topic to talk and discuss about with friends. In the childhood, there were some trainings, organizations carried them out and there were talks regarding this topic. I remember the routes of transmission, what they said - unprotected sex, blood and mother to child (Tbilisi).

Young people have very little information about the course of HIV/AIDS disease, it's treatment and HIV testing:

“ *Moderator: What are the signs of this disease? Respondent: To my best knowledge, the blood is not getting clotted (Zugdidi).*

Interviewer: Do you know what are the signs of HIV/AIDS? How do you know the person has this disease?

Respondent: In my opinion ... not in my opinion only, but as I have heard, and if I am not mistaken, the person becomes very pale - the skin color changes ... (Batumi).

I have not had conversations with the children of my age, but I have heard of the conversations between adults that the medicine evolved so much so AIDS can be cured ... not completely though. They talked about newly-invented drug, which both treats and reduces the risk of transmission and it is no longer dangerous. It's no longer harmful for the human body and the person no longer spreads the infection (Gori).

To tell you the truth, I do not have any information regarding the treatment, I do not know, so I have heard there are some programs, there are many infected and I have heard there are health organizations in this regard, but I do not know this exactly (Batumi).

Interviewer: Do you know how HIV testing is done?

Respondent: No, but it is probably done with blood, like any other test (Zugdidi).

Respondent: They take blood and check the levels of something in the blood (Telavi).

FINDING SOURCES OF INFORMATION ON HIV

When talking about the ways to search information on HIV, study participants prioritize internet due to four main reasons: it is accessible, anonymous, acceptable, and easy to use. Although respondents consider internet as the priority means of obtaining information, they often question the reliability of it and talk about the need to verify it again.

Listed ways to search information beyond internet include: books, television, formal and non-formal education. Reliable sources of information include: school, doctors, official websites, and documentaries.

While speaking about HIV awareness and testing, a weak link has been identified: young people living in rural areas who do not have access to educational trainings and face-to-face counseling to learn from professionals. Therefore, internet and media sources are the only choices for them to search information, although the trust towards these is not high enough, according to the study findings.

“ *Interviewer: Where do people of your age get information regarding HIV? Respondent: through social networks - Facebook, Twitter, Instagram - where people are joining up ... and also through the media (Batumi).*

Social networks, internet, television (Gori).

Probably from relatives, peers or older people and when they are interested - searching the internet, and Google (Gori).

From each other, from one who knows something. Who has the elementary education and knowledge in this regard (Telavi).

From the biology lesson. All this used to be taught in biology lessons at the school (Gori).

From the Internet, people of my age may be also obsessed with medicine, understanding a lot in medicine and so on ... that is it, they are obsessed with the medical books, reading medical books. Some people consider medicine as the hobby and from the childhood they have learnt everything and so on. Some from the Internet, some from the books, some from the narratives, from those who have some experience (Zugdidi).

Participants explain advantages of searching the information on the Internet as follows:

“ *Interviewer: Why do you prefer the way of getting information you have mentioned? You have mentioned internet, Facebook? Respondent: Yes, because everyone has access, it is easy, fast and that is why (Batumi).*

It is easier to search information and you can talk more anonymously about what you are interested in so that it is not revealed who you are (Gori).

It is more convenient for the girl (meaning social networks). There are different groups. Just write down the question there and they will answer you for sure. It is easier to protect anonymity in the social network (Gori).

You can find out a lot of information by yourself (on the Internet). Yes, you can ask someone who is familiar, especially with some medical issues, but might not get answers to everything you have asked about. Thus, Internet is still more convenient, you can easily find everything on your phone (Zugdidi).

Although the Internet has been mentioned as the main source of information on HIV/AIDS, participants question the reliability of such information:

“ *How realistic and 100%-proven facts are written there - we are not protected from it ... it may be false and you could not even find the right version ... You just have to weigh up several versions and pick the one out of it (Zugdidi).*

It's just much easier to search information on social networks, although the other sources may have more credibility, for example, the schools (Gori).

I do not prefer social networks. There are many lies and it is difficult to understand which one is right (Zugdidi).

When I need any information, I check several sources on the Internet and believe the one where many things do match (Tbilisi).

Social networks and the Internet, but there are still official sites where the information is verified and we trust it more (Batumi).

Participants also expressed opinions regarding the benefits of using training to provide information on HIV/AIDS:

“ *To be more credible, it is better to watch TV - some documentary, or the trainings conducted by specialists ... those who understand and those who are specialists in this field. The doctors, for instance, I would prefer the trainings conducted by the doctors (Gori).*

Moderator: Or do you prefer the trainings? Respondent: Yes, of course, but in the village... since I am now involved in various organizations and so to speak, I have to attend some trainings, but those children who live in the villages and have nothing to do with any training and, let's say, hesitate to talk about these topics in their families, in the end, so-called starting point remains the Internet, or TV (Tbilisi).

HIV AND GENDER

Part of the study participants think that men are more sexually active than women. Traditions establish the "norm", and gender stereotypes push people to conform to those well-accepted norms, dictated to the public by the group/groups promoting particular values.

Some respondents believe that girls and boys may have equal access to HIV/AIDS services; on the other hand, however, they highlight some topics that men may talk about much freely than women, considering them more relevant to men than to women. This means that perception of gender equality in public remains superficial, and some norms related to gender still prevail, which has negative impact on the health of young girls and women.

“ *Interviewer: Do you think in your real-life girls and boys have equal access to HIV services that they may need?*

Respondent: Yes, in the same way ... since as I have access to everything, they have access as well... As I depend on the Internet - I will start searching here and there ... or I will go to the nearest hospital and seek - they actually can do the same. Because now everyone has access to the Internet and everyone can go to the hospital and request necessary information or testing (Batumi).

Equally accessible, but girls will face more of barriers to getting tested due to the public attitudes. They look at the girl with some more suspicion: does she have unprotected sex? A more loyal attitude with the boy is common with regards to having sex (Gori).

For the boy it does not matter if he has sex without marriage (the others agree, the boys are more allowed to have sex, they say) (Telavi).

Boys refer more often because, let's say, common change of partners... which is more justified and more widespread for the boys in our country. Thus, it is stereotypically argued, even by our parents and our generation, that the boy is somehow forgiven and the girl does not have any right to have sex without the marriage (Zugdidi).

Interviewer: Do girls or boys talk more about this topic?

Respondent: Boys do not hesitate talking about any topic in general, on any topic, including HIV, while girls avoid talking about sexual relations (Batumi).

I think boys have more sex, they often talk about it with each other, in general (Batumi).

Boys are more afraid than girls. Boys have more sex than girls, since there is the tradition set in Georgia in this regard and girls have less sex, so they are not afraid as much (Batumi).

I think gender is protected and they all speak about it, but it is about people and the situation, where they do speak and how (Batumi).

They speak differently, yes, men speak more since they have more to do with related issues (Gori).

Why not, I do not see the problem at all, why should not they talk. We girls usually talk about different issues and will talk about AIDS as well, probably, no problem with that (Gori).

Perhaps boys talk more because in our lives boys are more sexually active and more likely to deal with such problems. I think so (Zugdidi).

I think men are more sexually active in our country and that's it. In general, and in particular in our country, guys have more (sexual) relations, more diverse. For some reason, I think that they will have more conversations and fear in this regard (Telavi).

SELF-TESTING ON HIV

AWARENESS AND ATTITUDE TOWARDS SELF-TESTING

It should be clearly noted that the majority of respondents have never heard of self-testing for HIV. Attitudes towards self-testing are heterogeneous. For some it is associated with certain risks, for others - with taking care of one's health.

Some part of respondents talk about the risks and considers that self-testing results may be false, therefore it is better that testing is carried out by the medical personnel.

Larger proportion of participants who never heard of self-testing for HIV, when learning its meaning from the study moderator, assess it positively. They say it may help young people bypass typical barriers to testing and get tested privately.

“ *In my opinion, self-testing is generally not welcome because we, let's say, ordinary people, those who have no medical education, and are not the doctors ... In my opinion, those people have some knowledge about it and the means of reasoning ... but ordinary people, for example, me and people like me - when tested, I will not have enough knowledge what this test, let's say, is telling me in the language of medicine to translate it then into human language ... I think it should still be done under supervision by the doctor... Willfulness and self-testing, in my opinion, is not welcome in ordinary people who do not have in-depth knowledge in medicine (Batumi).* ”

Interviewer: What attracts you in self-testing for HIV?

Respondent: It is easy and simple to do, you probably do not need another person and to go somewhere, and the result is fast ... (Batumi).

And it can it be sold at the pharmacy easily? It is wonderful, it is easy and I think many will use it, if someone thinks they have any risk or symptom, they will do it, and it also will help them to take next steps and if they need to be treated in time, it is even perfect (Batumi).

Simple, easy, cheap and I will be the first to know the result without the presence of others (Batumi).

It's good, really, if this exists. Some refrain (from testing) to prevent people from getting involved what they need and how it is. If there is such a thing, they will go and do it. They will go, buy and make this kind of test in the first place (Telavi).

Interviewer: What negative aspects do you see in HIV self-testing?

Respondent: The test result may not be fully credible, it should be double-checked (Batumi).

No, it should not exist, because I do not know what degree of credibility it can have, and that is why I prefer to see the doctor (Gori).

I do not know how credible it is. I find it more reliable to do the test in the center, rather than at home. In my opinion, self-test can show the wrong result (Gori).

I have heard about it, but I think it is not well developed in Georgia so far and is not for sale, and few years ago I read an article on the Internet that these tests are not reliable, so they were very alerted regarding reliability of these tests (Tbilisi).

LIMITATIONS OF SELF-TESTING FOR HIV

Limitations of self-testing listed by participants are: the likelihood of misuse of the test-kit, no counseling opportunity and emerging psychological factor (distress) in case of positive test result, which a person will have to deal with alone.

“ *I know it is available, but I would not do it myself if I had a choice. When there is a doctor, it is best to do it with a doctor. If you did it and either the test is not right, or you could not do something properly, then you remain still nervous and when there is the doctor who protects confidentiality, I prefer to do it there (Batumi).*

Yes, there are some risks with self-assessment, if you are not the doctor or nurse, so when assessing, you may misunderstand the answer and overlook that you are infected (Batumi).

If the result is positive, the person can get very stressed. It is better to go through the counselling first. Otherwise it may lead to the big shock (Zugdidi)...

The test itself might do not give us the right result, or the testing procedure went wrong. I still think it is better to see the doctor (Gori).

The downside will probably be the psychological moment. The test result may show positive, but one might get so scared that keep this to him/herself, and reveal to no one (Telavi).

Maybe this test is not 100% correct and gets the wrong result, the negative comes out while infected. Or is done on a day when the real result is not yet visible. It takes few weeks for the result to appear, doesn't it? It can be done earlier and turn out negative, though infected, and then the person does not pay attention to this anymore and makes no double-check (Telavi).

In my opinion, part of the community would use it. But still when public activities are underway and the doctors carry it out for free, you are much confident that professionals will do it for you, and the result will be right, and when you carry it by yourself, you may think that the result of the test is wrong; You would trust the test conducted by a doctor more (Tbilisi).

ADVANTAGES OF SELF-TESTING FOR HIV

Respondents highlighted the following advantages of self-testing: privacy, accessibility and time saving, disease detection and timely treatment opportunities.

“ *Advantages of the self-testing are that you are by yourself, you do not have to disclose to anyone that you are going to do a test (Batumi).*

You will not have to be afraid of public reprimand and you will easily make the testing decision (Batumi).

It can be done much easily, you do not have to go anywhere with the special purpose, you do not have to plan (Batumi).

Interestingly, I have not really heard anything like this before. It is also interesting since only you will know the result, isn't it? (Zugdidi).

What is attractive that you do the test yourself, you do not have to go to the clinic and stand in the line, especially when you go for this test only (Zugdidi).

A lot of people are ashamed of this topic... that is, they are shy in this regard, the fact they should go to the doctor, somewhere at the center and someone may meet them, that's the issue. If tests like this are introduced in Georgia and if it is for sale in the pharmacies, people of my age will use them more, since they are interested in it, but anonymously. They will do it by themselves and will know the test result, but keep it hidden from everyone (Telavi).

It would be great. It is likely to even increase HIV testing. Since they will no longer have to come to the center, they will take the test at home (Telavi).

Now when I thought about it, in the beginning I mentioned it would be better to go to the clinic, but now I would say one thing, many people now do not even have access to the testing due to the fact that they need to go to the clinic and carry it out. What I mean under access... for some it can be embarrassing to go there ... I think majority would rather test individually and it will be more clear, who has it and who does not, rather than when everyone has to go to the clinic. That is what I want to say, if I take the test individually, only I will know the result and, because of it many will apply individual testing by themselves and in case of a positive result more people will try to get the treatment (Tbilisi).

You will no longer have to go to the doctor, I myself, for example, will never do it in Gori and therefore need to travel to Tbilisi. Yeah, I do not have to travel this distance and back, I can do this test in my house, by myself, this is also one of the pluses, it is much more convenient for me (Gori).

At least it is the self-testing, this self-test can become a reason to go to the doctor, do it yourself and obtain some level of suspicion, then go to the doctor. I would still choose self-testing first, then if it caused fear, I would go to the doctor (Gori).



CONCLUSIONS AND RECOMMENDATIONS

Based on the study data analysis, various barriers to using HIV testing services by young people were identified. We used social cognitive (learning) theory for classification of these barriers. According to this theory, formation of human behaviour is a result of interaction of personal, environmental and behavioural factors/patterns. Also, recommendations for optimal ways of overcoming the identified barriers were developed.

CONCLUSIONS

RECOMMENDATIONS

PERSONAL FACTORS

Low awareness among youth regarding HIV/AIDS related issues

Limited access to HIV/AIDS related information and counseling for young population living in rural areas

Common myths and stereotypes existing among youth

Fear of positive test result

Fear of anonymity and confidentiality breach

Inadequate perception of the risk of acquiring HIV infection

Low awareness on the importance of HIV testing

Lack of knowledge on testing procedure

Lack of knowledge on testing center locations

Expectations of negative attitudes from the general public towards HIV positive persons

Expecting stigma, discrimination and judgmental attitudes from the service providers

Expecting discriminatory attitudes related to gender stereotypes from the service providers

Embarrassment related to visiting testing centers, particularly among smaller town residents and among girls

1. In order to increase motivation for testing, it is necessary to provide young people with information regarding the risks of HIV infection, the locations for testing, the procedure itself and expected results and benefits of testing.

2. It is essential to pay more attention to young people living in rural areas. It is desirable to explore the situation around the youth in rural areas and develop an action plan tailored to their needs and specifics in order to raise awareness on HIV/AIDS and increase access to relevant services.

3. It is desirable to use the internet platforms and non-formal learning methods to raise awareness on HIV among young people on HIV, to provide information on the services available and to facilitate referral to HIV testing.

Using unreliable sources for information regarding HIV	<p>4. To facilitate young people’s involvement in HIV self-testing, it is essential to increase access to self-testing and to use internet platforms taking into account all the findings from the study. In particular,</p> <ol style="list-style-type: none"> 1. Informing young people on HIV self-testing; 2. Abolish the shortcomings of self-testing for HIV (translated into positive messages); and 3. Promote all benefits of self-testing for HIV that were emphasized by young people during the study.
No information on HIV self-testing options	
Superficial comprehension of gender equality –gender-related values hinder girls’ access to HIV/AIDS services	
Low motivation to care for one’s own health	

SOCIAL AND STRUCTURAL FACTORS

PUBLIC OPINION	
Low level of public awareness and widespread misconceptions regarding HIV transmission	<p>5. In order to raise public awareness regarding HIV transmission and prevention options and to change widespread gender stereotypes, it is desirable to plan and implement a consecutive information campaign. Raising public awareness will most likely reduce the extent of HIV-related stigma as well.</p> <p>6. It is of utmost importance to develop the concept of youth-friendly HIV testing services and service quality control mechanisms with the involvement of both, professionals and young people, in order to create comprehensive services tailored to the needs and specifics of youth, which in turn will help increasing HIV/AIDS testing uptake among young population.</p> <p>7. It is desirable to create/integrate multi-profile youth centers with testing centers covering different geographical areas.</p> <p>8. It is important to increase awareness of the service centers.</p>
Negative attitudes and stereotypes existing among general public	
Widespread public opinion that HIV is a problem of certain social groups only	
HIV-associated stigma and discrimination	
Gender stereotypes prevailing in society and attitudes towards women	
HIV TESTING SERVICES	
Lack of service centers in the country that are customized to the needs and interests of young people	
Low visibility of existing service centers	
Distance and time factors in reaching testing centers	
Unfriendly and incompetent environment	

DEMAND ON AND UPTAKE OF HIV TESTING AMONG YOUTH

Interviewer (facilitator): “Hello, my name is (name, surname) and I represent nongovernmental organization (name of the organization). First of all, I would like to thank you for agreeing to take part in our research, for finding time and coming to this meeting. Before starting our conversation, I will briefly describe the aim of the meeting. The meeting is implemented with support of UNFPA and intends to study reasons for low demand on and uptake of HIV testing among youth. It is important to study the circumstances hindering young people from referring to HIV testing and, on the contrary, identify the factors that prompts them for testing. We will speak about what the people of your age know about HIV, what risk behaviours they have in terms of HIV exposure, whether girls and boys have equal access to HIV-related information and services, whether HIV-related services are accessible for your peers, etc. We do not test your knowledge, but are interested in your attitudes and vision in regards to particular topics.

The more active your engagement in the conversation, the higher quality of the survey. (In case of focus group discussion the facilitator shall say: “It might happen that participants’ opinions differ, which is even desirable. With many different opinions and your active engagement in the conversation our meeting will be very interesting and productive.”) During the meeting we may come across topics related to your experience, yet, if you feel uncomfortable, you are free not to speak about particular issues. Also, I would like to mention, that our conversation is confidential – information you share will be accessible only to the researchers.

With your permission, my colleague (name, surname) will attend our meeting and we will record the conversation, so that important information is not lost and we are able to elaborate data from our meeting in a comprehensive way.

Let’s start our meeting:

Qualitative research questionnaire

1. Awareness on HIV/AIDS

- Do people in your circle talk about HIV/AIDS? (if yes:)
- Could you tell me more about this?
- Could you tell me, what they say about HIV?
- Do they talk about ways of HIV transmission? (if yes:)
- What exactly do they say about HIV transmission, how it is transmitted?
- Can HIV be transmitted through sexual intercourse?
- Can HIV be transmitted through blood?
- What other ways of HIV transmission do you know about?
- Do they talk about HIV treatment? (if yes:)
- What exactly do they say about HIV treatment?
- What else do they say about HIV?

(If the respondent says that in his/her circle people do not talk about HIV)

- In general, what do you know about HIV/AIDS?
- What do you know about ways of HIV transmission?
- Can HIV be transmitted through sexual intercourse?
- Can HIV be transmitted through blood?
- What other ways of HIV transmission do you know?
- What can you say about HIV treatment?
- What else do you know about HIV?

2. Access to HIV testing

2.1 What do you know about HIV testing?

- Could you tell me, what HIV testing is done for?
- Do you know, how HIV testing is conducted?

2.2 I do not ask about name of a particular person, but I am interested if you know a person of your age, which has referred to HIV testing? (if yes:)

- Can you tell me about his/her experience of HIV testing?
- What prompted him/her to take HIV test?
- How easy it was for him/her to refer to a center where HIV testing is done?
- Was it easy for him/her to find a place where HIV testing is done?
- Was he/she satisfied with referral to that particular service center for HIV testing? (if yes:)
- Can you tell me in particular, what he/she was satisfied with?
- Was he/she satisfied with location? (if yes:)
- Tell me more about this.
- What do you mean, when you mention satisfaction by location of the service center?
- Does it mean, that the center is located in the vicinity?
- Does it mean, that it is located far from a place where the person lives or studies?
- Transportation is easy and financially affordable?
- Other
- Was your acquaintance satisfied by atmosphere in the service center? (if yes:)
- Tell me more about this.
- What do you mean, when you speak about good atmosphere in the service center?
- Do you mean interior? (if yes:)

- Please, describe a desirable interior.
- Do you mean quality of service? (if yes:)
- Tell me more about this.
- What do you mean, when you say that your acquaintance was satisfied by service quality?
- By service quality do you mean friendly personnel?
- By service quality do you mean waiting time?
- Other

o facilitator: If the respondent says that his/her acquaintance/friend was not satisfied by referring to a particular service center:

- What was the reason for discontent, when your acquaintance/friend referred that particular service center for HIV testing?
- Can you tell me more about this?
- Was he/she unsatisfied with location? (if yes:)
- In particular, what was unacceptable for him/her in regards to the location?
- Was he/she unsatisfied because the center was located far?
- Was he/she unsatisfied because the center was located close to the place of living or study?
- Was it difficult to access?
- Other
- Was he/she unsatisfied with the quality of service? (if yes:)
- Tell me more about this.
- What was particular reason for not being satisfied with the quality of service?
- Other

To facilitator: If the respondent does not know anyone, who has experience of HIV testing, go to section 2.3.

2.3 Do you personally know, where HIV testing is conducted in your city? (if yes:)

- How many places do you know in your city, where HIV testing is accessible?
- If you decided to get tested on HIV, how would you choose a testing center?
- By what feature would you prioritize particular service provider?
- Would you prioritize by location?
- Does this mean, that it would be in the vicinity?
- Does this mean, that it would be far from a place where you live or study?
- Transportation is easy and financially affordable?
- Other
- Would you prioritize by atmosphere in the service center? (if yes:)

- Tell me more about this.
- What do you mean, when you speak about good atmosphere in the service center?
- Do you mean interior? (if yes:)
- Please, describe a desirable interior.
- Do you mean quality of service? (if yes:)
- Tell me more about this.
- What do you mean, when you talk about service quality?
- Could you list factors, important for you, based on which you would positively assess the service quality?
- Could you list factors that negatively affect service quality?

2.4 Generally, what feelings does talk about HIV testing bring up?

- What feelings does talk about HIV testing bring up among your peers?
- What emotions do you feel when talking about HIV testing?
- In your opinion, are your feelings and feelings of your peers while talking about HIV testing the same or different? (if different)
- Can you tell me, how your feelings and feelings of your peers while talking about HIV testing differ?
- In your opinion, what causes different feelings while talking about HIV testing?
- What comes to your mind when you hear “HIV testing”?
- Can you tell me three words connected to HIV, which would prompt you to get tested?
- Can you tell me three words connected to HIV, which would hinder you from referring to HIV testing?

2.5 Generally, do people of your age refer to service centers for HIV testing? (if they think, that young people do refer to service centers for HIV testing)

- What makes you think that young people refer to HIV testing?
- In which cases do young people refer to HIV testing?
- What makes you think so?

(if they think, that young people do not refer to service centers for HIV testing)

- What makes you think that young people do not refer to HIV testing?
- In which cases do young people refrain from going to HIV testing?
- What makes you think so?

3. HIV and gender

- In your opinion, do girls and boys speak about HIV in the same way? (if yes:)
- What makes you think so?
- Tell me more about this

(if they think, that girls and boys do not talk about HIV in the same way)

- What makes you think that girls and boys do not talk about HIV in the same way?
- How do you explain the fact that, as you say, girls and boys do not talk about HIV in the same way?
- Tell me more about this
- In your circle, do girls and boys have the same access to HIV-related services? (if yes:)
- What makes you think that girls and boys have the same access to HIV-related services?
- Tell me more about this
- In your circle, do girls and boys equally refer to HIV-related services? (if yes:)
- Tell me more about this.
- Is there any difference in how girls and boys seek HIV-related services? (if yes:)
- In particular, what is the difference in how girls and boys seek HIV-related services?
- Tell me more about this

(if the respondent thinks, that girls and boys do not have equal access to HIV-related services)

- What makes you think that girls and boys do not have equal access to HIV-related services?
- Could you give me an example clearly demonstrating that girls and boys do not have equal access to HIV-related services?

4. Sources of information on HIV

- Where do people of your age get information about HIV from?
- Which source of information do people of your age prefer?
- Which source of information do people of your age trust?
- What is the reason for preferring the source of information that you have identified?
- What is attractive in the source of information that you have identified?
- Tell me more about this

5. Self-testing on HIV

- Have you heard about HIV self-testing? (if yes:)
- In particular, what have you heard about HIV self-testing?
- Tell me more about this.
- Could you tell me, from where have you heard about HIV self-testing?
- I am not interested in particular name of a person, but do you know anyone, who has experience of HIV self-testing? (if yes:)
- Tell me more about this.

If they have not heard about HIV self-testing, give them the following information: HIV self-testing is a process, when a person willing to know his/her HIV status conducts testing on his/her own and interprets the test results by him/herself (this means that the person conducting self-testing knows test result). HIV self-testing is done using with finger prick, or saliva test.

- What would you say about possibility of HIV self-testing?
- In your opinion, if given possibility of self-testing, would people of your age use this method? (if yes:)
- What makes you think that people of your age would use HIV self-testing, if given such possibility?
- What is attractive for you in HIV self-testing?
- What advantages do you see in HIV self-testing?
- Could you list positive sides of HIV self-testing possibility?
- What disadvantages do you see in HIV self-testing?
- Could you list negative sides of HIV self-testing possibility?

If they think, that in case HIV self-test is possible, young people would not use this method:

- What makes you think that people of your age would not use HIV self-testing, if given such possibility?
- What disadvantages do you see in HIV self-testing?
- Could you list negative sides of HIV self-testing possibility?

6. Factors contributing to referrals for HIV testing

- Imagine, that you are establishing a service center, where young people will have possibility to get tested on HIV. What kind of a center would you establish?
- What would your center look like?
- Where would you locate it in your city?
- How would it look like?

- What kind of environment would there be?
- Tell me more details.
- What would attract young people to your center?
- What kind of service would there be in your center?
- Tell me more about this.
- How would you attract young people to your center for HIV testing?
- What messages would you create to motivate them for HIV testing?
- In your opinion, what message would influence them positively and prompt them to get tested?
- In your opinion, what message would influence them negatively and create a barrier for them to get tested?
- Please list three things, that would not be/happen in any case in a service center created by you.

In interviewer/facilitator: Our meeting is almost over. Is there any important issue around our topic, which we did not ask you about, but you consider very relevant and would like to tell me about it? If yes, give the respondent possibility to talk about additional issues.

If no, end the meeting:

Thank you for allocating time to us and sharing your experience. Your participation in the survey is very important and valuable. We wish you success.

2020