

# Minimizing the risk of social harm related to caregiver-assisted oral HIV self-testing (HIVST) to screen children of people living with HIV

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## No cases of social harm against children were reported following caregiver assisted pediatric HIV self-testing (HIVST) in Uganda and Zambia. Pre-screening identified families with a history of violence in the home and referred them to facility-based HIV testing services and additional psychosocial support.

### BACKGROUND

The 2021 WHO consolidated guidelines on HIV recommend HIV self-testing (HIVST) as a convenient, confidential option for at risk individuals who may not otherwise test to identify people living with HIV (PLHIV). HIVST could potentially overcome common barriers to pediatric HIV testing, including transport challenges. However, **WHO guidelines do not currently recommend caregiver-assisted pediatric HIVST**, given data paucity on potential social harm. This study examines the risk of social harm related to caregiver-assisted pediatric HIVST.

### METHODS

PLHIV [biological parents, Zambia and Uganda; and non-biological caregivers, Uganda] with children of unknown HIV status were enrolled from Uganda (32 sites) and Zambia (15 sites). Consented **caregivers received a 4-question pre-screen** (one question differed by country) for history of violence at home. Has your partner:

- 1) hit, kicked, slapped, or otherwise physically hurt you in the last 12 months?
- 2) threatened to hurt you, your children, or someone close to you in the last 12 months?
- 3) forced you to do something sexually that made you feel uncomfortable in the last 12 months?
- 4) (Uganda) do you think that taking a self-testing kit home/performing a test on your child might result in your partner physically harming you or the child?
- 4) (Zambia) ever used harassment, threat of imminent harm, intimidation or physical, mental, social or economic abuse against you?

If violence was reported, caregivers were referred to standard of care pediatric HIV testing and psychosocial services and excluded from this study. Caregivers with no history of violence received HIVST kits to take home and instructions on how to test their children 18 months – 14 years. **Caregivers were surveyed post-use to assess for any social harm to the child or partner physical violence to caregivers in Uganda** (census sample) **and any social harm to the child in Zambia** (representative sample).



### RESULTS

- In the pre-screen, 226 (5.3%) of 4,285 caregivers across Uganda and Zambia reported a history of violence in the home.
- In the pre-screen, history of violence was higher among caregivers screened in Uganda (6.2%) vs. Zambia (3.9%).
- **No forms of social harm (0%) to the child were reported during the post-screen in Uganda or Zambia**, among the 2,719 caregivers surveyed after using pediatric HIVST.
- **No physical violence (0%) to caregivers by their partners was reported during the post-screen in Uganda**, among the 2,250 caregivers surveyed after using pediatric HIVST.

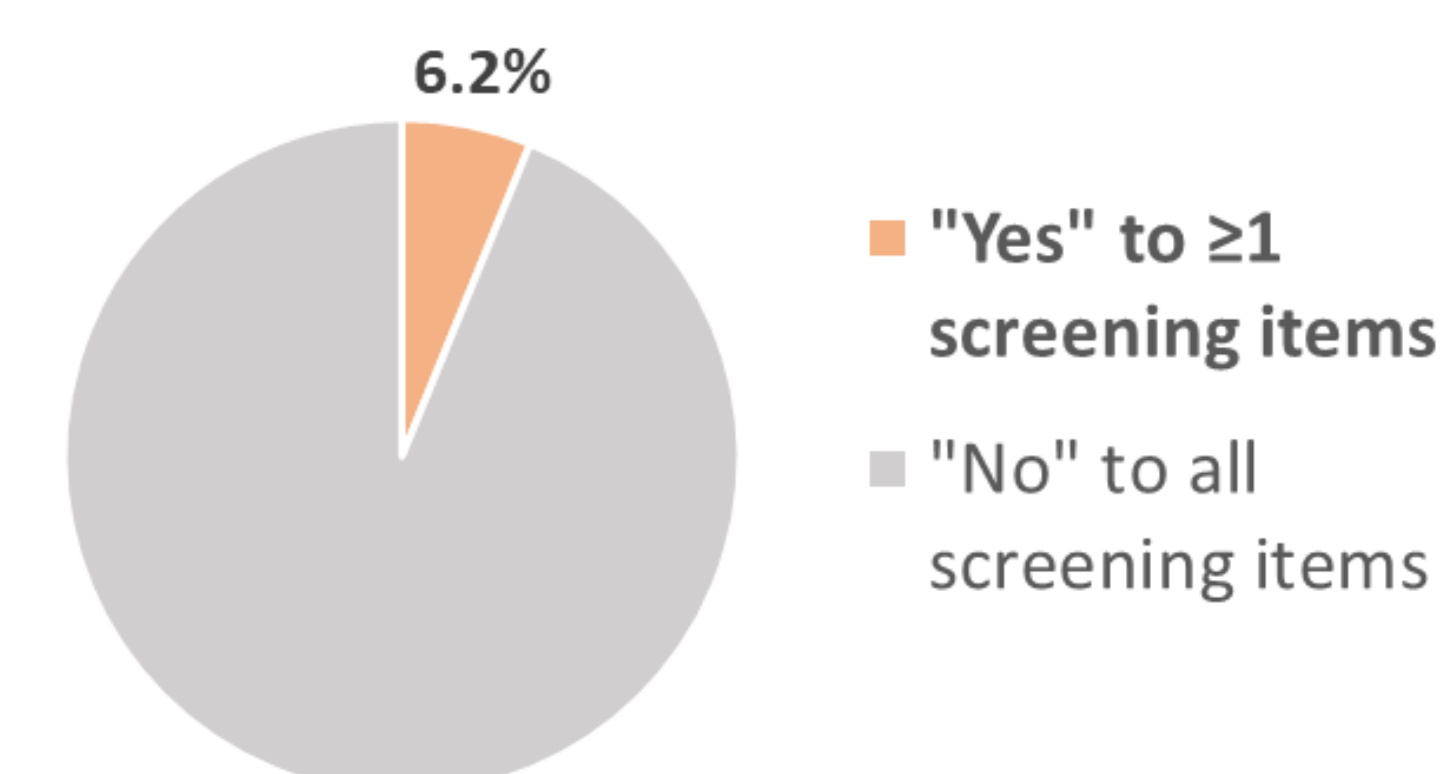
### CONCLUSIONS

**This study suggests home-based caregiver-assisted pediatric HIVST is a safe option for PLHIV with no violence history.** Policy makers may consider revised guidance to promote caregiver-assisted oral HIVST to screen children 18 months-14 years for HIV. Programs offering assisted pediatric HIVST can pre-screen for violence, offer linkage to social services, and provide alternate testing options for clients reporting a history of violence in the home.

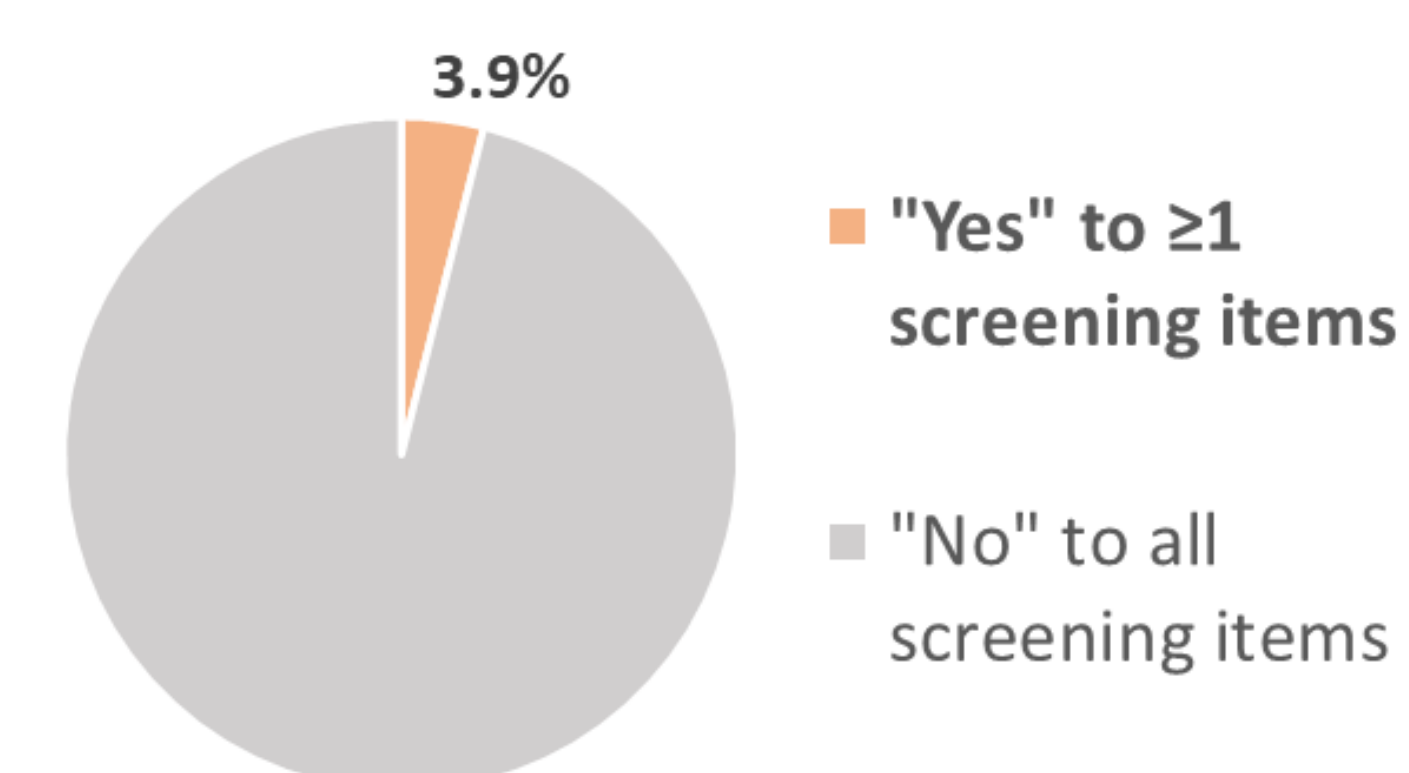
### Pre-Screen

Caregivers Reporting a History of Violence in the Home

Uganda (n=2,551)



Zambia (n=1,734)



### Post-Screen

Assessment of Social Harm Post-Testing [Uganda, n=2,250; Zambia, n=469]



**No reports of social harm to the child or partner physical violence of the caregiver following assisted pediatric HIVST in Uganda.**

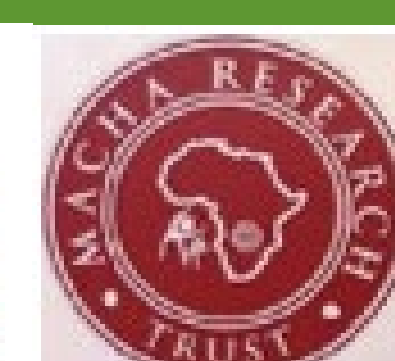


**No reports of social harm to the child following assisted pediatric HIVST in Zambia.**



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