

## Bivariate Analyses of Factors That May Influence HIV Testing among Women Living in the Democratic Republic of the Congo

**Authors :** Danielle A. Walker, Kyle L. Johnson, Patrick J. Fox, Jacen S. Moore

**Abstract :** The HIV Continuum of Care has become a universal model to provide context for the process of HIV testing, linkage to care, treatment, and viral suppression. HIV testing is the first step in moving toward community viral suppression. Countries with a lower socioeconomic status experience the lowest rates of testing and access to care. The Democratic Republic of the Congo is located in the heart of sub-Saharan Africa, where testing and access to care are low and women experience higher HIV prevalence compared to men. In the Democratic Republic of the Congo there is only a 21.6% HIV testing rate among women. Because a critical gap exists between a woman's risk of contracting HIV and the decision to be tested, this study was conducted to obtain a better understanding of the relationship between factors that could influence HIV testing among women. The datasets analyzed were from the 2013-14 Democratic Republic of the Congo Demographic and Health Survey Program. The data was subset for women with an age range of 18-49 years. All missing cases were removed and one variable was recoded. The total sample size analyzed was 14,982 women. The results showed that there did not seem to be a difference in HIV testing by mean age. Out of 11 religious categories (Catholic, Protestant, Armee de salut, Kimbanguiste, Other Christians, Muslim, Bundu dia kongo, Vuvamu, Animist, no religion, and other), those who identified as Other Christians had the highest testing rate of 25.9% and those identified as Vuvamu had a 0% testing rate ( $p < 0.001$ ). There was a significant difference in testing by religion. Only 0.7% of women surveyed identified as having no religious affiliation. This suggests partnerships with key community and religious leaders could be a tool to increase testing. Over 60% of women who had never been tested for HIV did not know where to be tested. This highlights the need to educate communities on where testing facilities can be located. Almost 80% of women who believed HIV could be transmitted by supernatural means and/or witchcraft had never been tested before ( $p = 0.08$ ). Cultural beliefs could influence risk perception and testing decisions. Consequently, misconceptions need to be considered when implementing HIV testing and prevention programs. Location by province, years of education, and wealth index were also analyzed to control for socioeconomic status. Kinshasa had the highest testing rate of 54.2% of women living there, and both Equateur and Kasai-Occidental had less than a 10% testing rate ( $p < 0.001$ ). As the education level increased up to 12 years, testing increased ( $p < 0.001$ ). Women within the highest quintile of the wealth index had a 56.1% testing rate, and women within the lowest quintile had a 6.5% testing rate ( $p < 0.001$ ). This study concludes that further research is needed to identify culturally competent methods to increase HIV education programs, build partnerships with key community leaders, and improve knowledge on access to care.

**Keywords :** Democratic Republic of the Congo, cultural beliefs, education, HIV testing

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