HIV testing and disclosure: a qualitative analysis of TB patients in South Africa

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Abstract
In South Africa, more than 60% of TB patients have HIV co-infection. Voluntary counseling and testing (VCT) is critical to effective HIV prevention, and TB facilities are optimal venues for delivery of these services. This study employed qualitative research methods to explore the decision-making processes for HIV testing and serostatus disclosure by 21 patients hospitalized with multi/extensively-drug resistant TB (MDR-TB) in Durban, KwaZulu Natal. Data collected from in-depth interviews characterized 3 broad themes: HIV testing history, experiences and perceptions of stigma and disclosure, and the relationship between TB and HIV/AIDS. Fear of AIDS-related stigma, the singular stress of TB infection, the absence of partner's consent, asymptomatic or incurable disease, and uncertainty about subsequent eligibility for antiretroviral treatment while still receiving TB treatment were identified as potential barriers to the uptake of VCT. HIV serostatus disclosure was impeded by the felt stigma of a ‘discreditable’ infection, manifested by social rejection and discrimination. The public disclosure of TB illness helped relieve some co-prevention measures such as VCT are likely to be more effective within TB facilities if greater sensitivity is paid to TB patients’ specific social issues and perceptions. These

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