

1542. The Effect of Physical Proximity of HIV Testing Centers on HIV Testing Uptake in Northern Tanzania

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Background. HIV testing is crucial in curbing incidence, but testing behavior remains poorly understood. In the setting of a dramatic scale-up of rural HIV testing centers in Kilimanjaro, Tanzania, we assessed whether physical proximity to a facility offering HIV testing was associated with uptake.

Methods. Between June and July 2011, a random sample of 30 wards in the Moshi Municipal and Moshi Rural districts of northern Tanzania was selected, and self-reported HIV testing history was ascertained from 27 randomly selected heads of household from each ward. GPS coordinates were collected from all participating households and all government-registered HIV testing centers in the sampling frame. The

association between testing center proximity and HIV testing history was measured using multivariable logistic regression.

Results. A total of 810 participants (62.8% female, median age 47.5 years) were interviewed, of which 428 (52.8%) had previously tested for HIV. Of HIV testers, 269 (62.9%) had not been tested in the past year. Distance from each household to the nearest HIV testing center, based upon available road data, ranged from 0.03 to 4.7km (median 1.21km). Although 294 participants (36.3%) cited "travel distance" as a major barrier to accessing healthcare, physical proximity to an HIV testing center was not associated with HIV testing on multivariable logistic regression analysis (adjusted odds ratio [AOR] 0.93, $P = 0.399$); the lack of association held when only rural wards were included in the model. Prior HIV testing was significantly associated with female gender (AOR 1.5, $P = 0.023$), younger age (AOR 0.96 per year, $P < 0.001$), and literacy (AOR 2.7, $P = 0.003$). Having children < 5 years in the household was also highly associated with HIV testing (AOR 3.1, $P < 0.001$).

Conclusion. Despite availability of HIV testing facilities within 5km of all participants, still only about half had ever tested and proximity was not associated with uptake. High uptake among parents of young children suggests that provider initiated testing and counseling (PITC) during pregnancy remains key in enhancing uptake; PITC during other clinical encounters as well as targeted campaigns directed towards groups with low uptake may also be essential to promote universal testing.

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