**BARRIERS TO HIV TESTING SERVICES AT CHE-IBA, T/A JALASI, IN MANGOCHI DISTRICT**

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**INTRODUCTION**

HIV testing is the only entry point to HIV treatment and care and it supports the new policy of test and treat once a person is tested positive. It has to be enhanced in order to achieve the 90,90,90, goal which assumes at least 90% of the community to be tested. Current district testing rate is at 92%.

**OBJECTIVES**

The main objective was to explore the barriers to HIV testing around the Che-Iba community. Specifically, social, cultural, geographic, religion, access to HIV testing services and gender factors were investigated.

**METHODOLOGY**

* During the investigation focus group discussions were conducted with the following groups:
  + Health workers; comprises of the health centre in-charge, HIV testing Counselors and Health Surveillance Assistants at the health facility.
  + The community members; women, men and youths separately in the community.
* A review of health facility records for HIV Testing and Counseling was conducted.

**RESULTS**

The following were barriers highlighted during the interviews:

* Long distance to HIV testing and Anti-Retroviral Therapy/Prevention of Mother-To-Child Transmission (ART/PMTCT) services.
* Fear of breaking marriages for couples if one is positive.
* Self stigmatization.
* More females than males get testedand men are more skeptical of testing.
* Females have more exposure to and knowledge in Health Education including HIV.
* A youth club exists in the community but the facility lacks youth friendly health services.

**CONCLUSION AND RECOMMENDATION**

HIV testing rate was lower than the district rate and barriers to HIV testing services exist.

There is a need of introducing ART/PMTCT and Antenatal Care (ANC) services and promote strategies that increase male involvement and participation at Iba health center.

There is need to integrate HIV testing in the youth club activities.