South Health and Policy. 2025; 4:195
doi: 10.56294/shp2025195

ORIGINAL

The cuckoo of serologies: the HIV test Why do people avoid getting tested for HIV?

El cuco de las serologías: la prueba del VIH ¿Por qué la población no se testea para VIH?

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Cite as: Medeot Villegas LD, Leardi R. The cuckoo of serologies: the HIV test Why do people avoid getting tested for HIV?. South Health and Policy. 2025; 4:195. https://doi.org/10.56294/shp2025195

Submitted: 06-05-2024 **Revised:** 14-09-2024 **Accepted:** 25-02-2025 **Published:** 26-02-2025

Editor: Dr. Telmo Raúl Aveiro-Róbalo

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ABSTRACT

Introduction: so many people don't know they might have HIV, they avoid the possibility of having a diagnosis right in time, maybe because they don't realize they got exposed to the virus or just chose to ignore the chance of having it. Even though science advances faster as we get older, and laboratories present more possibilities of treatment, people still avoid certain healthcare methods such as Elisa's test for HIV. In this article we do a revision of the most common universal barriers that complicate people to get tested for HIV.
Method: SciELO, pubmed, google academic. Bibliographic revision type.
Results: from the research conducted in very few countries, we have found that social stigma continues to prevail and prevents those at risk of testing positive for HIV from getting tested. Negative experiences and fear of a healthcare system that is not compassionate towards those who have it contribute to this.
Conclusion: the social stigma remains just as strong as when HIV was first publicized without a clear understanding of how the disease evolved. Now, with so much knowledge from the healthcare system, ignorance and fear of learning about HIV, its diagnosis, and the possibility of treatment continue to prevail.

Keywords: HIV/AIDS; Barriers to Testing; HIV ELISA Test; Late Diagnosis; Immunocompromised.

RESUMEN

Introducción: muchas personas carecen de conocimiento de padecer de VIH, quizá lo ignoran o no lo ven como posibilidad, pero qué es lo que genera que se desconozca su diagnóstico. Por diferentes motivos, por mucho que avance la ciencia y la posibilidad de tratamiento, se siguen presentando frenos ante el cuidado de uno mismo y lograr llegar a un diagnóstico de VIH. Revisamos las barreras psicológicas universales que se presentan frente a la prueba del VIH.
Método: SciELO, pubmed, google academic. Tipo revisión bibliográfica.
Resultados: desde lo investigado en muy pocos países, llegamos al resultado que el estigma social sigue ganando y evita que quien corra riesgo de dar positivo para VIH logre testearse. Mala experiencia y miedo frente a un sistema de salud poco compasivo con quien lo posea.
Conclusión: el estigma social sigue siendo tan grande como cuando se supo la primera vez del VIH sin tener claro como evolucionaba la enfermedad. Ahora con tanto conocimiento por parte del sistema de salud, sigue reinando la ignorancia y el miedo a saber e informarse sobre el VIH, su diagnóstico y la posibilidad de tratamiento.

Palabras claves: VIH/SIDA; Barreras para la Realización de Pruebas; Prueba ELISA del VIH; Diagnóstico Tardío; Inmunodeprimido.

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INTRODUCTION

Currently, late diagnosis of human immunodeficiency virus (HIV) is one of the main public health problems in the world.(1) In recent years, this situation has been directly related to psychosocial factors associated with low HIV diagnostic testing. Several studies confirm that the long waiting time between the moment of infection and the initiation of antiretroviral treatment has an impact on the increase of new cases of transmission, the progression of the disease, the difficulties for immunological recovery, the decrease in life expectancy of individuals and the increase in economic costs for society.(2)

In Argentina, according to a report by the Ministry of Health, more than 140.000 people could be diagnosed with HIV/AIDS, but at least 13 % are unaware of having the disease. Currently, 68 % of the people who know their diagnosis are treated in the public health system, of which more than 65 thousand are on antiretroviral treatment. An average of 5.300 new cases are reported each year, with 68,4 % of HIV-positive cis-males diagnosed with a median age of 32 years, while cis-women represent 30,4 % with a median age of 35 years. The main route of HIV transmission is unprotected sex (99 %). Among cis men, 66 % are infected during sexual practices with other men and 32 % during sex with cis women.

Low-risk perception, ignorance of the disease, and overconfidence in sexual partners are the main risk factors that different studies have associated with HIV acquisition in this population.(3) In addition, it has been identified that the social stigma associated with HIV increases the likelihood that young people with a high-risk perception develop a greater number of avoidance behaviors toward testing.(4) In this regard, it was found that high-risk perception and the offer of testing during pregnancy encourage women to be tested more frequently than men.

The reasons why individuals report low-risk perception are related to overconfidence, lack of knowledge about the diagnostic test, the stereotypical conception of the disease, and a low number of unprotected sexual intercourse. In contrast, the reason for high-risk perception is associated with risky sexual relations with people they suspect may have HIV. Other studies show that high-risk perception reduces disease exposure behaviors, but it is not associated with increased testing frequency.(5) Similarly, it has been found that a positive attitude towards using the test does not imply greater performance.(6)

Likewise, previous research oriented from the health belief model of Janz and Becker (1984) has identified that the main barriers to individuals not taking the test are (a) at the interpersonal level, lack of knowledge about HIV, refusal to obtain a positive diagnosis, stigmatized perceptions of the disease, fear of disclosure of results, low-risk perception and lack of familiarity with the test;(7) (b) at the intrapersonal level, patients' negative perception of the quality of services, providers' resistance to offer HIV testing and fear of the impact of the diagnosis on their employment status;(8) and (c) at the extra-personal level, sociodemographic characteristics, public policies, difficulties in access to testing in health systems, funding shortages and lack of human resources training in health professionals.(9)

In particular, intrapersonal barriers, such as skills and motivations, are connected with personal extras, such as social, cultural, economic, and political elements. In this sense, structural constraints hinder accessibility to services and hurt individuals' motivations to get tested. At the same time, the perceptions of each country's public policies on the disease can perpetuate stigma towards HIV, a situation that directly impacts community attitudes. Similarly, fear of interaction with patients and lack of understanding of HIV epidemiology due to lack of knowledge of testing protocols by health professionals can become barriers.(10)

On the other hand, a lack of knowledge of serostatus makes it impossible to initiate antiretroviral treatment in a timely manner and makes it difficult for individuals to develop protective behaviors. According to the health belief model, the performance of HIV diagnostic testing is related to individuals' knowledge, attitudes, and self-efficacy, as well as to the perception of barriers and facilitators associated with this process.

METHOD

This literature review of a qualitative explanatory type was conducted based on different guides, papers, and articles found. The articles searched were about a general population to be referred to. The inclusion criteria were: Articles from men and women between 14-80. Articles of people who have started their sexual life were included, those in an age range between 14-80 years. Also counted were those where patients had already been diagnosed with HIV, patients who had never had a serology, and patients who saw a possible + diagnosis of HIV. Exclusion criteria were articles analyzing individuals with congenital HIV, health care workers, and individuals using condoms.

The study articles took place in consultation places such as clinics and emergency rooms, and consultations with general practitioners and counselors, collecting data from those who wished to participate.

They ask if they know how to prove that they have HIV and explain the rapid Elisa method. Fasting is not required; it can be done at any time and only takes 15 minutes. If positive, it is repeated and confirmed by performing a Western Blot test with a new sample. This is an immunoblot that identifies antibodies against HIV. The Western Blot can give a positive, negative, or indeterminate result. An indeterminate result means that the test was unclear and must be repeated.

Blood tests are the most accurate for diagnosing HIV since blood has higher antibodies than other body fluids.

RESULTS

Different barriers and factors to testing were found, including (table 1):

1. personal factors:

A) lack of risk perception: unlike those who consider themselves at risk of acquiring HIV, people who consider themselves at low risk of being infected by the virus state that they do not have to be tested.(11)

B) Stigma: The fear of stigmatization and consequent discrimination appears as one of the elements that most hinder access to the ELISA test for HIV diagnosis.

C) Fear of the test result: Another barrier identified by a qualitative study in the U.S.A., with 100 participants, revealed that fear of the test result is a reason why people do not access the test, which is related to the fear of transmitting the virus to others and the imminent thought of death by acquiring HIV.(12)

2. Professional factors:

A) Lack of information about HIV: The lack of delivery of educational content about risk factors for acquiring HIV or about existing services, if the test is positive, was considered a barrier to timely access to the ELISA test for the diagnosis of HIV infection.

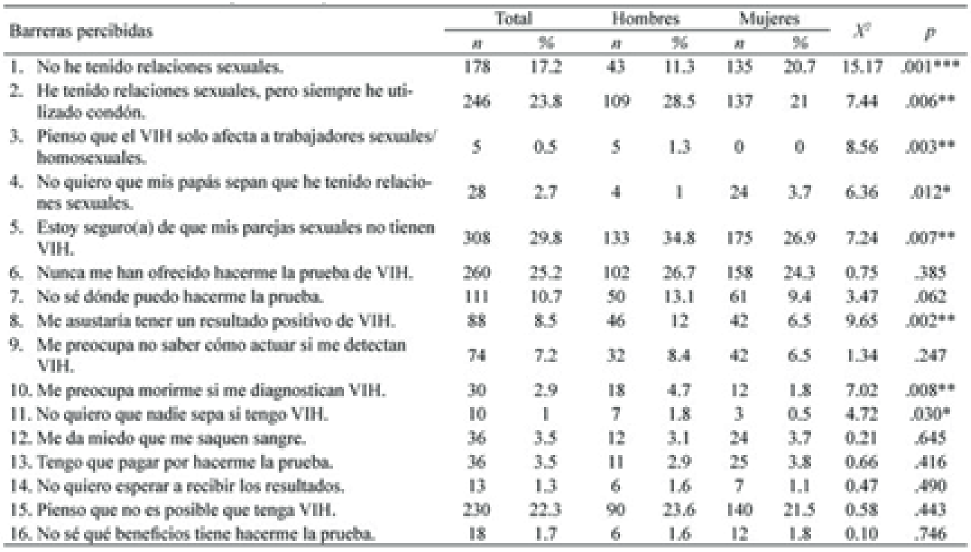
B) Lack of trust in the health professional: When users recognize organizations and health professionals as untrustworthy because they may risk the privacy and confidentiality of the test-taking process to the rest of the community, they tend to reject its performance, especially if the community may know this information.(13,14)

3. Health center factors:

A) lack of information on access to the test.

B) waiting time for the result.

In all the articles read and studied, these different factors were repeated (figure 1) that prevented the other person from being tested; however, the one that had the most significant impact was the personal barrier of stigma.



Barreras percibidas	Total		Hombres		Mujeres		X^2	p
	n	%	*n*	%	*n*	%		
1. No he tenido relaciones sexuales.	178	17.2	43	11.3	135	20.7	15.17	.001***
2. He tenido relaciones sexuales, pero siempre he utilizado condón.	246	23.8	109	28.5	137	21	7.44	.006**
3. Pienso que el VIH solo afecta a trabajadores sexuales/ homosexuales.	5	0.5	5	1.3	0	0	8.56	.003**
4. No quiero que mis papás sepan que he tenido relaciones sexuales.	28	2.7	4	1	24	3.7	6.36	.012*
5. Estoy seguro(a) de que mis parejas sexuales no tienen VIH.	308	29.8	133	34.8	175	26.9	7.24	.007**
6. Nunca me han ofrecido hacerme la prueba de VIH.	260	25.2	102	26.7	158	24.3	0.75	.385
7. No sé dónde puedo hacerme la prueba.	111	10.7	50	13.1	61	9.4	3.47	.062
8. Me asustaría tener un resultado positivo de VIH.	88	8.5	46	12	42	6.5	9.65	.002**
9. Me preocupa no saber cómo actuar si me detectan VIH.	74	7.2	32	8.4	42	6.5	1.34	.247
10. Me preocupa morirme si me diagnostican VIH.	30	2.9	18	4.7	12	1.8	7.02	.008**
11. No quiero que nadie sepa si tengo VIH.	10	1	7	1.8	3	0.5	4.72	.030*
12. Me da miedo que me saquen sangre.	36	3.5	12	3.1	24	3.7	0.21	.645
13. Tengo que pagar por hacerme la prueba.	36	3.5	11	2.9	25	3.8	0.66	.416
14. No quiero esperar a recibir los resultados.	13	1.3	6	1.6	7	1.1	0.47	.490
15. Pienso que no es posible que tenga VIH.	230	22.3	90	23.6	140	21.5	0.58	.443
16. No sé qué beneficios tiene hacerme la prueba.	18	1.7	6	1.6	12	1.8	0.10	.746

Figure 1. Perceived barriers to not being tested for HIV

DISCUSSION

The strongest part of the work, and during its writing, was to think about how we could change things that are hanging from the hand of health to get people to test without fear, to force them, to invite them, to give it by age and from time to time. The main objective of this thesis is to search both those barriers and old results, to find a hidden door that gives us a new angle to lead society to achieve greater awareness. Ignorance leads to human darkness and the same to getting lost in an endless cycle of fear. With so many tools, how can we make a safer society with everything at our disposal? Knowing that the prophylactic is not enough, although very useful, the idea is to embrace more from another place.

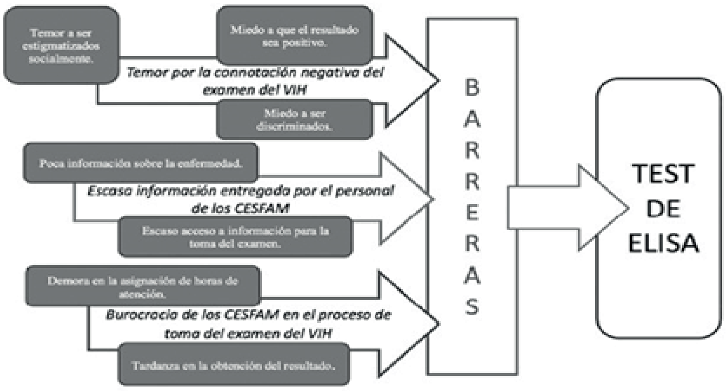


Figure 2. Barriers to HIV testing

Conflicts of interest

To be able to obtain a clear answer to how a large percentage of the Argentine community is unaware of their HIV diagnosis, to obtain answers through research can open our eyes to a new angle of primary health prevention, to make society aware of a stronger self-care, to approach it in a non-stigmatizing way of chronic HIV infection that the individual seeks to get tested as a matter of course when seeing their family doctor. Having a country that provides the infected individual with complete free treatment and counseling, together with a strong follow-up by dialectologists, shows us that there is a solution to make the individual understand that they are not alone in this path they are afraid to face. Knowing the barriers that today continue to affect potential HIV/AIDS carriers to get tested to confirm their diagnosis. What fears do they have to avoid being tested? On the other hand, we seek to know what reasons bring them to the clinic to determine whether they are infected. Another objective is to find out which population is most at risk of infection and is unaware of their danger, but to know how to reach this population to raise their awareness.

The objective of this work is to give a turn to primary prevention to reduce that 13 % and to achieve that HIV testing is requested in any serology without signing an informed consent, which adds a lot of weight to fear. For Hepatitis B or C, it is not required to sign anything. They can be as chronic as HIV, reducing the same stigmatization and naturalizing taking care of HIV as one takes care of blood sugar, sodium intake, and even keeping warm on a day when the weather is 2 degrees Celsius outside will make it an easy and routine care, to lose the fear finally.

CONCLUSIONS

Early diagnosis of HIV continues to be a central challenge for public health in Argentina and the world. This review shows that personal, professional, and structural barriers that prevent timely testing not only perpetuate the transmission of the virus but also deepen the stigma and lack of knowledge about the disease. Stigma appears as the most persistent and determining barrier, generating fear, rejection, and a dangerous postponement of testing, even when there are accessible, free, and practical tools for detecting and treating the virus.

In this sense, it is essential to reformulate primary prevention strategies, not from imposition but from education, empathy, and normalization of testing as part of any routine medical control. Encouraging individual responsibility and building a more aware, informed, and prejudice-free society is essential.

Only by understanding and addressing the real causes that prevent people from being tested will it be possible to reduce the percentage of the population that is unaware of their diagnosis and move towards a more effective and humane response to HIV.

REFERENCES

1. Becky et al., 2015; Black et al., 2014; Fuster, Molero, Nouvilas, Arazo & Dalmau, 2014. 05-06-2024

2. Arrivillaga et al., 2012; Bolsewicza, Vallelyb, Debattistad, Whittakere & Fitzgeralda, 2015; Castel et al., 2012; Dai et al., 2015; Kall, Smith & Delpech, 2012; Schnall, Rojas & Travers, 2015. 05-06-2024

3. Belza et al., 2014; Fuster et al., 2014; Hoyos et al., 2019; Morales, Espada & Orgilés, 2016; Peralta, Deeds, Hipszer & Ghalib, 2007. 08-06-2024

4. Decker et al., 2015; Espada, Escribano, Morales & Origlés, 2017; Fuster et al., 2014. 05-06-2024

5. Bradley, Tsui, Kidanu & Gillespie, 2011; Brooks, Lee, Stover & Barkley, 2011. 03-07-2024

6. Bradley, Tsui, Kidanu & Gillespie, 2011; Brooks, Lee, Stover & Barkley, 2011. 03-07-2024

7. Bilardi et al., 2013; Deblonde et al., 2010; Fuster et al., 2014; Kaai, Bullock, Burchell & Major, 2012. 28-06-2024

8. Becky et al., 2015; Hampanda, Ybarra & Bull, 2014; Hoyos et al., 2012, 2013; Hyden, Allegrante & Cohall, 2014. 27-06-2024

9. Bilardi et al., 2013; Deblonde et al., 2010; Kaai et al., 2012; Kurth, Lally, Choko, Inwani & Fortenberry, 2015; Newman et al., 2013.

10. Kaai et al., 2012; Kall et al., 2012; Deblonde et al., 2010. 18-07-2-2024

11. Trieu S L. Partner communication and factors associated with the decision to obtain an HIV test among Chinese/Chinese American community college students in Northern California. Dissertation Abstracts International: Section B: The Sciences and Engineering 2008; 69 (4-B): 2279, 2024.

12. Spielberg F, Kurth A, Gorbach P M, Goldbaum G. Moving from apprehension to action: HIV counseling and testing preferences in three at-risk populations.

FINANCING

None.

CONFLICT OF INTEREST

None.

AUTHORSHIP CONTRIBUTION

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