12. **Deborah Lupton, Sophie McCarthy and Simon Chapman, Doing the Right Thing : The Symbolic Meanings and Experiences of Having an HIV Antibody Test, Soc. Sci. Med. Vol. 41, No. 2, 173-180, 1995.**

The Australian public health response to the HIV/AIDS epidemic has encouraged voluntary testing for HIV antibodies and changes to sexual practices. Knowledge of one's serostatus, whether negative or positive, is assumed to assist people to make decisions about their future behaviour. Testing has been available in Australia since April 1985 and was a major feature of the Commonwealth Government's first official strategy to control HIV transmission.

Testing rates are higher in Australia than in some other countries. For example, in 1990 in the Australian state of Victoria nearly 100,000 HIV antibody tests were performed compared to a little over 11,000 tests carried out in Scotland, a country with a slightly larger population than Victoria, that same year.

Concern has subsequently been expressed by policy-makers and health care professionals about the high numbers of apparently low-risk individuals who continue to use public testing facilities. The 1992 evaluation of the Australian National HIV/AIDS Strategy noted that :

> A large proportion of HIV tests are repeat tests and many are performed on individuals who have a minimal HIV risk. Although it is estimated that Australia's HIV incidence has plateaued, there is still a substantial number of tests taking place, incurring a major cost to governments. This suggests that it will be necessary in the future to ensure that testing is targeted at those most at risk.

These concerns raise the questions of how people assess their risk of HIV infection and how health care workers should counsel people about seeking an HIV antibody test. Should all those who believe themselves to be 'exposed' to HIV infection come forward for testing? How should 'exposure' be defined? Who should be encouraged to seek testing? In relation to Australian testing patterns, where it appears that the majority of people being tested for HIV are at low risk, information on people's reaction to the test result could assist research on the decision-making process which leads people to be tested. If people at low risk are anxious about their result, could this indicate that the wrong people are being targeted by HIV prevention messages which encourage testing? Conversely, if people do not perceive themselves to be at risk and are expecting a negative result from the test, is it appropriate that they are tested in public facilities or should they refrain from testing completely?

The study

This article reports findings from a study undertaken between March and August 1993 involving depth interviews with 50 adults resident in Sydney concerning their decision to have one or more HIV tests.

The study here reported has suggested that some people seeking testing may not feel personally at high risk of infection from HIV, but have a test for reasons other than those advocated in official policy statements. The people in the study drew upon reasons which included pressure from parents or lovers, the desire to give up condom use, the need to display mutuality, as a symbolic closure or commencement of a sexual relationship and values concerning responsibility.

It is clear from these findings that when people have HIV tests, they are often using them as more than a marker for seropositivity or acceptance of personal vulnerability to HIV. The test has become a cultural icon, serving to symbolize commitment and fidelity in some relationships, in others signifying a proof of renewed purity and bodily integrity.

In the study the test was also discursively represented as a form of bodily maintenance, a means of protecting one's health, of 'doing something' to keep the body in good order. The test has become a ritual, serving to reduce the anxiety generated by a perception of a disease out of control, and masquerades as intervention.

It has been argued that to protect others, individuals must know the fact of potential infectiousness. However the responses of many participants in the study demonstrated that the outcome of the test was less significant than the ritual of the testing process. Of even more concern is the propensity of participants to eschew the adoption of safer sex in conjunction with the use of HIV testing at the beginning of a new relationship or the end of an old one. Men in particular appeared to use their test result, or even the fact that they had simply agreed to go along for a test, as a rationale for abandoning condom use with their partners.

The study's findings suggest that the costs of testing for HIV antibodies will continue to escalate as long as the test is being used in these ways. In the light of these findings, questions are raised concerning the appropriateness of continued education and advice about the HIV test for those deemed at low risk of HIV infection. How should policy be formulated around the use and promotion of the test? Should people at 'low risk' be encouraged to seek testing? Should people be encouraged to seek an HIV test every time they commence a sexual relationship with a new partner? Do the symbolic meanings and uses of the test for such people justify the provision of unlimited access to testing, at the expense, perhaps, of other HIV/AIDS services such as long-term care for people living with HIV/AIDS? How should future AIDS education campaigns deal with the issue of testing for low risk individuals, given the diverse symbolic meanings surrounding the test? In the current climate of dwindling resources devoted to AIDS education, prevention and care, such questions need to be seriously addressed.