

Testing intent and other demographic, psychosocial, and behavioral predictors of HIV testing among Black MSM in New York City

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Introduction

Despite reports of increased efforts in HIV testing opportunities for the general U.S. population, the U.S. Centers for Disease Control and Prevention (CDC) continue to report HIV testing rates at subpar levels among Black men who have sex with men (BMSM) (CDC, 2013a).

A 2008 national study of 21 major U.S. cities revealed that, among BMSM who tested positive, nearly 60% were unaware that they were infected (CDC, 2013b).

CDC also reported that HIV infections among young BMSM increased 20% between 2008-2010 (CDC, 2013b).



With Project BROTHA / Project TRUTH, we sought out to identify factors related to testing intentions among BMSM, with the hopes of better understanding what may better predict HIV testing among members of BMSM communities.

Image used for study's recruitment materials

Method: Recruitment

These data were collected as part of a larger, multi-method CDC-funded study approved by the human subjects review boards of the CDC and the principal investigator's home institution (PA #1U01 PS 000707-01: Exploring HIV Prevention Communication among Black Men Who Have Sex with Men in NYC).

Study recruitment for BROTHA/TRUTH began in March 2011 and ended in December 2012.

Recruitment methods included on-site eligibility screening with mobile devices, Facebook ads, postings to internet forums frequented by MSM of color, and distribution of study promotional materials (e.g., flyers and palm cards) to community organizations with services catering to BMSM.

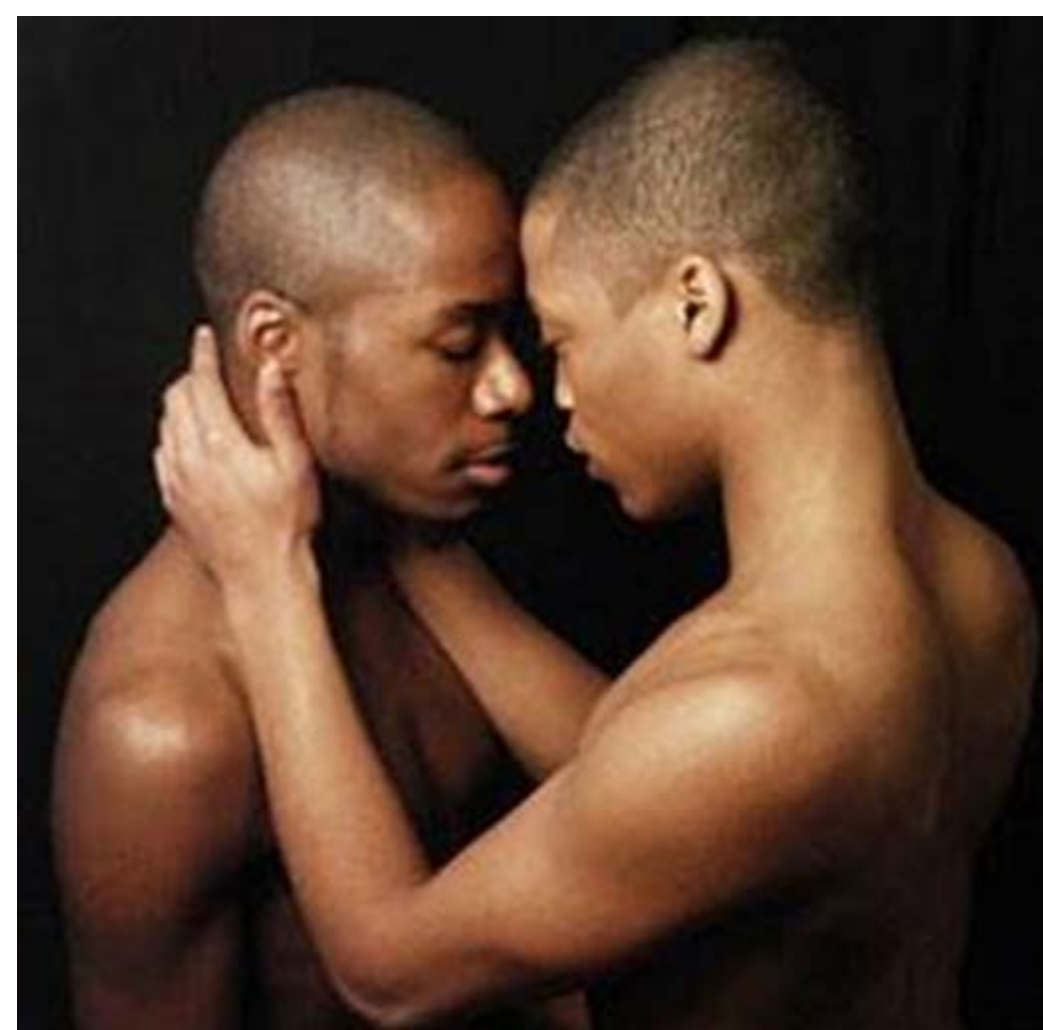


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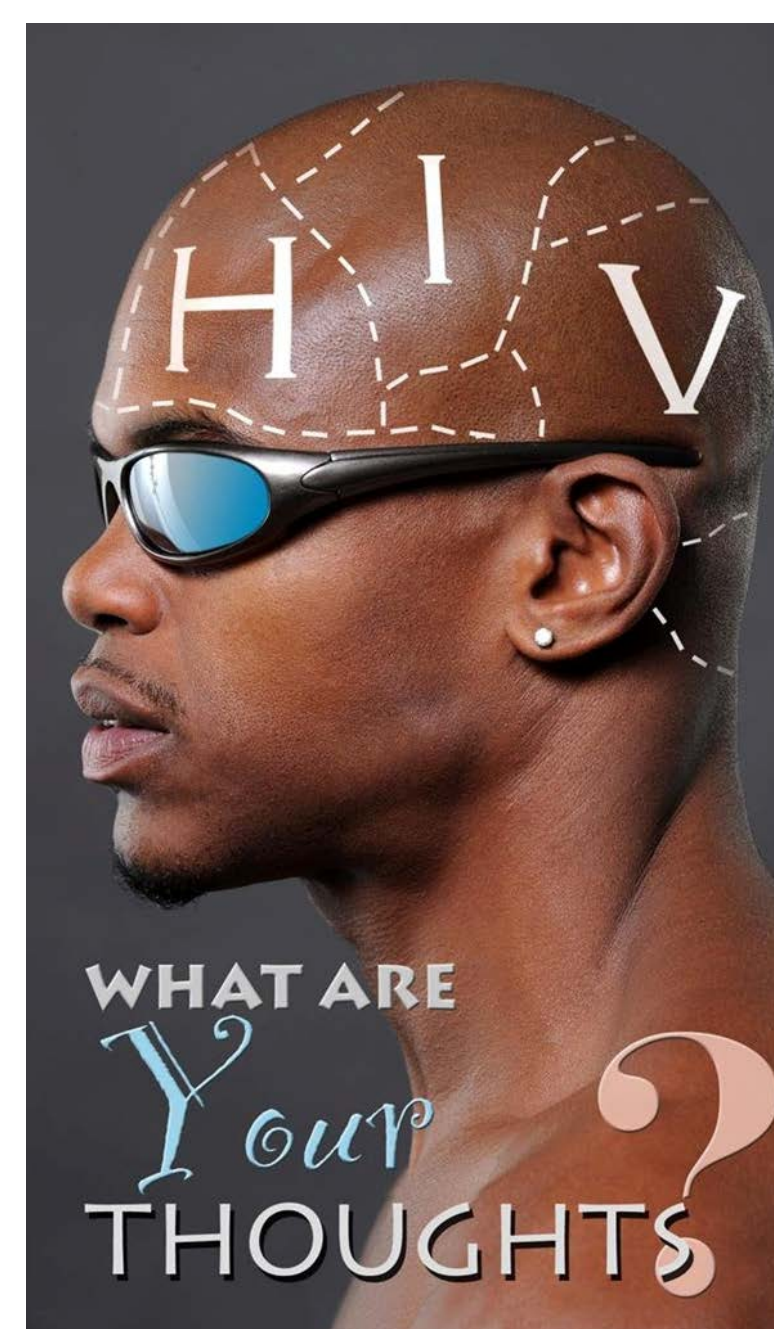


Image used for study's recruitment materials

Method: Data Collection

Between May 2011 and December 2012, over a hundred men (N=109) were enrolled in the study and completed all assessment measurements, including baseline and 3-month follow-up.

Study enrollment consisted of screening potential participants for eligibility on the telephone following initial contact through active or passive recruitment. **Main eligibility criterion was self-report of no previous HIV testing or not having recently tested for HIV (i.e., within the previous 3 months).**

After verification of eligibility, computer-based surveys and structured interviews were administered to participants. After completing their assessments, participants were asked about their intent to test for HIV and were offered HIV testing as an option.

Participants were reminded that they would be contacted in three months for their follow-up visit.

Complete data for the present study were collected on 90 BMSM participants, representing 83% of the larger study sample.

Sample Demographics (n = 90)

	n	%
Education		
Not HS Grad	12	13.3
HS Grad (GED)	17	18.9
Some College	39	43.3
College Grad or Plus	22	24.0
Employment Status		
Employed	46	51.1
Not Employed	44	48.9
Income		
Less than 10K	25	27.8
10K to 29K	26	28.9
30K Plus	39	43.3
Criminal Justice Involvement		
Never Jailed	48	53.3
Jailed	42	46.7
Age at Baseline		
Mean	35.2	
SD	11.9	
Range	18-64	

Theoretical Foundation

The present study assesses behavioral intent as a correlate of HIV testing behavior among BMSM. One of the study's driving theories is the *Theory of Reasoned Action (TRA)*. It posits that intention to practice a particular behavior is a proximal predictor of actual behavior (Ajzen & Fishbein, 1980).

Results

Only quantitative data analyses are reported here.
 Significance level for all multivariate analyses was determined at $p < .05$.

Over half of the men (52.2%) tested for HIV at baseline and/or follow-up.

Baseline testing intent was significantly correlated with testing variables: "plan on being tested" ($X^2 = 5.14$) and "will get tested" ($X^2 = 6.51$).

Baseline testing intent by HIV test within 3-months

	No Intent		Intent		X^2	p
	n	%	n	%		
Intent--Plan on Being Tested (Baseline Measure)						
Never Tested	6	75.0	23	33.8	5.14	.031
Tested	2	25.0	45	66.2		
(No Baseline Test/ No Follow-Up)	3	21.4	11	78.5		

Intent--Will Get Tested (Baseline Measure)

	Never Tested		Tested		X^2	p
	n	%	n	%		
Never Tested	8	72.7	21	32.3	6.51	.014
Tested	3	27.3	44	67.7		
(No Baseline Test/ No Follow-Up)	3	21.4	11	78.6		

Intent--Intend to Get Tested (Baseline Measure)

	Never Tested		Tested		X^2	p
	n	%	n	%		
Never Tested	5	62.5	24	35.3	2.25	.135
Tested	3	37.5	44	64.7		

Note: Chi-square test excludes the 14 cases that did not have a 3-month follow-up.

Men who tested at baseline ("testers") were more likely to...

- be younger (mean age = 31.5) than non-testers (mean age = 41.2, $p = .001$),
- disclose their HIV status to their last partner ($X^2 = 5.75$),
- have last partner disclose his HIV status ($X^2 = 4.71$), and
- have last partner disclose being HIV-negative ($X^2 = 6.94$).
 (Refer to handout for tables related to the above results.)

Lastly, non-testers (vs. testers) reported higher gay-related stigma concealment and religiosity ($t = 2.22$).

HIV Baseline Test by Stigma Scores

	Never Tested		Tested		t	p
	M	SD	M	SD		
Gay Related Stigma						
Personalized Stigma	22.1	4.9	22.0	4.6	0.05	.957
Concealment Stigma	26.3	11.4	21.4	7.7	2.22	.030

Discussion and Conclusion

This was a theory-testing, exploratory study. The purpose was not to test any type of intervention, but rather to collect information to support the development of interventions to increase HIV testing among BMSM.

Results partially support the TRA. The majority of participants who expressed intent to test on two domains ("plan to test" and "will get tested") did actually receive an HIV test at baseline and/or the 3-month follow-up appointment.

Interestingly, even with no intervention, over half of the participants tested for HIV at some point during their involvement in the study. It is quite possible that some element of participation in the study (e.g., exposure to study questions) positively impacted testing intent as well as actual testing.

Younger age, disclosure of status to last partner, knowledge of last partner's HIV status, especially an HIV-negative one, seems to positively influence HIV testing behaviors.

Knowledge about specific predictors for HIV testing can assist health and social service providers in providing enhanced HIV testing services for Black MSM.

References

- Azjen, I., & Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs, NJ: Prentice-Hall.
- Centers for Disease Control and Prevention (CDC) (2013a). *CDC Fact Sheet: HIV and AIDS among African Americans*. Retrieved on September 29, 2013 from <http://www.cdc.gov/hiv/risk/raciaethnic/aa/>.
- Centers for Disease Control and Prevention (CDC) (2013b). *HIV among gay, bisexual, and other men who have sex with men*. Retrieved on September 29, 2013 from <http://www.cdc.gov/hiv/risk/gender/msm/facts/index.html>.

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