

# HIV testing for minors without parental consent: Has new legislation in New Jersey increased the number of adolescents being tested for HIV?

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## ABSTRACT

HIV testing is crucial to preventing transmission of HIV, however, it is estimated that over half of HIV infected adolescents are undiagnosed or unaware of their HIV status. The objective of this study was to determine whether a new law (legislation S-2481) passed in New Jersey on January 12, 2006 permitting adolescents (13 through 17 years) to test for HIV without parental consent is associated with an increase in the number of adolescents testing.

The time-series study was conducted by analyzing the New Jersey Counseling and Testing database to assess adolescent HIV testing pattern for a 6-month period (February 2006 to August 2006) after introduction of the legislation compared to a similar timeframe (February 2005 to August 2005) in the previous year. Univariate and multivariate regression analyses were used to assess the frequency and association between independent variables (such as percentage of adolescents testing, demographics, risk factors, reason for testing, diagnostic tools used for testing, test results) and the legislative change in HIV testing.

Overall, the study showed an 8.6% increase (p=0.005) in number of adolescent testing post-legislation (n=2399) compared to the pre-legislation era (n=2208). The most significant association were observed among females (OR=1.24), non-Whites (OR=1.22), and adolescents over the age of 16 years (OR=1.21).

The passage of the legislation that removed parental consent as a prerequisite for testing was associated with a statistically significant increase in HIV testing among adolescents.

## INTRODUCTION

In some states, due to the severity and seriousness of HIV, parental consent is required prior to testing of minors for HIV. A survey found that half of the adolescents expressed concern about having to obtain parental consent prior to testing. The need to maintain confidentiality of testing is important to some adolescent and may be beneficial in the prevention and treatment of disease. Legislation S-2481 was passed in 2006 in New Jersey allowing adolescents to test for HIV without parental consent.

## METHODS

Data on HIV testing pattern in minors between 13 and 17 years was collected from publicly funded counseling and testing sites in New Jersey for two time periods; pre-legislation and post-legislation. Pre-legislation was defined as February 2005 through August 2005 and post-legislation was defined as February 2006 through August 2006.

To determine the effect of the law on the testing pattern: monthly and total percentage of testing pre- and post-legislation were analyzed.

The following variables 1) demographics, 2) reason for testing; 3) client disclosure (anonymous versus confidential), 4) diagnostic tools, 5) test results, 6) prior HIV testing, and 7) risk factors (MSM, IDU, and other sexual risk behaviors) and their association with legislative change were also analyzed.



## RESULTS

The study database contained a total of 4607 adolescents (aged 13 to 17 years) tested for HIV at New Jersey publicly funded Counseling and Testing Sites (CTS) with 2207 (47.9%) from February 2005 to August 2005 and 2399 (52.1%) from February 2006 to August 2006.

The monthly testing pattern pre- and post-legislation and the associated p-values are shown in Table 1. From May 2006 to August 2006 significant increase in HIV testing ranging from 11.4% to 27.5% was observed compared to the same period in 2005. The overall increase in testing post-legislation (n=2399) was significantly higher than the pre-legislation era (n=2208).

Months	Pre-legislation		Post-Legislation		N	% change	p-value
	n	%	n	%			
February	282	6.12	309	6.71	591	9.6	0.267
March	397	8.61	389	8.44	789	-2.0	0.775
April	363	7.88	308	6.69	671	-15.2	0.034
May	288	6.25	355	7.71	643	23.3	0.008
June	329	7.14	382	8.29	711	16.2	0.047
July	265	5.75	294	6.38	559	11.4	0.220
August	284	6.16	362	7.86	646	27.5	0.002
Total	2208	47.92	2399	52.08	4607	8.6	0.005

Pre-legislation period February 2005 to August 2005, Post-legislation period February 2006 to August 2006  
n Total number of tests per month

Figure 1 indicates the monthly testing pattern during the entire study period. The highest rate of HIV testing was in March for both study periods, with 397 testing in 2005 and 389 testing in 2006.

Figure 1: Monthly HIV testing pattern pre- and post-legislation

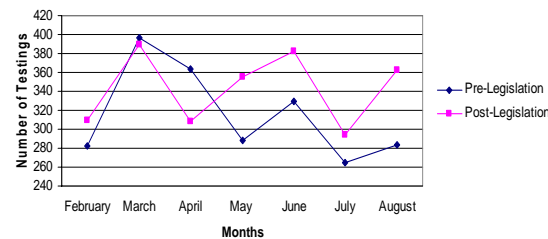
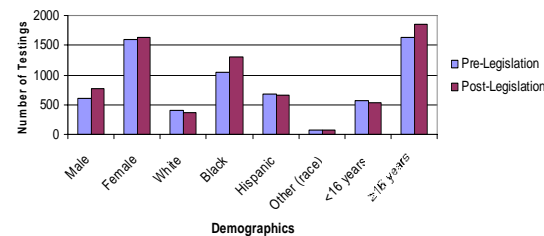


Figure 2 shows significant increase in the frequency of males, females, blacks, and over 16 testing for HIV post-legislation compared to pre-legislation. There was significant association between the following variables females (OR=1.24), Blacks (OR=1.32), and minors over 16 years and increased testing for HIV post-legislation.

Figure 2: Demographics data pre- and post-legislation



## RESULTS

In 2006, there was a significant increase in testing due to client referral, STD related reasons, and patient-initiated HIV testing requests. However, more adolescents were tested in 2005 due to drug related, family planning and occupational reasons compared to those tested in 2006. The odd ratios showed an association between increased testing post-legislation and client referral (OR=1.72), STD related visit (OR=1.54), and "patient initiated request for HIV test" (OR=1.50).

Table 2 Statistical Analysis for frequency of HIV testing pre- and post-legislation (Reason for HIV testing visit)

Independent Variables	Pre-Legislation	Post-Legislation	Odds ratios (95% CI)	P-value
Client referral	38	73	1.72 (1.21-2.66)	0.004
STD related	254	401	1.54 (1.30-1.83)	<0.0001
Drug related treatment	159	114	0.64 (0.50-0.82)	<0.0001
Family planning related	644	493	0.63 (0.55-0.72)	<0.0001
Occupational	11	3	1.07 (0.81-1.43)	0.022
Requesting HIV testing	1119	1454	1.50 (1.33-1.68)	<0.0001

pre-legislative testing significantly higher than post-legislative testing

n presents the number within a subset for the given variable

% denotes the percentage of the total number within the given variable that n represents

CI: confidence intervals

Figure 3 shows a 3-fold-increase in the number of positive tests for HIV in 2006 (n=9) compared to 2005 (n=3). However, this increase was not significant. Significantly more people were tested with the rapid testing kits in 2006 (n=1466) than were tested in (n=300). Also, there was a significant difference in number of patients receiving post-test counseling in 2006.

Figure 3: Percent difference pre- and post legislation

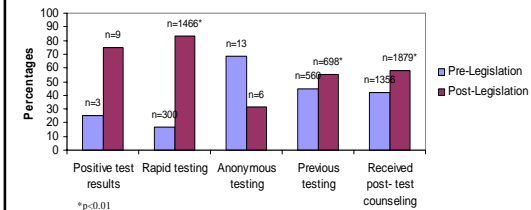


Table 3 presents the potential risk factors among adolescents testing for HIV. More adolescents with these risk factors tested in 2006 compared to those in 2005. Statistically significant increase in HIV testing was observed post-legislation for "men who have sex with men" (MSM) and those who have "sex with others at risk of HIV".

Table 3 Frequency of risk factors and measure of association of testing adolescents pre- and post-legislation

Variables	Pre-Legislation	Post-Legislation	Odds ratio (95% CI)	p-value
MSM	20	55	2.58 (1.54-4.31)	0.002
Sex with:				
IDU	17	21	1.14 (0.60-2.17)	0.6683
HIV/AIDS infected person	10	14	1.30 (0.57-2.92)	0.531
Others at risk of HIV/AIDS	321	492	1.53 (1.31-1.78)	<0.0001
Prior STD diagnosis	249	285	1.06 (0.89-1.06)	0.488

IDU: Injection Drug User

MSM: Men who have sex with men

STD: Sexually Transmitted Disease

n presents number with a value 1 for given variable

% denotes the percentage of the total number within the given variable that n represents

## DISCUSSION

Overall, the study showed an 8.6% increase in number of adolescent testing post-legislation compared to the pre-legislation era, a significant increase (p=0.005) in adolescents testing in 2006 compared to those testing in 2005.

Post-legislation, a statistically significant increase in HIV testing was observed for females OR=1.24, (95% CI 1.09-1.41) and Blacks OR=1.32, (95% CI 1.18-1.48).

An increase in HIV testing among adolescents under the age of 16 was expected. However, analyses showed a decrease in HIV testing for adolescents in this age group and an increase in HIV testing for adolescents 16 years and over. This suggests that there may be other barriers to testing for HIV for adolescents under 16 years besides parental consent. One possible reason is that teenagers under 16 years are more dependent on their parents for transportation and money.

The analyses showed that the primary reason for HIV testing was "client initiated" during both study periods and there was a statistically significant increase (p<0.001) in client request for HIV tests in 2006 compared to 2005. There was a statistically significant decrease (p<0.0001) in clients testing for family planning related reasons in 2006 compared to 2005. This is worth further exploration as it may suggest that post-legislation, adolescents were empowered to make their own testing decisions without having to wait for family planning related reasons or referral in order to get tested.

The most common risk factor among adolescents testing for HIV was "sex with others at risk for HIV/AIDS" (n=813). This indicates the need for greater education and awareness for adolescents particularly among those that knowingly expose themselves to HIV by having unprotected sex with others at risk of the disease. The second most common risk factor was "prior STD diagnosis" (n=534) which may suggest a risk behavior in the past and possibly an ongoing behavior that may increase the likelihood of contracting or transmission of STDs including HIV/AIDS.

There are some limitations with this study. This study period began within 3 weeks of the enactment of the law, thus, the timeframe was insufficient to raise awareness about the new legislation with adolescents and possibly with some of the testing sites. Also, the data was from the New Jersey counseling and testing database which only accounts for 25% of all testing in New Jersey. As a result, and the impact of the law on minors testing in private settings could not be ascertained.

## CONCLUSIONS

The legislation enacted in January 2006 permitting adolescents to test for HIV without parental consent resulted in a significant increase in testing during the post-legislation test period in 2006 compared to the pre-legislation study period in 2005. By giving adolescents autonomy to make their HIV testing decision, the potential barrier of parental consent prior to testing has decreased.

Although the study results are encouraging and increased testing was observed in adolescents, testing for HIV is not sufficient in preventing transmission of HIV and it does not guarantee access to medical treatment for positives. As indicated by the risk factors, there is a need for better education for adolescents on risk avoidance behaviors.

## REFERENCES

- Murphy AD, Mitchell R, Futterman V. High-Risk Adolescents: The REACH Study Factors Associated With HIV Testing Among HIV-Positive and HIV-Negative. AAP. 2002 Sep 3;110(3):1-6
- Kaiser Family Foundation. National survey of teens on HIV/AIDS 2000; 2000. Available at: www.kff.org/
- The Alan Guttmacher Institute (AGI). States Policy in the Brief: Minor's access to STD Services. New York: AGI, 1994.