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, 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).

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, 2005).

Method: Data Collection

Between May 2011 and December 2012, over a hundred men (N=101) 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 sample.

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” (X² = 5.14) and “will get tested” (X² = 6.51).

Baseline testing intent by HIV test within 3-months

No Intent N % Intent N % Intent Plan on Being Tested (Baseline Measure)

Never Tested

67.0 22.3

Tested

27.0 46.2

X² = 5.14

p = .03

No Baseline Test/ No Follow-Up

21.4 11.8

X² = 4.61

p = .03

Intent – Will Get Tested (Baseline Measure)

Never Tested

8.2 72.3

Tested

27.3 55.7

X² = 6.51

p = .04

No Baseline Test/ No Follow-Up

21.4 11.8

X² = 4.61

p = .03

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 (X² = 5.75), have last partner disclose his HIV status (X² = 4.71), and have last partner disclose being HIV-negative (X² = 9.64). (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).

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


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