Overview/Background

The continued spread of HIV infection in the U.S. remains a major concern. The Centers for Disease Control and Prevention report that of the approximately 900,000 individuals estimated to be HIV-positive (HIV+) in the U.S., 225,000 are not aware of their serostatus as they have never been tested for HIV. Moreover, 25% of those testing positive fail to return for test results; representing a major barrier to HIV prevention, education and subsequent treatment. In addition to failure to return for test results, prompt HIV care seeking behavior is of major concern as the average length of time from knowing a person’s HIV status to entry into care ranges from 1-5 years.

Objective

Objective: To identify barriers and facilitators of voluntary Salivary Rapid HIV testing decisions (SRT) among African Americans in order to develop interventions to improve HIV testing rates and care entry if HIV positive.

Methods

A semi-structured interview guide (SSIG) was used to conduct 10 focus groups of 2-5 African Americans recruited from a large STI Clinic.

- Thematic content analysis of the focus group transcripts was done using line-by-line analysis, and reviewing sentences and phrases for patterns or core meanings.
- Patterns were refined and synthesized into descriptive statements.
- An iterative process of comparison was used to further analyze the data, moving between individual elements of the text specific to participant responses.
- Meanings that were implicit rather than explicit in the text; and of one whole account with another were used to identify overall patterns of meaning.

Results

Demographic Data

- 38 African American adults recruited
- 16 females with ages 18-49 (M =23)
- 22 males with ages 18-49 (M=29.5)
- All self identified as heterosexual with most reporting low income and no health insurance.

Themes

- Familiarity, Stigma, Fear, Access, Immediacy, Ease, Degree of Responsibility, and Trust.
- Gender Themes/Subthemes:
  - Females – Health Maintenance/Stoicism
  - Males – Illness Management/Anger

- Each theme was not seen exclusively as a barrier or facilitator but was interpreted to be one or the other depending on the aspect of HIV testing being discussed.

Themes and Quotes

- Familiarity: “Some people might not think about it (testing), they wouldn’t even know there was a test available, a rapid test”.
- Stigma: “It's not that I’m afraid I’m positive, its just that I don’t want to be tested in my home town”.
- Fear: “…people really don’t take the tests because they are scared of what the results will be”.
- Access: “…if you could go to them, maybe outside an apartment complex and do it confidentially, but go to them”.
- Immediacy: “You won’t be so scared, waiting and wondering”.
- Ease: “Saliva is good too because some people are terrified of getting their blood drawn”.
- Degree of Responsibility”….so, you just have to know for the welfare of yourself”.
- Trust: “…if you are AA and another AA tests you for it, you won’t be judged”.
  - “Since it’s quicker, people might not think it is accurate”.
- Gender Themes/Subthemes:
  - Females – Health Maintenance/Stoicism
    - “Girls go to the doctor if they sneeze wrong. The men, if they sneeze wrong, they gonna keep on sneezing wrong until they start sneezing right”
  - Males – Illness Management/Anger
    - “They might be thinking I don’t want to go down by myself. So they might go try to back to everybody they took down”
    - “I would like to know about what I have and I would like to cure it as soon as possible”

Conclusions

The findings support the need to further assess barriers and facilitators to testing decisions in order to increase testing rates from the consumer’s perspective.

The themes also suggest the need for tailored community based interventions that decrease fear and stigma associated with HIV and STI screening and increase trust in testing methods and providers.