



Understanding HIV Testing Behaviors of Minority Adolescents: A Health Behavior Model Analysis

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Adolescents and young adults are the fastest-growing age group of people living with HIV infection in the United States. Yet many adolescents and young adults with high-risk behaviors for HIV are unaware of their HIV status and have never had an HIV test. The purpose of our work was to understand minority adolescents' beliefs, attitudes, and behaviors related to HIV testing. We conducted focus group sessions with 41 minority adolescents to assess their perceptions about HIV testing. We triangulated the findings from our focus group data with data from a 125-question survey. Analysis of focus group data demonstrated that Perceived Susceptibility, Perceived Severity, Perceived Benefits, Perceived Barriers, and Cues to Action influenced adolescents' decisions to get tested for HIV. Findings support the need to design interventions that address adolescents' perceived barriers to HIV testing and increase access to and knowledge about HIV testing.

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Adolescents and young adults (13–24 years of age) are the fastest-growing age group of HIV-infected individuals in the United States (Kaiser Family Foundation, 2013). The Centers for Disease Control and Prevention (CDC) has estimated that almost 26% of new HIV infections in the United States are

in this age group (Centers for Disease Control and Prevention [CDC], 2011). HIV disproportionately affects young ethnic minorities in the United States, as compared to Whites (CDC, 2011, 2014a). Therefore, it is important that resources are directed toward tackling the current disparities in HIV incidence and detection, and that programs are developed to ameliorate these factors. Early diagnosis of HIV through testing is vital to avoid increased transmission and link patients to care, resulting in decreased morbidity and mortality (Granich, Gilks, Dye, De Cock, & Williams, 2009). Advances in drug regimens have transformed HIV into a chronic disease, but this can only be achieved when patients are identified through HIV testing and linked to care (Martin & Schackman, 2013). Yet many adolescents and young adults with high-risk behaviors for HIV are unaware of their HIV status and have never had an HIV test (Balaji et al., 2012; Martin & Schackman, 2013). Current research has demonstrated that HIV testing rates are low among high-risk adolescents and young adults, which is promulgating the number of youth with undiagnosed HIV infection (D'Angelo, 2012).

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In addition to this age cohort, the burden of HIV is borne disproportionately by a growing number of racial and ethnic minorities and socioeconomically disadvantaged populations (Hall et al., 2008). In the first half of 2013, almost 43% of new HIV diagnoses in New York City were among Blacks and 34% were among Latinos (CDC, 2014a; New York City Department of Health and Mental Hygiene, 2014).

Blacks account for almost half of the persons living with HIV (44%) in the United States (CDC, 2014a). Black youth are particularly affected, with nearly one third of new infections occurring among young people (ages 13–24 years). Among all youth, Black males have higher rates of HIV infection than any other race/ethnicity. The rate of new infections in young Black males is four times higher than that of young Latino males and 11 times higher than that of young White males. Likewise, young Black females are more affected by HIV than young females of any other race in the United States. The rate of new HIV infections among young Black females is six times higher than young Latino females and 20 times higher than young White females (CDC, 2014a).

Recent estimates suggest that Latinos have the second-highest incidence rate of HIV infection of all ethnic groups in the United States (CDC, 2012). Although Latinos comprise approximately 16.3% of the U.S. population, they account for 20% of all new HIV infections in the United States (CDC, 2014b), demonstrating the disparities in the prevalence of the disease. Latino adolescents, and young adults in particular, are disproportionately affected by the disease. Latino adolescents, ages 13 to 19 years, account for 21% of AIDS diagnoses among teens (CDC, 2012). This is particularly troubling with the increasing prevalence of Latinos in the United States (U.S. Census Bureau, 2013), which may further exacerbate the HIV epidemic in this country and highlights the need for targeted interventions that promote early testing and linkage to care for minority adolescents and young adults.

In response to the growing epidemic, the CDC and the U.S. Preventive Services Task Force have issued recommendations for routine HIV testing (Martin & Schackman, 2013). When properly used, HIV testing is the gateway to treatment, care, and prevention

(Ng'ang'a et al., 2014). Late diagnosis of HIV results in increased transmission and missed opportunities for treatment, making early HIV testing a critical public health priority. Nonetheless, more than 15% of those who are infected with HIV are unaware of their diagnosis, a problem far more severe in adolescents and young adults (CDC, 2013).

Adjusting for insurance and income levels, disparities in health care services persist for Latino and Black youth (National Institute for Health Care Management Foundation, 2007). Adolescents are less likely to have access to health care services than adults. For example, 8.5 million youth in the United States younger than 18 years of age have no medical insurance. This health disparity is exacerbated in minorities because Latinos and Blacks are less likely than Whites to be insured (Assistant Secretary for Planning and Evaluation, 2011). Low-income adolescents who have public insurance are significantly less likely to have a usual source of care, as compared to youth with private insurance (DeVoe, Tillotson, Wallace, & Selph, 2011).

The Health Belief Model

The health belief model (HBM) is a health behavior change model that can explain and predict health-related behaviors by focusing on the beliefs and attitudes of individuals (Figure 1). The model has been used to understand the uptake of health services (Janz & Becker, 1984), making it particularly relevant and useful for understanding HIV-testing practices. The HBM remains one of the most widely used and well-tested theories in health behavior research and has been applied to predict a wider variety of health-related behaviors (Carpenter, 2010). The model suggests that people's beliefs about health problems, perceived benefits and barriers to action, and self-efficacy, explain engagement in health-promoting behaviors; a cue to action must also be present to trigger the health-promoting behavior. The model is appropriate for complex preventive health behaviors such as HIV testing (Rosenstock, 1974).

A limited number of studies have sought to understand minority adolescents' beliefs, attitudes, and practices related to HIV prevention and testing

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