

# *Point-of-Care Testing in Bathhouses: A Narrative Inquiry into the Experience of Receiving a Positive Preliminary HIV Test Result*

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*With a call to increase the accessibility of HIV testing, point-of-care testing for HIV is being readily adopted, but little attention has been paid to the experiences of people being tested at HIV point-of-care sites. Some testing environments, such as bathhouses, promote testing for HIV in higher-risk groups. In this narrative inquiry study we explored the experiences of people testing positive for HIV through point-of-care while at a bathhouse. Three narrative threads for reconsidering the practice were identified: (a) seeing complexities, understanding testing decisions in relation to time, place, and social context; (b) recognizing the impact and significance of secret and silent stories; and (c) tentative and tension-filled connections to care. It is important to understand testing experiences across time, place, and in diverse social contexts. These experiences are embedded within the larger life histories of people and raise questions about adequate support, follow-up, and counseling.*

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In 2013, it was estimated that 35,000,000 people were living with HIV worldwide (World Health Organization [WHO], 2014). In 2013, 255 new cases of HIV were diagnosed in Alberta, Canada, where

this study was situated. Since the start of HIV reporting in Alberta, men continue to have higher rates of infection than women at a ratio of 2.2:1. In 2013, 50% of all newly infected males reported that they had sex with other men, while intravenous drug use transmission in males dropped from a high of 19% in 2005 to a low of 9% in 2013 (Alberta Health, 2015). Similar trends have been seen in other parts of Canada (Public Health Agency of Canada [PHAC], 2012). It is estimated that 20% to 24% of men who have sex with men (MSM) living with HIV are unaware of their status (PHAC, 2012). This has led public health officials to push for increased HIV testing, including point-of-care (POC) testing for HIV at unique locations such as bathhouses. Rapid testing refers to HIV results being available within 30 minutes or less of specimen collection. POC testing refers to rapid testing done on site with the patient present rather than in a designated laboratory. In

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Alberta, nurses perform POC testing at a number of clinic sites, including corrections facilities and bathhouses.

The purpose of our study was to better understand the experiences of people receiving positive preliminary results by POC testing for HIV while at a bathhouse. Exploring the experiences of testing in unique environments can help direct nursing practice and policies, create supportive environments, and ensure that appropriate resources are available for patients, especially those who test preliminarily positive by POC and must await confirmatory results.

### Study Context

A gay bathhouse is a commercial space where men can engage in sexual encounters with men; not all men who use bathhouses identify as gay. There is a strong association between meeting partners at bathhouses or sex clubs and acquiring HIV infection (Thiede et al., 2009). Bathhouses are often frequented by MSM who wish to remain anonymous (Groß & Crow, 2012). Others attend bathhouses because they are “a sure thing” for sexual encounters (Elwood, Greene, & Carter, 2003, p. 283). They are also places where men can go to be sexually free and, according to Elwood and colleagues (2003), do things that they might not normally do. Although there are many reasons MSM attend bathhouses, patrons reported a heightened sense of awareness about sexually transmitted infections (STI), including HIV. Men reported that they assumed that anyone who frequented a bathhouse was more sexually liberated, took bigger risks, and had multiple sexual partners (Elwood et al., 2003). Although there was an awareness of increased risk, levels of condom use still varied, with men reporting an “intention” to use condoms, yet this was not always the practice. Men also reported a greater willingness to have insertive anal intercourse without a condom (Elwood et al., 2003). Although men perceived their partners to be high risk, they often underestimated the risks of their own sexual practices (Mayer et al., 2012). MSM who frequented bathhouses reported that bathhouses were often seen as “slutty or trampish” places (Elwood et al., 2003, p. 285). In fact, Elwood and colleagues (2003) were told by one patron that he would leave a bathhouse

immediately if he saw an acquaintance; he did not want to be seen as a bathhouse patron. This reinforces the need for anonymity within the bathhouse, which is no less true when POC HIV testing is being offered on site.

Rapid or POC HIV testing was first approved by Health Canada in October 2005; the approved test (INSTI HIV1/2 Antibody test, bioLytical Laboratories, Richmond, BC, Canada) is a second-generation HIV test that screens for HIV antibodies (PHAC, 2007). Standard testing in Alberta is conducted at the Provincial Laboratory for Public Health on serum samples using a test that screens for HIV antibodies and p24 antigen with a fourth-generation HIV test, which is more sensitive than second-generation tests. If no HIV antibodies are detected, the test is reported as negative (Alberta Health Services, 2011). With standard testing, a sample with a positive antibody screening test is sent for confirmatory testing using the Western blot, and only then is the result reported to the testing clinician and shared with the patient (Alberta Health and Wellness, 2011). When a POC test is performed, a preliminary positive result is shared with the patient before the results of standard serological testing are available (Alberta Health Services, 2011), leaving the patient waiting for up to 10 days before the test result may be confirmed as positive or as a false positive.

While waiting for confirmatory results could be challenging, a quantitative study was conducted at the Hassle Free Clinic in Toronto, Ontario, to see if patients receiving POC HIV testing were more likely to receive results and posttest counseling than those undergoing standard testing (Guenter et al., 2008). The authors concluded that 100% of participants who were tested by POC received preliminary test results and posttest counseling. There were 22 preliminary positive results. Of those, 18 were confirmed positive and four were false positive. Three of the true positives and one of the false positives did not return to the clinic for confirmatory testing results (Guenter et al., 2008). Four people who were true positives and tested by POC returned for an in-depth interview. It is worth noting that stress during the waiting period for confirmatory results was substantial and made manageable by having received compassionate post-test counseling. There was no way of knowing what

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