
Economic and Social Barriers to HIV/AIDS Testing in African-American College Men

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Abstract

In the United States currently, African-American men are now the subgroup in society to be disproportionately affected by HIV/AIDS. Although African-Americans represent 13% of the population in the United States, they represent almost half of the one million people living with AIDS (Hall, 2005). Through this research one will gain a deeper understanding of why African-American college men are not getting tested for HIV/AIDS at higher rates. Using the Health Belief Model, this study aims to address what could be potential barriers to HIV/AIDS testing. Because the aim is to identify root issues on why African American men in college are not getting tested, the best method to use is a focus group. Questions were developed that addressed possible social and economic barriers to HIV/AIDS testing. Five participants were recruited specifically to participate in a focus group, which lasted about 50 minutes. Additionally, 25 surveys were administered to a sample of African American undergraduate men around campus. The survey consisted of short answers and multiple choice questions. The results suggested that social factors such as isolation, invincibility, and stigma may be the biggest barrier to HIV testing. The results also suggested that interventions targeted towards communication in intimate relationships and families were needed to promote safe-sex practice and ease the fear of social isolation.

Introduction

The HIV/AIDS epidemic which was first detected in the early 1980's, still shocks modern day America. First considered a "homosexual's" disease (due to disproportionately high infection rates amongst that population), it soon became evident that this was not the case. Since the 1980's researchers have learned a lot about the virus and have been able to debunk many myths and falsehoods regarding it. From a public health standpoint, one of the most important myths to have been discredited was that HIV/AIDS only affected a certain population. The virus as we now know does not discriminate and this finding is supported by the fact that HIV/AIDS is no longer considered an epidemic, but a pandemic.

Though the United States government spends 17 billion dollars for HIV/AIDS related issues, prevention interventions have not curtailed the infection (Villaneva et al, 2007). There are currently over 40,000 new cases of HIV infections each year (Kalichman, 2007). According to the Center of Disease Control and Prevention, there are approximately 1 million people infected with HIV in the United States currently, and 21% of those people do not know they are infected (HIV/AIDS in the United States, CDC). African-Americans are now the subgroup in society to be disproportionately affected by HIV/AIDS. Because of this, some people even believe that there is a conspiracy around it. A study that was done in California showed that 27% of African Americans endorsed the belief that "HIV/AIDS is a man-made virus that the federal government made to kill and wipe out black people" (Ross, M et al, 2006). Although African-Americans represent 13% of the population in the United States, they represent almost 21% of those who were infected with HIV/AIDS from 1981-1988 (Sutton et al, 2009). Now, African-Americans represent half of the one million people living with AIDS (Hall, 2005). Additionally, African-Americans represent almost 40% of all Americans that have died of AIDS (Hall, 2005). This means that since the HIV/AIDS outbreak started, over 225,000 African Americans have died (Hall, 2005). According to the Center for Disease Control and Prevention, African Americans accounted for the 49% of those newly diagnosed with AIDS cases diagnosis in 2007 in all 50 states and the District of the Columbia (HIV/AIDS among African Americans, CDC).

African American men are disproportionately affected by HIV/AIDS when compared to African American women. In 2004, African-American men comprised 50% of the new cases of HIV (Coleman et al, 2007). The estimated lifetime risk for African American men to get HIV is 1 in 16 (Hall, 2005). However; the estimated lifetime risk for African American women to get HIV/AIDS is 1 in 30 (Sutton et al, 2009). When these findings are contrasted with men of

different races, the disparities that African-American men face are clearly evident. For example, African-American men are almost nine times more likely to be infected with HIV than White men (Essien et al, 2005).

In the case of African-American men, the most common mode of transmission in order is sexual contact with other men, injection drug use, and high-risk heterosexual sex (Coleman et al, 2007). In fact, men who have sex with men (MSM) and men who have sex with men and women (MSMW) account for 76.1% of all AIDS cases (Shoptow et al, 2009). MSM are African-American men who have sex with men but do not consider themselves homosexuals (Operario et al, 2008). MSMW are African American men who have sex with men and women (MSMW) but who do not form an identity around their sexual preference, which means they would not consider themselves bisexual (Operario et al, 2010). MSM/W may face alienation from cultural group if they were open about being homosexual or bisexual (Shoptow et al, 2009). Because of the prevalence of MSM and MSMW getting infected with HIV, many of the HIV/AIDS research deals with this topic. However; there are many factors may contribute to the spread of HIV amongst African Americans compared with Whites (Wheeler D et al, 2006).

There are other social issues in the African-American community that propagate the spread of HIV/AIDS. Such issues include stigma, socioeconomic issues, lack of awareness, and lack of education. The biggest social issue that encourages the spread of the virus and keeps African-Americans from getting tested is stigma. HIV/AIDS carries one of the biggest stigmas in the African American community, which tends to report high levels of religiosity (Holt, 2007). As a result, the common modes of transmission of HIV/AIDS are looked down upon as homosexual and bisexual practices are not viewed positively in many faith-based groups. Mamie Harris, the executive director of a faith-based HIV testing organization states "The empathy of HIV is dying. It's been out there for a very long time, and I think people have become dull of ear and dull of senses around it." During her work which provides HIV testing to churches, jails, prisons, homeless shelters, and rehabilitation clinics, she recalls a woman once telling her "Well, after all, you can prevent HIV, but you can't prevent breast cancer." Because there are other diseases that disproportionately affect the African-American population, preventable illnesses such as HIV/AIDS do not get any sympathy.

Focusing on the prevention of HIV/AIDS in African-American men is essential. Effective interventions that will help reduce the rates of transmission in African-American men will be a big advancement in reducing HIV/AIDS in the Black community (Whitehead, 1997). The highest mode of transmission for African American women is high-risk heterosexual activity (Whitehead, 1997). The aim of this study is to examine risk factors for HIV/AIDS in African-American college men. In conducting this study, there were several questions that needed to be answered. The first question: how does the increase in education deter individuals from involving in high-risk sexual behaviors? Do African-American men in college perceive HIV/AIDS as a real threat to them? What are the barriers that keep them from practicing safe sex if they don't? Most importantly, what could be done to help reinforce the fact that they should engage in safe-sex.

It is important that college student population to be studied in regards to HIV/AIDS related research because despite health education efforts; college students are reportedly continuing to practice unsafe sexual behaviors (Bontempi J et al, 2009). When looking at rates of partner concurrency in unmarried individuals, the rates were higher for those who were younger and were African-Americans (Carey M et al, 2010). Twenty-eight percent (28%) of men of sexually active adolescent men reported to have been engaged in partner concurrency within the last month (Carey M et al, 2010). HIV and AIDS are continued threats to the African-American community because of sexual risk taking behavior, specifically the lack of condom usage (Essien et al, 2005). In another study, it was revealed that condom usage was lowest in African-Americans and Hispanics (Essien et al, 2005). It is also no secret that alcohol and other illegal substances are circulated around college campuses. The prevalence of high-risk sexual behavior, marijuana use, and alcohol use has been found to increase among young adults (Simmons et al, 2010). High levels of drinking and frequency of binge drinking for males positively predicted HIV-risky behavior (Hittner et al, 2008).

The type of research this study is consistent with theories of health behavior, which aims to encourage the participants to engage in a specific health behavior. Similar studies can range from quitting smoking to participation in cancer screenings. In the case of this study, the aim is trying to increase HIV/AIDS testing rates amongst African-American undergraduate men in college. Since the number of HIV/AIDS cases reported among African Americans has been more prominent in the state of Maryland (Moore, 2008), it is even more appropriate for this study to be done at the University of Maryland. In order for this to occur, there is a need to properly identify the potential economic and social barriers that may prevent them from doing so. One of the most well-known theories used in health behavior research is the Health Belief Model. This model hypothesizes that a person's behavior depends on the value the

individual places on a goal and the individual's notion that a certain action will achieve their desired goal (Janz, 1984).

There are six dimensions of the Health Belief Model which include; perceived susceptibility, perceived severity, perceived barriers, and perceived benefits (Janz, 1984). The dimension of perceived susceptible theorizes that an individual will engage in a specific health behavior if they feel that they felt susceptible to a negative health effect. In this research study, the dimension of perceived susceptibility hypothesizes that if a participant feels that they feel they are at risk for HIV/AIDS then they are more likely to get tested from HIV/AIDS. The second dimension of the Health Belief Model is perceived severity, which states that the severity of an illness will likely encourage an individual to engage health behaviors. In regards to this study, we would expect the participants to be engaging in HIV/AIDS testing if they feel that this illness is severe. The dimension of perceived barriers is the notion that the more obstacles an individual faces, the less likely they are to engage in a health behavior. According to this model, the more obstacles a participant faces in doing a health behavior, the less likely they are to do the health behavior. The last dimension of the Health Belief Model is perceived benefits. When individuals correlate great benefits to engaging in a health behavior such as screenings for different ailments, they are more likely to participate in such health behaviors. Using the Health Belief Model, this study aims to address what could be potential barriers to HIV/AIDS testing. In this study, all six dimensions of the Health Belief Model will be tested. If the participants do not have a strong desire to avoid the illness, which will be evident in their lifestyle, and or if they do not see the importance of taking a health action, this could act as a potential hindrance to HIV/AIDS testing.

Methods

To identify root causes on why African American men in college are not getting tested, the best method to use is a focus group. Questions were developed that addressed possible social and economic barriers to HIV/AIDS testing. Five participants were recruited specifically to participate in the focus group, which lasted about 50 minutes. Recruitment was conducted through referrals. The participants of the focus group were asked a series of open ended questions about barriers to HIV testing, led by a moderator. The participants had the flexibility to be as open as they wanted or as brief as they wanted. The participants in the focus group were compensated \$5 for their participation. Additionally, 25 surveys were administered to African American men around campus. The survey consisted of short answers and multiple choice questions.

All the participants recruited were African-American male students attending the University of Maryland. Since this study is based on understanding why the African American male populations were not getting tested at higher rates, it is imperative that the subjects were African American males. I chose to look at African American males attending the University of Maryland College Park because this would be a more accessible population and would be generalizable to other large state universities. Five participants were recruited for the focus group and 25 participants to complete the survey. The 25 survey participants were recruited by randomly asking African American men around campus to complete it. They each received an information sheet about the study which included important contact information, if they had any questions. The protocol for this study was approved by The University of Maryland Institutional Review Board (IRB).

The data collected from this research was analyzed through the statistical software SPSS. Frequency analysis and chi square results are presented to test the relationship between categorical variables. The data collected from the focus group will be transcribed and analyzed according to the responses of the participants. There are minimal risks associated with this study. These include some social risks. The participants may feel embarrassed when answering certain questions. The focus group participants might also feel uneasy if they know other participants in the focus group. This study also provides benefits including further education about the importance of HIV testing. The will also be provided with information on places that provide free HIV testing.

Certain provisions were implemented to maintain the confidentiality of our participants. First, the participants were given an identification number which prevented the usage of their names on written notes from the interviews and the focus group. Only authorized staff such as the principal investigator and the reviewer could review the notes from the interview. At the end of the study, all notes, files, and tape recordings were destroyed.

All information regarding the purpose of this study was disclosed to the participants. There was no deceptive information in this study. The focus group participants had two consent forms given to them, one to sign and the other for their own records. The participants gave consent by signing a consent form. The consent forms were written in

English at a level that the average college student would understand. The survey participants received an information sheet that provides them with details about the research and other essential information. Once read, they completed the survey if they chose to. The participants had the researcher's contact information if there were any questions.

There can be many potential barriers in getting the accurate data for this study. The most prominent barrier was getting the questionnaires distributed to the targeted population. The data for this research study was collected during the summer months. This became a challenge because the majority of the college students had returned home. Being able to attract willing African-American undergraduate males became even harder, although there are many programs that are held at the University of Maryland during the summer which employs African-American males. Because the study targeted undergraduate African-American males enrolled at UMD, data could not be collected from those who met the criteria but were students at other colleges, limiting the pool of participants. This was a threat to external validity because it will not be an accurate or diverse sample of African-American men in college. Another potential threat to validity is that the chosen participants may not show up for one or both of the interventions. This would be due to the fact that mainly those who are interested in the research or those who have been asked because of proximity will complete the questionnaires.

Limitations

This study was aimed to investigate potential barriers to HIV/AIDS in African-American college men. To keep the variables under control, only University of Maryland College Park undergraduate African-American males were considered. This study was not meant to study the African-American male population as a whole and results may not be generalizable to the entire African-American male population. This study also was designed for the young adult population ages 18-25, not targeted towards the older or younger generations. The results may not be applicable to those not considered in the young adult population as they may have other factors that may serve as more prevalent barriers in their age groups. Lastly, this study is not aimed at African-American male population who do not attend college. African-American men who do not attend a college may not be able to relate to some of the questions asked pertaining to college life and the role of education on HIV/AIDS testing. Thus, the study may not be applicable to African-American who are not college educated and have not experienced campus life.

Questionnaire

A set of questions that adequately addressed the research questions was developed. A piloted the test using six African-American males in college was implemented. One participant, after completing the questionnaire, was determined to be an ineligible because the candidate, according to his answers, has never engaged in any sexual activity. The questions were created based on health education, different risky health behaviors, barriers that could keep individuals from practicing safe sex, and the perceived susceptibility of the participants. These factors together in this study can illustrate why individuals chose to or not to engage in risky sexual behaviors that may lead to HIV/AIDS. This research can provide information on how to develop and implement HIV/AIDS prevention interventions in this subgroup.

Survey Questions

The purpose of this survey is to gain a better understanding to potential barriers to HIV/AIDS testing. Please answer the questions to the best of your ability.

1. Who do you think should be responsible for using a form of barrier protection?
 - A. Male
 - B. Female
 - C. Both

 2. How many sexual partners have you had since you have been to college?
 - A. 1-3
 - B. 4-8
 - C. 9-12
 - D. 12 or more

 3. Do you use a form of protection every time you engage in a sexual act?
 - A. Yes
 - B. Sometimes
 - C. No

 4. How many people have you had unprotected sex with while in college? _____

 5. Do you feel confident that you can practice safe-sex method?
 - A. Yes
 - B. Somewhat
 - C. No

 6. If you have had unprotected sex, what was the reasoning? Circle all that apply.
 - A. Alcohol
 - B. I was in a long-term relationship
 - C. Drugs
 - D. I trusted him/her
 - E. Did not have any form of protection at that time
 - F. Other

 7. What is your biggest concern about unprotected sex?
 - A. STDs
 - B. Personal Image/reputation
 - C. Pregnancy
 - D. HIV

 8. Do you believe that every time you engage in unprotected sex you put yourself at risk for HIV?
 - A. Yes
 - B. No
 - C. Don't really think about it

 9. How many times have you been tested for HIV/AIDS? _____

 10. What do you think is the biggest reason why people do not get tested for HIV _____

 11. Do you think stigma and negative society views might act as barrier to HIV/AIDS testing?
 - A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree
 - E. Has no effect

In what way _____

 12. Do you feel that you could get HIV/AIDS testing if you wanted to? _____
-

13. If you were to find out you were HIV positive, would you change your lifestyle? _____
 How? _____

14. Would you view a partner differently if they were prepared to provide protection during sexual activity?
 A. Yes
 B. No
 Explain your view whether positive or negative

15. Would you view a partner differently if they asked you to be tested of HIV/AIDS?
 A. Yes
 B. No
 Explain your view whether positive or negative

 Would your view be different for STI's? _____

16. Do you believe that your current lifestyle puts you at increased risk of HIV/AIDS/STI's
 A. Yes
 B. No

17. If you were to contract HIV/AIDS, do you feel that you would be a disgrace to your family and friends?
 A. Yes
 B. No
 Explain _____

18. If you were to contract HIV/AIDS, is there a possibility that you maybe disowned by some of your loved ones?
 A. Yes
 B. No

19. Has transportation, insurance or monetary issues hindered you from getting an HIV test?
 A. Yes
 B. No

20. If you were to contract HIV/AIDS, do you feel that you would have the monetary resources or have access to the monetary means to take care of yourself?
 A. Yes
 B. No

21. If you were infected with HIV/AIDS, would you want to know your status?

- A. Yes
- B. No

Why or why not? _____

Focus Group Questions

1. Do you feel that you have been well educated about safe sex practice and feel confident doing so?
 2. What is your definition of sex?
 3. What is your biggest fear about engaging in risky sexual behaviors?
 4. Do you feel like college settings promote risky sexual behaviors?
 5. Do you feel that it is safer to engage in risky sexual behaviors with other college students than the normal population? If so, do you think this can be a barrier to HIV/AIDS testing because many people feel safer?
 6. Do you feel that you have been well educated on HIV/AIDS?
 7. Can you give me an estimate of how many sexual partners you've had? How many of those are unprotected.
 8. Do you honestly feel that you may contract HIV/AIDS?
 9. Do you feel that you have access to places where you would be able to get HIV/AIDS testing? Do you feel that money or health insurance maybe a deterrent to HIV/AIDS?
 10. Why haven't you personally gotten tested for HIV?
 11. Because HIV is incurable, do you think that it can deter people from getting tested?
 12. How would your life change if you were found to be HIV positive? Would you notify all your sexual partners? If you found out that you were HIV negative, would you practice safer sex so you would remain negative?
 13. How do you think that society and stigma may act as barriers to getting tested for HIV/AIDS?
 14. What other social and economical factors has been deterring you from HIV/AIDS testing?
 15. Would you view a partner differently if they were prepared to provide protection during sexual activity? Why or why not?
 16. Would you view a partner differently if they asked you to be tested of HIV/AIDS? Why or Why not? Would your view be different if it were for STI's?
 17. Do you believe that your current lifestyle puts you at increased risk of HIV/AIDS/ STIs
 18. If you were to contract HIV/AIDS, do you feel that you would be a disgrace to your family and friends?
 19. If you were to contract HIV/AIDS, is there a possibility that you maybe disowned by some of your loved ones?
 20. Has transportation, insurance or monetary issues hindered you from getting an HIV test?
 21. If you were to contract HIV/AIDS, do you feel that you would have the monetary resources or have access to the monetary means to take care of yourself?
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Ethical Consideration and Minimizing Error

There are some ethical dilemmas that needed to be addressed in this study. First, the topic of HIV/AIDS is a serious subject that can evoke certain emotions and thoughts. To ask the participants' questions regarding their lifestyle in terms of sexual relationships are a very sensitive situation needing extreme caution. Because the questionnaire may be seen as invasive, there were certain measures put in place to protect the participant. First, participants were given an information sheet which described the purpose of the research, the risk and benefits, and the contact information of people who they can contact if questions arose.

When administering the survey, all involved in the conduct of the research left the immediate area of the participants when they began to complete the survey. This was done to so that the participants could answer the questions in a comfortable environment and not feel as if someone was looking over their shoulders. When the participants finished taking the survey, they either placed the completed surveys randomly in a folder of other completed surveys or randomly in a folder right in front of them. This method of collecting the survey data was used to increase the level of confidentiality. Heightened comfort and confidentiality may lead to more accurate survey data. The participants are more likely to be inclined to answer truthfully knowing that there is very little chance that anyone, including the researcher can identify them.

For the focus group interview, the participants were given a consent form which outlined the basis of the project including the risk and benefits. As with the survey participants, the focus group participants did not have to answer any question they did not want to. The questions designed for the group interview dealt with the same topic as the questionnaire but they were not as invasive. The interview participants were given more general questions to discuss so that no one would feel uncomfortable or embarrassed since they were being recorded.

Results

Figure 1: Biggest Concern Figure 2: Times Tested

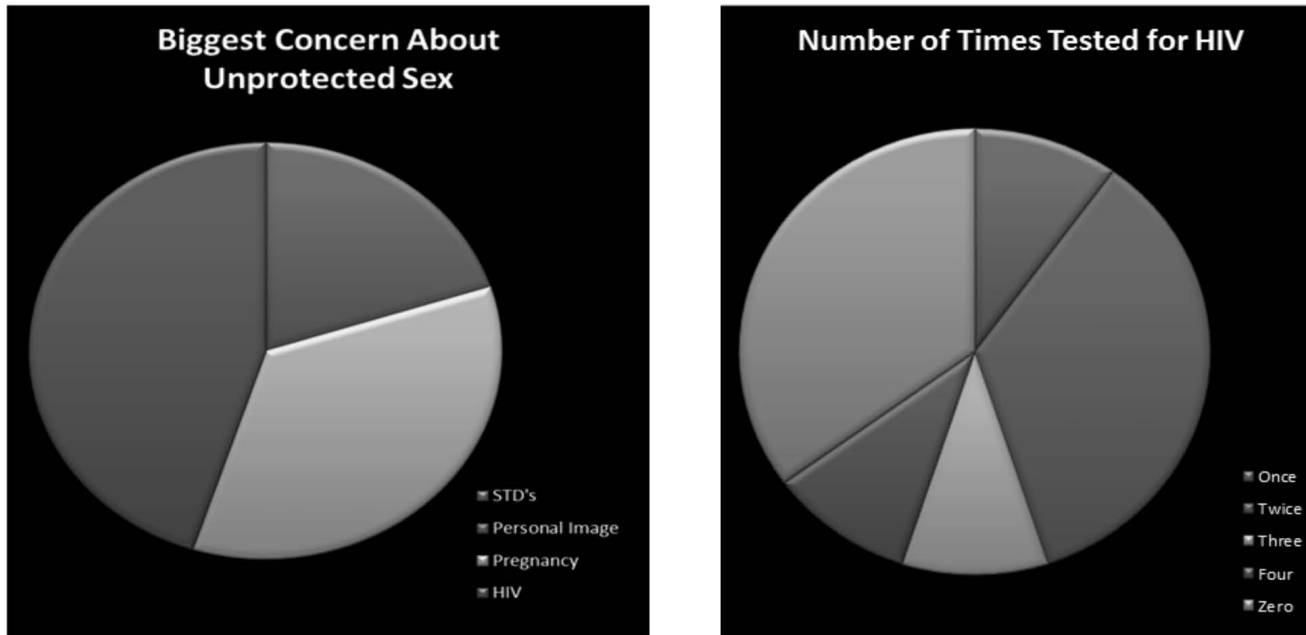


Figure 1. The results displayed in figure 1 illustrates that the biggest concern with unprotected sex amongst sexually active participants was HIV (45%) followed closely by pregnancy (35%). Other STD's represented (20%) of the participant's concern.

Figure 2. In figure 2, the number of times sexually active participants have been tested for HIV is shown. This figure reveals that 35% of the participants have never been tested for HIV. 65% of the group have been tested at least once.

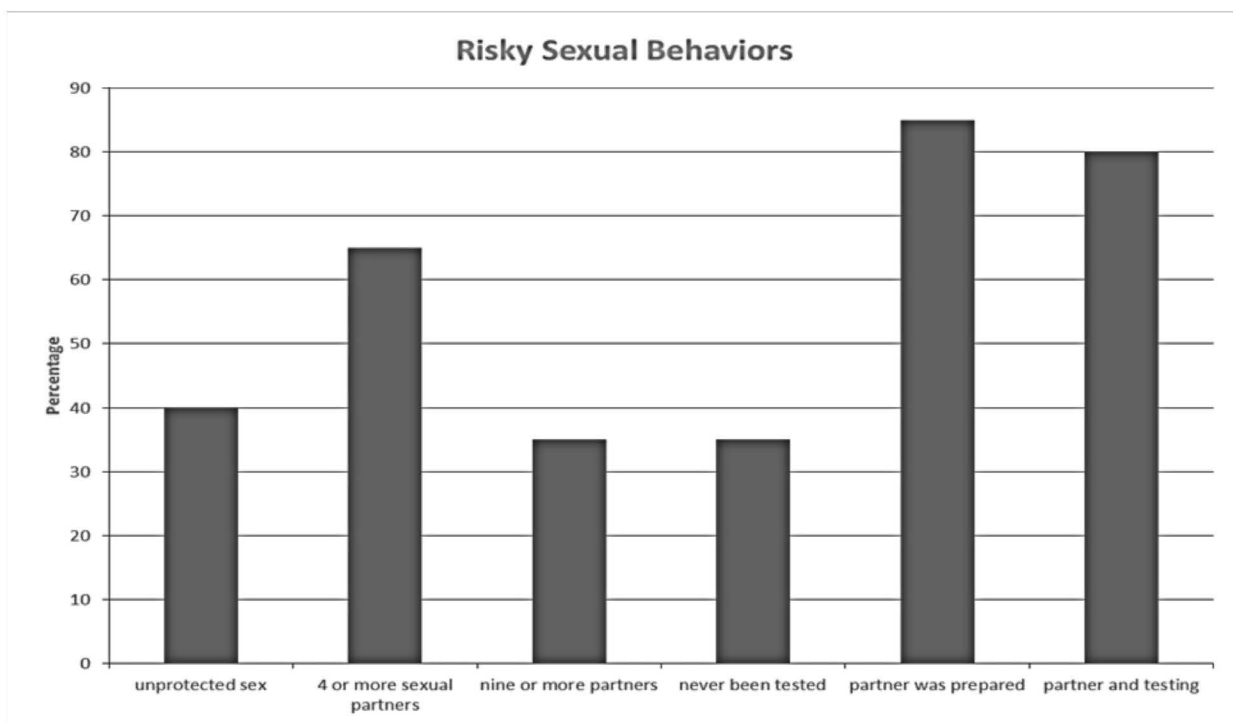


Chart 3

The results shown in this graph illustrates that participants in this study are clearly engaging in risky sexual behavior. 40% of the sexually active participants have engaged in unprotected sex, 65% have had four or more partners since they have been in college. Also, 35% of the participants answered that they have had nine or more partners. As stated earlier, 35% of the sexually active participants have never been tested. This graph also shows the attitude of the participants regarding safer sex practices. 85% of the participants stated that they would have a positive view of their partner if their partner carried protection in preparation for sexual encounters. In regards to testing, 80% of the participants stated that they would have a favorable opinion of their partners if their partners insisted on both of them getting tested for HIV and other STD's prior to sexual activity.

Current lifestyle and risk for HIV/AIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	25	92.6	92.6	92.6
	Yes	2	7.4	7.4	100.0
	Total	27	96.4	100.0	
Missing	System	0	0		
Total		27	100.0		

Chart 1

When asked if their current lifestyle puts them at risk for HIV/AIDS, the overwhelming majority (92.6%) answered no. Only 7.2% of the participants answered yes.

Disgrace of Positive HIV status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9	33.3	33.3	33.3
	Yes	18	66.7	66.7	100.0
	Total	27	100.0	100.0	
Missing	System	0	0		
Total		27	100.0		

When asked if they felt that they would be a disgrace to their families if they were HIV positive, almost 67% of the participants felt that they would be. Only 33% said that they would not.

Possible Isolation from family for Positive HIV Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	19	70.4	70.4	70.4
	Yes	8	29.6	29.6	100.0
	Total	27	100.0	100.0	
Missing	System	0	0		
Total		27	100.0		

70% of the participants felt that a positive HIV status would not warrant isolation from family members. However, nearly 30% of the participants felt that they would be disowned by family members if they were infected with HIV.

The relationship between number of sex partners and the number of Unprotected sex

Crosstab

		Number of unprotected sex							Total
		.00	1.00	2.00	3.00	4.00	5.00	6.00	
Sex partners	1-3	7	2	0	0	0	0	0	9
	4-8	2	1	0	0	0	1	0	4
	9-12	1	1	1	1	0	0	1	5
	12+	1	0	0	0	1	0	0	2
Total		11	4	1	1	1	1	1	20

Chi-Square Tests 1

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	24.462 ^a	18	.140
Likelihood Ratio	19.266	18	.376
Linear-by-Linear Association	4.292	1	.038
N of Valid Cases	20		

a. 28 cells (100.0%) have expected count less than 5. The minimum expected count is .10.

The relationship between number of sex partners with biggest concern with unprotected sex

Crosstab 2

Count

		Concern			Total
		STD's	Pregnancy	HIV	
Sex Partners	1-3	3	3	3	9
	4-8	1	1	2	4
	9-12	0	2	3	5
	12+	0	1	1	2
Total		4	7	9	20

Chi-Square Tests 2

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.091 ^a	6	.797
Likelihood Ratio	4.351	6	.629
Linear-by-Linear Association	2.215	1	.137
N of Valid Cases	20		

a. 12 cells (100.0%) have expected count less than 5. The minimum expected count is .40.

The relationship between number of sex partners and risky current lifestyle

Crosstab 3

Count

		Current lifestyle		Total
		No	Yes	
Sex partners	1-3	9	0	9
	4-8	3	1	4
	9-12	4	1	5
	12+	2	0	2
Total		18	2	20

Chi-Square Tests 3

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.778 ^a	3	.427
Likelihood Ratio	3.501	3	.321
Linear-by-Linear Association	.480	1	.489
N of Valid Cases	20		

The results of the chi-square analysis did not produce any significant findings. This may be because of the very small sample size, not necessarily that there are no correlation between the variables.

Conclusion

In the United States alone, billions of dollars are spent on HIV/AIDS related expenses each year. With the high amount of expenditures, one would expect there to be many ways an individual can get tested for HIV/AIDS. Though there are ample resources in the Washington D.C. metropolitan area for individuals to get tested, 35% of the survey participants in the study who are sexually active have not been tested. It is imperative that these men get tested because as graph 1 of the results show that 40% of the participants have engaged in unprotected sex since they began college. The results also indicate that many of the African-American men who participated in this study have also had multiple sex partners; putting themselves and their partners at risk. According to the results, 65% of the survey participants have had sex with four or more partners since they have been enrolled in college, while another 35% have had nine or more partners. Since the purpose of this study was to find the underlying barriers to HIV/AIDS, the data taken from the focus group participants was used to explain the survey results.

The Health Belief Model is commonly used to encourage people to engage in specific health behaviors. One of the dimensions included in the module, perceived susceptibility, theorizes that an individual will engage in a specific health behavior if they feel that they were susceptible to a negative health effect. In this research study, it is appropriate to hypothesize that if a participant feels that they feel they are at risk for HIV/AIDS then they are more likely to get tested from HIV/AIDS. When the participants were asked if they felt that they put themselves at risk for HIV/AIDS every time they engaged in unprotected sex, 70% of the sexually active participants answered yes, while 30% of the participants answered no or that do not even think about it. When asked the same question to focus group participants, a discrepancy was found in their answers and in the answers on the surveys. Four out of the five focus group participants had a belief that HIV/AIDS was something that just could not happen to them. One participant stated "I feel like I'm immune," while another one noted "I feel like it's definitely a reality [but] it can't happen to me personally." 35% of the survey participants had not gotten tested for HIV, which is comparable number to the 30% who either do not care do or do not feel that they are at risk when engaging in risky sexual behavior. These results show that invincibility and apathy can act as a barrier to HIV/AIDS testing. According to the HBM, if an individual does not feel susceptible to HIV the less likely they will engage in testing.

The second dimension of the Health Belief Model is perceived severity, which states that the severity of an illness will likely encourage an individual to engage in positive health behaviors. In regards to this study, we would expect the participants to be engaging in HIV/AIDS testing if they feel that this illness is severe. However, the results illustrated the opposite. The severity of HIV/AIDS acted as a barrier to testing. In the survey, when the participants were asked to write what the biggest reason why people do not get tested, the overwhelming response was fear. This fear also took on many dimensions. Even though there are many medications that have proven effective in slowing the virus, many people still see a positive HIV status as an automatic death sentence.

The cost of medication and treatment for HIV/AIDS infected people can also be a source of fear. When asked if infected, would they have the monetary resources or have access to resources to take care of themselves, 45% of the survey participants answered no. One participant argues "I think economics is a real, real big deterrent especially once you have it you really don't have all the money to take care of your medical needs and everything. Then you get to the phase of all right what's the point? Let's say you do even come up with some type of medical treatment and everything. You're going to have to be doing it the rest of your life if you can afford it. If you can't afford it it's like most people are like all right what's the point? There's really no hope."

Another type of fear embedded with a possible positive HIV status is social isolation and stigma. In the focus group one participant states "It's like leprosy. You've got it and you just go over there and don't come into the general population. It's like you're a reject and an outcast. I feel like nobody wants to feel that kind of rejection from people because it hurts." Another participant adds "There are people I know who have HIV or AIDS and [others say] "oh how did they get it? Are they on the DL [secretly engaging in homosexual activity]? Were they getting a prostitute or something like that?" From the survey results, nearly 67% of the participants said that they would be a disgrace to their families if they were found to be HIV positive. Nearly 30% of the survey participants felt that they would be disowned by their families because of a positive status. A majority of the focus group participants stated that they came from religious background in which pre-marital sex is forbidden, so there is no way to explain to their families how this happened. One participant summed the idea of social isolation and HIV by saying "It's a lot like the Scarlet Letter type of thing like oh you sinned and all this. People just start judging. I think people would see it as they know it's like a 50/50 chance of going into testing that you can be positive or negative. Just like having that chance of being

positive and knowing what comes after just seeing how society treats people with it that kind of deters people from getting tested.”

The dimension of perceived barriers is the notion that the more obstacles an individual faces, the less likely they are to engage in a health behavior. According to this model, the more obstacles a participant faces to get tested for HIV, the less likely they are to get tested. However, the data collected from the survey and the focus group were consistent in suggesting that this might not be relevant to HIV/AIDS testing. One hundred percent (100%) of the sexually active survey participants and the focus group participants felt that they can get tested if they really wanted to. Also nearly, 95% of the survey participants and 4 out of the 5 focus group participants have never been prevented from getting tested because of lack of resources since in college. This includes monetary resources, transportation, insurance issues, or ignorance of testing location. The barrier hindered one focus group participant from HIV testing in the past was insurance. He was fearful of his insurance being notified of that event; however, he later got tested after learning he could do anonymous testing, which your identity would be concealed. These results suggest that social reasons maybe the biggest barriers to HIV testing than resources.

The last dimension of the Health Belief Model is perceived benefits. When individuals correlate great benefits to engaging in a health behavior such as screenings for different ailments, they are more likely to participate in such health behaviors. This did not prove to be the case for in this study. When asked if they would want to know their status if they were HIV positive, nearly 95% of the survey participants and all of the focus group participants said yes. The reasons were so they could live healthier, stop engaging in sexual activity, and start treatment sooner. However, this showed a discrepancy because though the participants said these things, 35% of the sexually active participants have never been tested and 40% have engaged in unprotected sex.

In conclusion, the results suggest that social factors such as isolation, invincibility, and stigma may be the biggest barrier to HIV testing. There also needs to be interventions targeted towards communication in intimate relationships and families. The results showed that 80% of the participants would have a favorable view of their partners if they suggested getting tested. Improving the dialogue between partners regarding HIV testing and other STD's may increase testing rates. Also, many participants were fearful of the reaction of their families if they were HIV positive. Communication between families about sensitive topics such as HIV/AIDS is needed to reassure individuals that they would still be loved by their families no matter the circumstance may also increase testing rates.

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