If You Build It, They Still Won’t Come: Individual and Social Barriers to HIV Testing among Rural African American Cocaine Users

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Background & Purpose
This study is a supplement to an HIV intervention trial in two predominantly African-American counties in the Mississippi Delta region of Arkansas with high rates of cocaine use, STIs, and poverty. HIV/AIDS has had a greater impact on African Americans in the South than any other area of the country (CDC, 2011).

The geographical disparity noted in HIV/AIDS may be due in part to differences in access to and use of HIV testing (Qian et al., 2006), and thus entry into care. Yet we know little about the help-seeking behaviors of rural AA substance users and the factors that influence their engagement in HIV testing.

The purpose of this study is to provide critically-needed information about personal, social, and organizational or system factors that influence HIV testing utilization among rural African-American substance users.

Methods

Study Design. Themes emerged from this study that suggest substantial mistrust and alienation.

- Assumptions:
  - HIV testing is part of routine care
  - If you do not get a phone call after a routine blood draw, you don’t have HIV
  - No symptoms = no need for test

- Self-efficacy:
  - Good self-efficacy for getting tested
  - Not for coping with a positive test, obtaining treatment or services, disclosing to others

- Gender differences:
  - It is the woman’s responsibility to be tested
  - A man will not get tested unless he is asked; he will not volunteer.

- Rapid testing:
  - Some men did not like rapid tests
  - Concern about need for time to prepare for results.
  - “Too much to deal with at once” (e.g., being tested, getting results, considering treatment and disclosure)

- Stigma/Disclosure:
  - “Being gay or having AIDS is a disgrace to the family and the race”
  - “They won’t want to touch you”
  - “They will no longer be your friend if you have it”

- Magic Johnson effect:
  - Magic Johnson is important to men as another Black man who has AIDS
  - But “he has access to best drugs money can buy,” which they do not.

- Small town social networks:
  - Reciprocity: “if you get in my drugs, then there’s something you are doing for me”
  - “Everybody knows who has sex with whom”

Results

Sample (N=68).

- purposive sampling
- stratified by gender, county, and age
- three categories:
  - intervention trial participants (53)
  - community advisory board members (7)
  - intervention program peer leaders (8)

Procedures.

- Individual semi-structured interviews with intervention trial participants only
- Focus groups (n=5) with participants in all categories after interviews were complete
- Male intervention trial participants
- Female intervention trial participants
- Community Advisory Board members
- Peer leaders from St. Francis County
- Peer leaders from Lee County
- All participants were compensated $25 for time and $5 for travel.

Data Analysis. A codebook was developed and used in coding all transcripts. Content analysis and constant comparison were used to develop themes and patterns

References


ACKNOWLEDGEMENT: This research was funded by the American Recovery & Reinvestment Act of 2009, National Institute on Drug Abuse, 3R01 DA024575-03S1 to Katharine E. Stewart.