

A Qualitative Exploratory Study of Network HIV Testing Among Three High Risk Populations in Washington DC.

James Peterson¹, Morgane Bennett¹, Tiffany West², Jenevieve Opoku², Brittani Saafir², Angelique Griffin², and Amanda Castel¹

¹Department of Epidemiology and Biostatistics, The George Washington University, ²HIV/AIDS, Hepatitis, STD, TB Administration, DC Department of Health

Background

• As a part of the Enhanced Comprehensive HIV Prevention Planning (ECHPP), the District of Columbia Department of Health, HAHSTA is scaling up HIV prevention efforts.

• The recent emphasis on identifying and screening high-risk individuals for HIV is paramount to implementing effective HIV/AIDS prevention strategies.

• High risk individuals who do not routinely access health care services may not get tested for HIV and may be unaware of their HIV status.

• Social Network Testing (SNT) for HIV has emerged as a strategy to gain access to high-risk populations who are hard to reach.

Objective

• This study was conducted to elicit perspectives regarding acceptability and attitudes toward social network testing as an approach to increasing HIV testing among high-risk individuals.

Methods

• Qualitative data were collected during three focus groups conducted among

- 1) injecting drug users;
- 2) male-to-female (MTF) transgenders; and
- 3) African-American men who have sex with men (MSM).

• Eligibility criteria included

- 1) self identifying as a member of one of the targeted groups;
- 2) being >18 years old; and
- 3) living in the District of Columbia metropolitan area.

• A street based approach was used (distributing flyers, word of mouth and assistance from relevant staff at local community-based organizations) to recruit participants.

• Focus groups were audio recorded. A verbatim transcript was produced by a professional transcriber.

• Atlas.ti 7.0 was used to assist with coding the data. Thematic analysis was conducted to identify relevant themes and patterns in the data.

Results

Injecting Drug Users (IDUs)

IDUs reported having some experience with group testing activities. One participant mentioned working with kids, as well as other groups of individuals:

“I have actually done this to a group of kids. I have done this to a group of people I don’t even know. I done sit down and told a person about, ‘They giving out tests up [at this organization]. Let’s go up there and get checked out.’ That’s where I got tested at right here messing with a friend of mine up stairs. We’ve been cool ever since.”

A major reason for getting tested is awareness of the high-risk lifestyles IDUs live. The drug using behaviors seemed to resonate during the discussion:

“Just like they was saying when I go I don’t care if they go in the alley it’s a top back there that’s where I’m going, that’s how it went. [R: That’s how it was.] That’s how it was. So today that’s why I do have to be tested because I done been in many oil joints, many back alleys, picked up stuff off of grounds, yeah I got bad experiences.”

The general challenges to SNT were mostly do to stigma and the reluctance of individuals to talk about their HIV or health status:

“The thing is to really, I’m saying this speaking for me; you got to get people over the fear of being if it’s me. Because a lot of people like they’ll secretly go somewhere and go for something else and the doctor a hit ‘em “now you know you need to come in then we can talk to you” and wa, wa, wa. Then when you go in and talk to them and tell them that they got this and then the first thing people, I’m dying.”

IDUs offered some compelling ideas on how to facilitate SNT in DC:

“[Facilitator’s name], that’s what I was saying when you was saying how you think we can recruit people in I said tell them our story tell. Tell them our story and some people you may have to walk by hand and come with them.”

Results

Men who have sex with men (MSM)

Networks were comprised of mostly sex partners; in some cases friends and mentors were mentioned - one YMSM stated:

“So, I was kind of like, he kind of you know made me raise an eyebrow like mmm, what’s going on. And then another person in my network, actually my mentor, he was the first one that took me to get tested.”

The informal experiences reported provided important insights on challenges encountered during their network experiences:

“But if you don’t use it then you know what’s happened. You know I have, I have a very, very close friend who I talk to about this and I’ve told him about [testing program] and I told him about where he could get tested and I told him about you know using condoms and safe sex practices and all of that and every single time it was the same thing. Okay, well maybe next time or, okay well I’m going to go home with this person now or oh I’m on my way home but I had to make a stop real quick so I actually may not get home until ... and then he comes to me and says you know a few months ago I’m positive. ...”

The following epitomizes the sentiment discussed regarding the reasons for taking an HIV test. The subjective uncertainties that plague one’s thoughts were highlighted:

“I was just, I think kind of like because I hadn’t had sex for X amount of months so I was just kind of like oh, okay. I mean sure why not and no I don’t have anything. So, eventually I came around and in my mind I was like you know what go ahead and get it done. So, what would that be pressure, we’ll go with pressure.”

A very insightful comment expressed by a young MSM offered a SNT recommendation:

“That does kind of go back to the whole age difference and maturity level. Well, maybe not even maturity level but the difference in generation because...I can honestly say that my generation we don’t talk to each other you know. I’m quick to pick up the phone to text somebody versus to call somebody. And, it’s strange because just the other day the guy that I’m talking to he was like, you know I’m not going to respond to any of your texts. You have to call me because you know that’s just how we’re going to do this. And, but you know those people that have the conversations and that are talking and that you feel comfortable enough to talk to them about something like that you know one they’re probably a little bit more mature than your other friends and...you have, you’ve made that, that connection with them.”

Results

Male-to-Female (MTF) Transgender

There were few experiences with network testing or group testing. The sentiment is characterized in the following excerpt:

“Well we got tested together when we first got together because that’s like a prerequisite for me like if I’m a start something new it’s learning to know right away because I’m like, like when I’m in a relationship if I feel like I can’t trust you have to use a condom. But first and foremost we need to know what each other have so got tested together when we first got together.”

There was an interesting notion that SNT would most likely pose a challenge because of the high rate of HIV infection within the MTF transgender networks :

“But you know what ninety-nine percent of all my girlfriends that I consider friends, they’re all positive. [R: Yeah.] So if anything if I go to get tested they’re coming with me for some emotional support. I mean honestly I don’t, other than these girls in here I don’t really know any girls that’s negative all the other girls that I associated with in here they’re all already positive and they know that they are and they are comfortable with other people knowing that they are.”

There were varying motivations for getting tested. One participant confessed to getting tested after participating in risky behaviors and seemed to get the nods from the group members:

“Oh um. Well it’s kind of similar to what she said. Um I don’t get tested really truthfully until I’m put in situations where. [R: You have to.] Yeah such as jail or institutions or rehabs, detox and places like that where they offer it to me like “would you like to be tested while you’re here?” And I say “yes.” But rarely do I go on my own which I guess I should. But the last time I was pretty concerned it’s some of the stuff I was doing, risky sexual behaviors and other stuff. And it seem like it was taking really long for them to come back with my results but everything’s okay. And I feel like I’ve been getting this free pass like over and over again.”

Discussion

• Overall the participants agreed that social network testing is a useful strategy in DC.

• Participants had significant knowledge and experience with HIV testing.

• Each of the groups were aware of the challenges they have or would experience using social network testing.

• However, each group seemed to present with specific idiosyncratic socio-cultural behavioral norms that are worth considering within a social and sexual network context.

• Consideration for the unique practices that exists within each high-risk group may have significant implications toward impacting communications and the ultimate success of the strategy.

Limitations

The findings presented here are not intended to be generalizable to other high-risk populations or cities.

Conclusion

• These results provide insightful perspectives about the experiences and challenges that characterize social network testing among these specific high-risk populations.

• Social network testing programs may have increased efficacy when taking into account the socio-cultural and socio-contextual dynamics of high risk populations such as MSM, MTF transgender, and injection drug users.

• The specific nuances that are inherent in each high-risk group need to be considered for implementation and conduct of a successful social network testing program.

Acknowledgements

This project was supported by supplemental funding for the Enhanced Comprehensive HIV Prevention Planning (ECHPP) Initiative through the District of Columbia Developmental Center for AIDS Research, an NIH-funded Program (P30AI087714). The authors would like to thank the participating providers, the ECHPP study team, and colleagues at the DC Department of Health. A special thanks to all of the participants and agencies for their support .