

# Facilitators and Barriers to Recruitment of Sexual Minority Male Adolescents into Surveillance Research Involving HIV Testing

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## BACKGROUND

- Adolescent males who have sex with males (AMSM) disproportionality account for new HIV diagnoses and are less likely to be tested for HIV.
- To date, most HIV surveillance data is limited to diagnosed cases of HIV, resulting in underestimation of risk among AMSM who are not tested.
- It is unknown whether anticipated HIV and sexual minority stigma, requirements for guardian permission, and other barriers to sexual health care will deter AMSM from participating in HIV testing research, or whether free access to sexual health services will motivate participation.

## STUDY AIMS

- Identify facilitators and barriers to participation in research involving HIV testing among AMSM.
- Assess whether AMSM relationships with PCPs motivates participation.
- Assess whether guardian permission requirements deters participation.

## PARTICIPANTS AND PROCEDURES

- The sample comprised of 198 sexually active HIV negative AMSM ages 14 – 17 ( $M_{age} = 16.20$ ,  $SD = .82$ ).
- 34% identified their race/ethnicity as Hispanic, 50% non-Hispanic white, and 16% other.
- 34.8% had been tested for HIV in their lifetime; 37.4% had avoided HIV testing due to stigma and worry they would be outed or criticized.
- A majority of youth had not disclosed sexual activity with males to their PCP (68.7%) or primary guardian (70.2%).
- AMSM completed an online survey on sexual orientation, sexual behaviors, family and PCP disclosure, attitudes toward HIV risk and testing, and motivations to participate in a hypothetical study.

## HYPOTHETICAL STUDY PARADIGM

- A hypothetical HIV risk study involving HIV testing was described to AMSM.
- Study procedures included pre-test counseling, HIV testing with an oral swab or a finger stick, and a questionnaire on youths' attitudes and behaviors.
- Results would be kept confidential unless participants asked for them to be shared with guardians or PCPs.
- Participants who tested positive would be provided with a list of options for community-based medical treatment.

## RESULTS

### YOUTH TESTED VS. YOUTH NOT TESTED

- Youth not tested were significantly more likely to have avoided getting tested due to anticipated stigma ( $F(1,169) = 10.21$ ,  $p < .01$ ,  $\eta^2 = .06$ ), and less likely to have spoken to a PCP about their sexual activity with males ( $F(1,169) = 56.34$ ,  $p < .05$ ,  $\eta^2 = .25$ ) compared to youth who had been tested.

### WILLINGNESS TO PARTICIPATE

- A majority of the sample (68.2%) would somewhat to strongly agree to participate in the hypothetical study.
- There were no significant differences based on demographics or sexual health items except: the more likely youth believed they might become infected with HIV, the more likely they were to participate ( $r = .16$ ,  $p < .05$ ).

### MOTIVATORS OF AMSM PARTICIPATION

- Perceived benefits of participation including access to HIV testing, counseling, and referrals were significantly related to participation interest ( $r = .16$  to  $.43$ ,  $p < .05$ ).
- Untested youth were more likely to worry about the confidentiality of testing done in doctor's offices than in the study ( $F(1,181) = 5.09$ ,  $p < .05$ ,  $\eta^2 = .03$ ) and less likely to have a doctor they trusted for HIV testing ( $F(1,181) = 47.07$ ,  $p < .001$ ,  $\eta^2 = .03$ ).
- AMSM not out to PCPs (OR = .73, 95% CI [.56–.95]) and untested AMSM ( $F(1,181) = 9.48$ ,  $p < .02$ ,  $\eta^2 = .05$ ) were more likely to believe accessing HIV testing would be easier in the study than on their own.

### BARRIERS TO AMSM PARTICIPATION

- Overall, only 24.7% of youth would participate if guardian permission was required; endorsement was positively related to participation willingness ( $r = .30$ ,  $p \leq .001$ ).
- AMSM not out to their guardians were less likely to participate if guardian permission was a requirement (OR = 1.74, 95% CI [1.40–2.16]).
- Just 17% of AMSM believed their guardian would be happy with their participation in a study providing HIV testing.



## DISCUSSION

- AMSM are willing to participate in research providing HIV testing.
- Research-provided access to sexual health services, particularly HIV testing, will facilitate participation in studies involving HIV testing.
- Anticipated stigma and distrust of PCPs are motivations to participate, especially for untested AMSM.
- Confidentiality and being outed to guardians are major concerns among AMSM, and guardian permission requirements will deter participation.

## IMPLICATIONS FOR ADOLESCENT HIV RESEARCH

- To inform prevention strategies, HIV risk research requires behavioral data and HIV testing, especially among youth who have not accessed testing.
- For AMSM, participation in such studies may serve as a critical gateway for HIV testing, prevention services and counseling, and HIV treatment referrals for this underserved population.
- Developmentalists must consider strategies addressing barriers to participation as well as the importance of including age appropriate HIV counseling and referral services for AMSM testing positive.