

Research predicts likelihood of HIV testing based on race, sex/gender and sexual orientation

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A new study has identified factors that lead to increased HIV testing among young adults, specifically how a person's race, sex/gender, and sexual orientation is connected to their likelihood of homophobia-factors that have been identified as getting tested for HIV.

Using data from the National Health Interview Survey, Sirry Alang, assistant professor of sociology at Lehigh University and her co-author Sydney Bornstein, an undergraduate student in the biology and health, medicine and society programs at Lehigh University, analyzed responses from 18-24 year olds who were asked about HIV/AIDS, other health conditions, use of health care, and other social, demographic, and economic aspects.

They examined the differences in testing by race, gender and sexual orientation, and assessed whether the effects of sexual orientation on testing varied by race/ethnicity.

Although one in five new HIV diagnoses in the United States is among persons younger than 25 years old, the authors found that up to 70% of persons aged 18-24 have never been tested. In addition they found that young women were more likely than men to have been tested for HIV, blacks and Latinos were more likely to have been tested than whites, and being gay/bi increased chances of testing for men but not women.

"The most surprising finding was that gay/bi white men were less likely than gay/bi black and Latino men to have been tested," Alang, co-author of "HIV testing history among young adults: The roles of sex, race, and sexual orientation," published this January in the Journal of HIV/AIDS & Social Services, said.

"We expected that black and Latino gay and bisexual men would be less likely to have been tested because they might be less likely to access health services and are more likely to experience double sources of discrimination-racism and barriers to testing in these populations," she explained.

Alang noted that higher rates of HIV testing among black and Latino gay and bisexual men is encouraging given that these populations are disproportionately affected by the disease. However, she added that routine testing by itself is not a sufficient strategy for reducing the number of new HIV infections among black and Latino gay and bisexual men.

In her research, Alang referenced studies that found black gay/bisexual men (as well as black women and black straight men) were less likely to engage in behavioral risk factors for HIV, such as substance use and multiple sexual partners, than their white counterparts. Given this information, the authors offer insight into why black and Latino gay and bisexual men remain disproportionately affected by HIV.

"Perhaps, vulnerability to HIV infection among people of color might be linked to racial discrimination which is a chronic stressor that increases the wear and tear of body systems, and decreases immune function. Disproportionate incarceration rates of black and Latino populations also directly increase exposure to HIV among people of color in the United States, and the stress associated to the carceral state might increase vulnerability to infections."

Alang added: "Research and policy interventions are needed to identify and break the links between structural racism and racial disparities in the prevalence of HIV."



For white gay and bisexual men who are less likely to have been tested for HIV but more likely to engage in HIV risk behaviors, the authors concluded that scaling up behavioral interventions to improve testing and to reduce risky behaviors is critical. In the era of the opioid epidemic especially among young adults, Alang anticipates that HIV infections from injection drug use might increase.

She said: "We must invest resources in the development, testing, and implementation of both structural and behavioral interventions to prevent new outbreaks of HIV, especially among people with substance use disorders."

More information: Sirry Alang et al, HIV testing history among young adults: The roles of sex, race, and sexual orientation, *Journal of HIV/AIDS* & *Social Services* (2018). <u>DOI:</u> 10.1080/15381501.2017.1409149

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