

Uptake of HIV testing among African, Caribbean, and Black heterosexual men in Ontario, Canada: The role of individual and collective resilience

Authors: Dr. Roger Antabe (Department of Health and Society, UTSC); Dr. Winston Husbands (Dalla Lana School of Public Health UofT, Toronto); Dr. Josephine P Wong (Daphne Cockwell School of Nursing, Ryerson University)
weSpeak Team, Toronto

Abstract

Research increasingly recognizes the role of protective factors such as individual and collective resilience in minimising people's predisposition to adverse health outcomes including HIV infection. Consequently, HIV prevention programs are recommended to adopt a holistic approach that integrate individual and collective resilience as a strategy to empowering individuals and groups to reduce their HIV exposure. Despite evidence pointing to their heightened vulnerability to HIV infection, the role of individual and collective resilience on HIV testing among African, Caribbean, and Black (ACB) heterosexual men in Canada is understudied. Consequently, we sought to understand the role of ACB heterosexual men's individual and collective resilience—measured by the Baruth Protective Factors Inventory—on their uptake of HIV testing. Our data are from the weSpeak study which included a cross-sectional survey of self-identified ACB heterosexual men in four Ontario cities, namely Ottawa, Toronto, London, and Windsor. Guided by Andersen's behavioural model of health care utilization, we applied logistic regression to cross-sectional data and found that structural and personal protective factors are positively associated with HIV testing after accounting for a range of control variables (OR=1.03, p<0.01). This finding suggests that ACB men with higher levels of individual and collective resilience are more likely to have ever been tested for HIV than those with lower levels of resilience. Based on this observation, we provide several suggestions for policymakers and future research. Particularly, it is essential for policymakers to design intervention programs that recognize and promote individual and collective resilience as a critical psychosocial resource that is useful for increasing the uptake of HIV testing among ACB men in the context of Ontario and Canada.

Objectives

- Understand if individual and collective resilience impact health behaviours
- Explore the impact of individual and collective resilience on the health outcomes of heterosexual ACB men
- Understand the role of individual and collective resilience on heterosexual ACB men's predisposition to HIV infection
- Explore how individual and collective resilience among heterosexual ACB men impact their uptake of HIV testing
- Suggest for policy makers the need to incorporate resilience as part of the overall strategies to address HIV vulnerability among heterosexual ACB men in Ontario

Methods

❖ Data

- Data were obtained through the quantitative phase of an Ontario-based study called weSpeak.

- Data collection followed a community- and venue-based sampling approaches in recruiting respondents

- Self-identified heterosexual ACB men (n=877).

❖ Measures

- Dependent Variable: Ever Tested for HIV; Binary variable coded as "0" = never tested and "1" = ever tested

- Explanatory Variable: Resilience-the Baruth Protective Factors Inventory (Continuous variable)

- Technique: Logistic Regression

Results

Table 1 Sample characteristics

	Percentage
Ever tested for HIV	
No	40
Yes	60
Individual resilience†	56.03 (range: 24 to 80)
Household income	
Less than 20K	39
20K-40K	13
40K-60K	13
More than 60K	23
Missing	12
Age of respondents	
≥50	16
40-49	16
30-39	25
20-29	31
16-19	12
Relationship status	
Never married	56
Currently/ever married	30
In relationship	14
Religion	
Christian	70
Muslim	11
Other	19
Immigrant status	
Native-born	60
Immigrants	40
City of residence	
London	18
Ottawa	26
Toronto	38
Windsor	18
Level of education	
High school or less	31
College	38
University or higher	31
Employment status	
Unemployed	34
Full-time	50
Part-time	16
Condom use during last sex	
No	52
Yes	48
Total	877

†Mean reported for continuous scale

Results

Table 2 Unadjusted and adjusted models predicting HIV testing

	Unadjusted		Adjusted	
	OR	SE	OR	SE
Individual resilience	1.04***	0.01	1.03***	0.01
Household income				
Less than 20K	1.00		1.00	
20K-40K	1.28	0.29	1.41	0.37
40K-60K	1.65**	0.38	1.79**	0.50
More than 60K	1.29	0.23	1.26	0.31
Missing	0.77	0.17	1.35	0.37
Age of respondents				
≥50	1.00		1.00	
40-49	3.15***	0.88	2.89***	0.88
30-39	2.27***	0.53	1.85**	0.50
20-29	0.86	0.18	0.80	0.21
16-19	0.25***	0.07	0.31***	0.11
Relationship status				
Never married	1.00		1.00	
Currently/ever married	2.51***	0.42	1.19	0.26
In relationship	1.53**	0.32	1.15	0.28
Religion				
Christian	1.00		1.00	
Muslim	0.63**	0.14	0.67	0.18
Other	0.60***	0.10	0.79	0.16
Immigrant status				
Native-born	1.00		1.00	
Immigrants	2.13***	0.31	2.54***	0.50
City of residence				
London	1.00		1.00	
Ottawa	0.57***	0.12	0.64*	0.16
Toronto	1.05	0.21	0.90	0.21
Windsor	0.79	0.18	0.76	0.20
Level of education				
High school or less	1.00		1.00	
College	1.76***	0.29	1.06	0.22
University or higher	2.38***	0.43	1.21	0.27
Employment status				
Unemployed	1.00		1.00	
Full-time	1.27	0.20	0.97	0.21
Part-time	0.95	0.19	1.04	0.26
Condom use during last sex				
No	1.00		1.00	
Yes	0.40***	0.06	0.49***	0.08

*p<0.1, **p<0.05, ***p<0.01

Conclusion

- Close to half of heterosexual ACB men have never tested for HIV
- Individual and collective resilience is associated with heterosexual ACB men's health behaviours
- Individual and collective resilience among heterosexual ACB men may be associated with their predisposition to HIV
- Heterosexual ACB men reporting higher scores of individual and collective resilience were more likely to have even tested for HIV
- Need to encourage and upscale resilience practices among heterosexual ACB men
- Health policy makers should incorporate activities that encourage individual and collective resilience among this population
- Health policy making should adopt a holistic approach to addressing HIV among this population by unpacking their resilience as protective assets that can be enhanced to improve their health
- Need to focus on heterosexual ACB youths given the revelation that they are less likely to have ever tested for HIV relative to their older counterparts
- Given the mandatory medical screening that forces all immigrants to test for HIV, there must be an increased targeting of native-born heterosexual ACB men to increase their uptake of HIV testing
- There may also be the need for increased attention to heterosexual ACB men in Ottawa providing them with more opportunities and resources to test for HIV

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