HIV testing in recent college students: Prevalence and correlates

MAJOR FINDINGS:

Using a sample of 957 unmarried college students, researchers examined the prevalence and correlates of HIV testing in a large university setting. Two in five (42%) individuals had been tested in their lifetime. Testing was more prevalent among women: 50% of women had been tested compared to only 33% of men. Disparities were also seen among ethnic groups, with Asians being the least likely to get tested. Compared with Whites, Blacks were more likely to have been tested for HIV, despite having fewer unprotected sexual encounters and being less likely to have an opposite-sex partner.

Some of the findings replicated what other researchers have found previously in other samples. Individuals engaging in higher-risk activities were more likely to have been tested for HIV. For example, individuals with more sexual partners, more unprotected sex encounters, and having an earlier age at first intercourse were significantly more likely than others to have been tested for HIV, as were non-heterosexuals.

Other findings addressed three previously understudied correlates of HIV testing. First, individuals who met criteria for alcohol and/or drug dependence were twice as likely to have been tested for HIV. Second, greater health service utilization—either having a physical exam during the past year or a greater number of visits for physical health problems—was associated with greater likelihood of HIV testing. Third, individuals who had been treated for a sexually transmitted infection were three times as likely to be tested.

Practice and Policy Suggestions: The Centers for Disease Control and Prevention revised its HIV testing guidelines in 2006, recommending universal opt-out testing for all adults visiting a health care setting. On this campus, health center providers conducted risk-based HIV testing rather than universal testing, although it was available upon request to all students. Nevertheless, the prevalence of lifetime HIV testing was relatively high compared with the average of 24% reported by the American College Health Association (ACHA) in 2010, and therefore highlights the feasibility of making HIV testing more widespread among college campuses. One possible way to encourage more college health providers to adopt universal HIV testing might be to revise ACHA guidance on HIV prevention strategies, which currently makes no mention of universal testing.
(Practice and Policy Suggestions Continued): Although it has been well-established that women seek and use more medical care than men, the differences in health care utilization between genders did not account for the entire difference in HIV testing. Practitioners should make a greater effort to offer and encourage HIV testing for male patients, given that 73% of new HIV infections in the US occur in men.

Finally, given that HIV testing services were in greater demand among alcohol or drug dependent individuals, addiction treatment programs might be an additional setting for providing routine HIV testing.


About the College Life Study (CLS)

The CLS is a longitudinal study of 1,253 college students at a large, public, mid-Atlantic university. This study is one of the first large-scale scientific investigations that aims to discover the impact of health-related behaviors during the college experience. Any first time, first-year student between 17 and 19 years old at the university in the fall of 2004 was eligible to participate in a screening survey. The researchers then selected students to participate in the longitudinal study, which consisted of two-hour personal interviews administered annually, beginning with their first year of college. A full description of the methods used is available.¹,² Inherent to all self-reporting research methods is the possibility for response bias. Because the sample is from one large university, the ability to generalize the findings elsewhere is uncertain. However, response rates have been excellent and attrition bias has been minimal.

For more information about the study, please visit www.cls.umd.edu or contact Amelia M. Arria at the University of Maryland School of Public Health at aarria@umd.edu.


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