# Assessing the Association Between Parent-Child Relationships and HIV Testing in the Asian American Population

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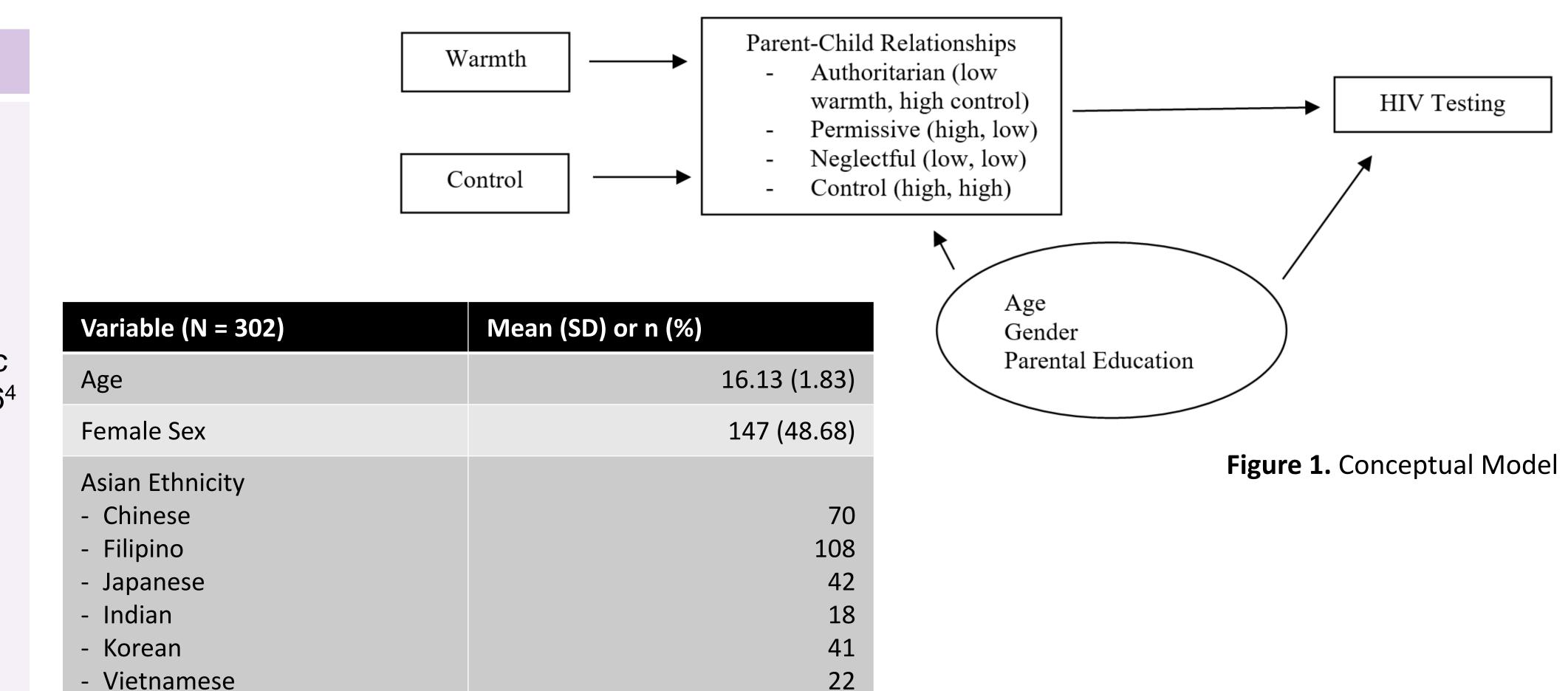
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### INTRODUCTION

- Asian Americans (AAs) make up approximately 5.9% of the United States population and were the fastest growing racial or ethnic group from 2000 to 2019<sup>1,2</sup>
- AAs make up approximately 2% of new HIV diagnoses, and 1.5% of all diagnoses<sup>3</sup>
- Although not necessarily a large absolute percentage, AAs are the only ethnic group noted to have a continuous increase in infection rate from 2011 to 2016<sup>4</sup>
  - Of those living with HIV, only 80% are aware of their status, 59% are linked to care, and 54% are virally suppressed<sup>3</sup>
- Barriers to HIV testing in Asian Americans continue to exist
  - AAs also report the lowest rates of HIV testing (33.5%)<sup>5</sup>
- However, the predictors of HIV testing among Asians in the United States are not well studied<sup>6</sup>
- Prior studies have shown that the parent-child relationship may play a role in increasing the likelihood of HIV testing
  - One study found that father-child communication in the Black population was positively associated with HIV testing<sup>7</sup>
  - No such study has been performed in the AA population.
- This study examined the association between parent-child relationships and HIV testing in AAs to understand what factors can contribute to increased HIV testing uptake

# **METHODS**

- We used data from Waves I (1994-1995, later adolescence) and III (2001-2002, young adulthood) of the National Longitudinal Study of Adolescent Health, a nationally representative, longitudinal study<sup>8</sup>
  - Respondents who self-reported Asian ethnicity at either Wave were included
- Parent-child relationships were categorized as
- Authoritarian (low warmth, high control)
- Permissive (high warmth, low control)
- Neglectful (low warmth, low control)
- Authoritative reference group (high warmth, high control)<sup>9</sup>
- We used multivariate logistic regression, controlling for covariates (age, gender, parental education)
- Analyses were weighted to account for the complex survey design.



131 (43.38)

79 (26.16)

31 (10.26)

37 (12.25)

191 (63.25)

175 (24.5)

42 (13.91)

61 (20.2)

**Table 1.** Descriptive Statistics

Other

Parenting Style

Authoritative

- Authoritarian

Parental Education

Less than high school

- High school or equivalent

- Permissive

Neglectful

Missing

Had an HIV Test

Reported HIV Testing (n, %)	Parental Style				
	Reference	Authoritarian	Permissive	Neglectful	
No	80 (76.0)	55 (92.5)	41 (86.7)	26 (98.0)	
Yes	22 (24.0)	7 (7.5)	8 (13.3)	1 (2.0)	
Total	102	62	49	27	

Table 2. Chi-Square Analysis, Weighted

	OR	P-value	95% CI
Reference	N/A	N/A	N/A
Authoritarian	0.271	0.026	[0.086, 0.851]
Permissive	0.358	0.083	[0.112, 1.147]
Neglectful	0.076	0.026	[0.008, 0.730]
Age	0.848	0.186	[0.664, 1.083]
Sex	2.080	0.104	[0.859, 5.035]
Parental Education	0.637	0.500	[0.170, 2.379

**Table 3.** Multivariate Logistic Regression

## RESULTS

- 302 respondents self-reported as Asian
- 47 (48.68%) identified as female
- 42 respondents (13.91%) reported having been tested for HIV, while 259 (85.76%) did not
- Compared to the authoritative reference group, both authoritarian and neglectful parenting were significantly associated with having a lower likelihood of obtaining an HIV test after adjusting for covariates
  - Authoritarian OR 0.27, p=0.026
  - Neglectful OR 0.08, p=0.026

#### CONCLUSIONS

- Authoritative parenting style is most supportive of HIV testing in Asian American adolescents and young adults
- Authoritarian and neglectful parenting predicted decreased HIV testing
- Parenting style likely plays a role in HIV testing uptake in the Asian American population
- Further work needs to be performed in understanding this association, which could lead to targeted interventions in both parents and their children

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