



Original article

HIV Sexual Risk Behavior in Older Black Women: A Systematic Review



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A B S T R A C T

Background: Human immunodeficiency virus (HIV) is a major public health concern in the United States, particularly among older Black women who comprise approximately 40% of the newly diagnosed cases among women. This systematic review sought to answer the research question: What are the sexual practices in older Black women associated with HIV risk?

Methods: CINAHL, PubMed, MEDLINE, and Web of Knowledge electronic databases were searched for English-language research studies published between 2003 and 2013 that focused on the HIV sexual risk practices of Black women over the age of 50. Using PRISMA guidelines, two reviewers independently reviewed and appraised the quality of relevant articles; agreement of select studies was achieved by consensus.

Results: Among the 3,167 articles surveyed, 9 met inclusion criteria. The majority (88%) were quantitative, observational studies. All nine articles addressed at least one of three factors that contribute to HIV sexual risk: Behavioral (inconsistent condom use and multiple sexual partners), psychological (risk perception, depression/stress, trauma, and self-esteem issues), and social factors (economics, education, and drugs/alcohol use). Outcome measures varied across studies.

Conclusion: Although this systematic review appraised few studies, findings suggest that many older Black women are engaged in HIV risk-taking practices. Clinicians and researchers need to be aware of the HIV risk practices of older Black women to improve health outcomes through education, effective communication and risk appraisal.

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Human immunodeficiency virus (HIV) is a major public health concern that disproportionately affects older Black women, and Black women between the ages of 50 and 64 comprised approximately 40% of the newly diagnosed cases in 2010 with heterosexual contact being the most common route of transmission (87%; US Centers for Disease Control and Prevention [CDC], 2012). Nevertheless, there is a paucity of research focused on HIV sexual risk and protective behaviors that targets this vulnerable population (Jacobs & Kane, 2011; Paranjape et al., 2006). Data on sexual risk behaviors in older women are scarce

because research has focused primarily on younger Black women (Cornelius, Moneyham, & LeGrand, 2008; Jacobs, 2008). However, older Black women are sexually active and are more likely to engage in high-risk sexual behaviors than their younger counterparts (Mack & Ory, 2003; Lindau, Leitsch, Lundberg, & Jerome, 2006). Cornelius and colleagues (2008) assert that older Black women view condom use primarily as a form of contraception. Therefore, because older Black women are typically postmenopausal and not likely to become pregnant, they may be less likely to use condoms as a form of protection from HIV and other sexually transmitted infections. Further, Sterk, Klein, and Elifson (2004) reported that older women have less experience with condoms than younger women.

Stampley, Mallory, and Gabrielson (2005) conducted an integrative literature review from 1987 to 2003 that focused on HIV risk and prevention in midlife and older Black women (ages 40–65) and highlighted factors related to perceived vulnerability, socioeconomic, sexual assertiveness, and risk-taking behaviors. The integrative review provided important early insight

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regarding HIV risk in midlife and older women. Therefore, to expand this body of literature, our study sought to provide a more current understanding of HIV sexual risk in Black American women over the age of 50.

Although 50 is chronologically defined as middle aged, historical patterns purported by the Centers for Disease Control and Prevention stratifies individuals with HIV/AIDS into categories with individuals age 50 and older considered “older adults.” This age classification is further indicated in current HIV literature (CDC, 2012; Cornelius et al., 2008; Emler, Tozay, & Raveis, 2010) and for the purpose of this study “older women” are denoted as age 50 and over.

The purpose of this systematic review was to appraise the current literature on HIV sexual risk practices in older Black women and to answer the question: What are the sexual practices in older Black women associated with HIV risk?

Methods

This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta Analyses guidelines (Moher, Liberati, Tetzlaff, Altman, & the Prism Group, 2009).

Search Strategy

With guidance from an information specialist, a literature search was conducted using four electronic databases: CINAHL, PubMed, MEDLINE, and Web of Knowledge. Criteria for inclusion of articles were quantitative and qualitative primary research studies published in English between January 1, 2003, and December 31, 2013. We aimed at identifying studies that focused on HIV sexual risk and protective practices among heterosexual older Black American women, so we restricted our search of the population to the United States. As mentioned, older women are defined as age 50 and beyond. Abstracts, unpublished dissertations, other manuscripts, editorials, and commentaries were excluded.

Initially, two reviewers (T.S., E.L.) mutually agreed on appropriate search terminology and keywords that were deduced and culminated in results derived from the four databases. One reviewer independently screened abstract titles, which were then reviewed and confirmed by the second reviewer. Differences were resolved by discussion and consensus.

The literature search was conducted in three stages: 1) Conducting the initial broad search of the literature, 2) screening titles and abstracts for inclusion and exclusion criteria, and 3) evaluating full-text articles deemed appropriate based on the screening process. EndNote X6 software was used for bibliographic management.

Initially, broad terms were combined such as “HIV risk” and “African-American women,” which yielded 3,167 potential research articles of interest: 170 in CINAHL, 597 in PubMed, 1,333 in OVID Medline, and 1,067 in Web of Knowledge. The numbers of potentially relevant articles were then reduced to 504 when titles and abstracts were reviewed and more specific key terms were searched, such as “HIV sexual risk” and “older African American women,” “middle aged,” “HIV sexual risk behaviors,” “women’s health,” “unsafe sex,” “aged African American women,” “risk factors,” “Blacks,” and “older women.” Abstracts were scrutinized closely for relevance; 344 were excluded and 160 were accepted for evaluation. When search terms were narrowed and duplicate publications were eliminated, the number of potentially relevant articles decreased to 84.

Upon further review of the 84 potentially relevant studies, 24 were eliminated because they provided data on HIV sexual risk-taking practices on women between the ages of 18 and 44. Ten additional studies were deleted owing to a lack of clarity regarding age parameters in the findings. For instance, although 10 studies reported data on HIV sexual risk practices of “middle-aged” Black women, the findings did not distinguish between women in their 40s and those 50 years or older. Thirty studies were omitted because they focused exclusively on HIV knowledge and testing, or were HIV risk interventions and studies that included data on men at risk for HIV. Six studies were not published during the prescribed time frame, and five focused solely on older Black women who were already living with HIV. The final yield of full-text studies retained for analysis after the inclusion and exclusion criteria were applied was 9, including 2 studies retrieved from review of the reference lists. See the corresponding search strategy diagram in Figure 1. Although one study was conducted on an ethnically diverse sample of older women already infected with HIV (Neundorfer, Harris, Britton, & Lynch, 2005), the authors of the study focused exclusively on the sexual risk factors for HIV as opposed to the lived experience of HIV within the target population; therefore, the study was retained for this analysis.

Data Analysis and Quality Assessment

Data from each study were summarized as follows: Research purpose and design, theoretical framework, sample characteristics, measures used in the study, data analysis, and major research findings. The qualitative and quantitative studies were critically appraised using two assessment tools adapted from Web and Roe (2007) for qualitative studies and West et al., 2002 for quantitative designs. The adapted quality assessment tool by

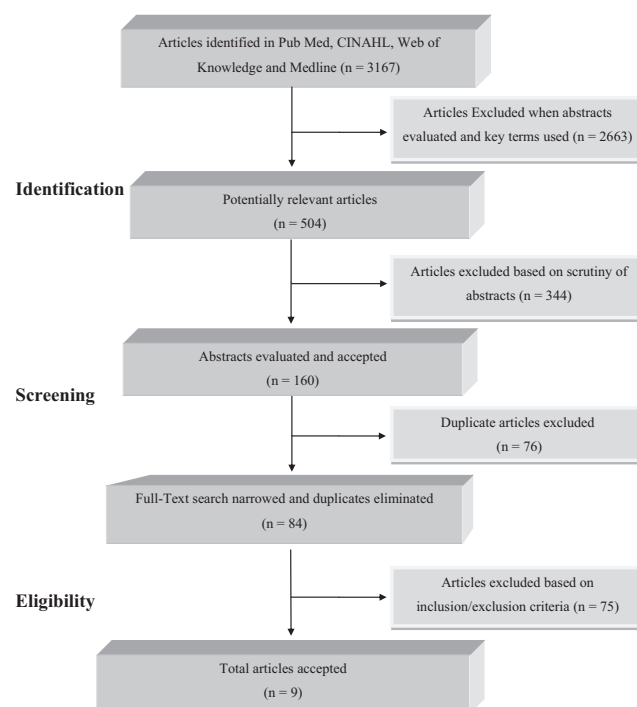


Figure 1. Search strategy diagram.

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