



Perceptions of Black College Women on Barriers to HIV-Risk Reduction and Their HIV Prevention Intervention Needs

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HIV prevention interventions can help college students engage in safe sexual behaviors. We used the Information, Motivation, Behavioral Skills model to frame four focus group discussions with Black women (n = 32) attending a historically Black college/university or a traditional university to understand their HIV prevention needs. Participants wanted clear information about sexually transmitted infections/HIV and access to contraception. Motivators for practicing safe sex were related to cultural and religious expectations, desire to avoid pregnancy, and conscious efforts to defy racial stereotypes. Barriers to practicing safe sex included issues of accountability, stigma associated with accessing HIV testing/prevention services, and media influences. We found general consensus about the need to develop skill-building HIV prevention interventions focused on communication skills, condom negotiation, access to services, and empowerment. We offer insight into culture- and age-appropriate HIV prevention for Black college women to guide the development of future interventions.

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Despite representing approximately 12%–14% of the population, Blacks account for the largest percentage of new cases of HIV (44%; Centers for

Disease Control and Prevention [CDC], 2014). HIV disproportionately affects Black women at all stages of the disease (from new infections to death) compared to women of other races and ethnicities (CDC, 2013; CDC, 2015). Black women ages 13 to 24 years contribute 23% of new infections, compared to 16% of new infections from White women (CDC, 2015). Black women may be at increased risk of acquiring HIV because of the duality of culturally defined sexism and sociocultural attitudes and experiences that have been deeply rooted in discrimination (e.g., gender-based disparities, economic vulnerability; Mittal, Senn, & Carey, 2012, Wingood et al., 2006). Researchers attempting to address the racial disparities for HIV have stressed the need for culturally competent approaches to education and prevention efforts (Bazargan, Kelly, Stein, Husaini, & Bazargan,

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2000; Beatty, Wheeler, & Gaiter, 2004; Ferguson, Quinn, Eng, & Sandelowski, 2006; Freeman, 2009; Nobles, Goddard, & Gilbert, 2009).

The idea of culture in the context of sexual health and HIV risk has been described by Wilson and Miller (2003) as “‘the way of life’ for members of a group, including the values, beliefs, norms, and traditions that might influence some people to put themselves at risk for HIV transmission” (p. 185). The college years are a time when young adults tend to explore sexuality and experiment with sex. Although “college students” have not been segmented in national HIV data, 26% of all new HIV infections in 2010 were among young adults ages 13 to 24 years, and 57% of these new infections were in Black youth (CDC, 2014). College students in the United States frequently engage in unprotected sex (e.g., sex without a condom), often with multiple partners, compounding the risk for acquiring sexually transmitted infections (STIs) and HIV (Caldeira et al., 2009). The 2008 National College Health Assessment found that almost half of college students had engaged in vaginal sex at least once, and only half of women who identified as being sexually active had partners who used a condom the last time they had vaginal intercourse (American College Health Association, 2009).

Due to the higher rates of HIV in Blacks and the risky sexual behaviors typical of college students, historically black colleges and universities (HBCUs) have been identified as an important cultural and environmental context for HIV prevention research (Ferguson et al., 2006; Freeman, 2009; Sutton et al., 2011). Research by Ferguson and colleagues (2006) found that the gender-ratio imbalance (more women than men), a key element identified by Black college students who attended HBCUs, put women at greater risk for contracting HIV due to men having multiple, concurrent partners and lower perceived control by women for condom negotiation. Studies have found that despite having adequate knowledge of HIV, students who attend HBCUs continue to have unprotected sex, do not perceive themselves to be at risk for HIV, and do not access the testing services available to them (Adefuye, Abiona, Balogun, & Lukobo-Durrell, 2009; El Bcheraoui, Sutton, Hardnett, & Jones, 2013; Ferguson et al., 2006; Mancosk, Rountree, Donovan, & Neighbors, 2006; Payne

et al., 2006). However, few studies contrast Black college women’s perspectives regarding barriers to safe sex practices and their expressed needs for HIV/STI interventions at HBCU versus traditional college/university campuses.

College campuses have a specific cultural climate that is often unique from the general population. Thus, it is critical that a better understanding of culturally specific needs of Black college women precede the design of HIV prevention interventions intended for these college students. A review of interventions aimed at heterosexual African Americans found that interventions that applied peer education and addressed social norms related to safe sex had greater success at reducing HIV risk behaviors. Additionally, their findings indicated that skills training related to communication and behaviors such as condom use, and interventions that had multiple sessions over time might also be more successful (Darbes, Crepaz, Lyles, Kennedy, & Rutherford, 2008). Research on HIV prevention for college students has focused primarily on assessing knowledge, risk-taking behaviors, and condom use (Bazargan et al., 2000; Danielson et al., 2014; Di Noia & Schinke, 2007; Mittal et al., 2012; Wingood et al., 2006); few studies have focused on qualitatively describing the unique experiences of Black female college students (Ferguson et al., 2006; Thompson-Robinson et al., 2005). Our study was designed to assess the HIV prevention needs of Black college women, in order to adapt *HIP Teens*, an HIV prevention intervention that targeted Black teen girls (ages 12–18 years; Morrison-Beedy, Carey, Crean, & Jones, 2011; Morrison-Beedy et al., 2013).

Information, Motivation, and Behavioral Skills Model as a Framework for Prevention

The Information, Motivation, and Behavioral Skills (IMB) model was used a priori to frame question development and data analysis; however, use of the model was not static and participants were given the opportunity to share information beyond the constructs of the model. We were more prescribed with question development and analysis to ensure that our findings would address the adaptations needed for our future intervention. Applying an appropriate

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