



Knowledge, Self-efficacy, and Self-perceived Risk for Cardiovascular Disease among Asians Living With HIV: The Influence of HIV Stigma and Acculturation

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Cardiovascular disease (CVD) and acute coronary syndrome (ACS) have become major health concerns for people living with HIV (PLWH) as life expectancy has increased with antiretroviral therapy. Studies suggest that motivation to seek health care is associated with knowledge, self-efficacy to engage in the health care system, and self-perceived risks for CVD and ACS. Using cross-sectional data collected from 67 un-/under-insured Asian PLWH in California, we explored the levels of knowledge about CVD, self-efficacy for recognizing ACS symptoms and seeking health care, and self-perceived risk for CVD and ACS, and how HIV stigmatization and acculturation predict these three constructs. Our sample had limited knowledge and low self-perceived risk but had high self-efficacy. Stigmatization was negatively correlated with self-efficacy ($p = .004$) and acculturation was a positive predictor of knowledge ($p = .013$). Economically vulnerable Asian PLWH need culturally appropriate interventions to improve their knowledge and self-perceived risks for CVD and ACS.

(Journal of the Association of Nurses in AIDS Care, 26, 443-453) Copyright © 2015 Association of Nurses in AIDS Care

Key words: acute coronary syndrome, Asians, cardiovascular disease, health care inequality, HIV, stigma

The advent of combination antiretroviral therapy (ART) has dramatically decreased HIV-related mortality and increased the life expectancy of people living with HIV (PLWH; Palella et al., 2006). Today, PLWH have a near-normal life expectancy on ART, but they often live with multiple complex comorbid conditions (Samji et al., 2013; Smith et al., 2014). Currently, as many as 71% of PLWH die from non-HIV-related complications, and one of the leading causes of non-HIV-related death is cardiovascular disease (CVD), in particular, acute coronary syndrome (ACS; Boccara, 2010; Smith et al., 2014).

Research has shown that PLWH may be at high risk for ACS. One study reported that PLWH have a 50% higher risk of ACS in comparison with uninfected people (Freiberg et al., 2013). Other studies found that PLWH are more likely to have at least one of the traditional risk factors for ACS, which include smoking, older age, hypertension, diabetes, and dyslipidemia

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(Malvestutto & Aberg, 2010). The chronic inflammatory response to HIV infection also increases the risk of ACS by causing chronic inflammation of the arteries and veins, which can result in the accumulation of more trapped plaque (Malvestutto & Aberg, 2010). In addition, adverse metabolic effects of ART increase the risk of ACS by changing lipid levels, by inducing insulin resistance or diabetes mellitus, and by impairing fibrinolysis (Bavinger et al., 2013; Malvestutto & Aberg, 2010).

Rapid recognition of ACS symptoms and prompt medical care are critical to minimize morbidity and mortality (Asseburg et al., 2007). Survival rates associated with reperfusion therapy (standard of care for ACS symptoms) initiated within 60 minutes of symptom onset are as much as 50% higher than those associated with reperfusion therapy initiated after 60 minutes (Moser et al., 2006).

The Information-Motivation-Behavioral Skills model suggests that knowledge, self-efficacy, and self-perceived risk may greatly influence the likelihood that an individual will promptly recognize ACS symptoms and seek medical treatment (Rajabiun et al., 2008). In other words, in order to seek medical care promptly, it is important that individuals (a) know the risks of CVD and signs and symptoms of ACS (knowledge or information), (b) are confident and proactive in accessing care when they experience ACS signs or symptoms (self-efficacy or behavioral skills), and (c) are aware of their risks (self-perceived risk or motivation). Currently, however, little is known about knowledge, self-efficacy, and self-perceived risk for CVD and ACS as they pertain to PLWH.

In the general population, knowledge regarding ACS symptoms and treatment decreases prehospital delay to seek care for ACS symptoms (McKinley et al., 2009). Other studies found that ACS knowledge was independently correlated with confidence in accessing care when experiencing ACS symptoms, response to the symptoms, and self-perceived risk for ACS (Dracup et al., 2008; O'Brien, O'Donnell, McKee, Mooney, & Moser, 2013). Individuals who are knowledgeable about ACS are more likely to accurately perceive their risk status, and an awareness of personal risk may shorten delay time in seeking care for ACS symptoms (Dracup et al., 2008). Conversely, low ACS knowledge, low self-efficacy in accessing ACS care, and low

self-perceived risk for ACS can delay seeking care during ACS.

PLWH knowledge of, health-seeking behaviors for, and self-perceived risk of ACS are greatly influenced by acculturation and HIV stigma. For example, immigrants who have low Western identification may have lower English-language proficiency and may, therefore, have limited knowledge, self-efficacy, and self-perceived risk (Sanderson, 2013). The influence of HIV stigma on PLWH knowledge, self-efficacy, and self-perceived risk—not exclusively regarding ACS but regarding health in general—are also well documented (Cahill & Valadéz, 2013; Sumari-de Boer, Sprangers, Prins, & Nieuwkerk, 2012). However, no study to date has investigated the potential influences of acculturation and HIV stigma on knowledge, self-efficacy, and self-perceived risk for CVD and ACS in PLWH who are members of racial minority groups.

One major minority group, Asians, accounted for only 2% of people newly diagnosed with HIV and 1% of the total number of PLWH in the United States in 2010 (Centers for Disease Control and Prevention, 2014), but might be at risk for CVD and ACS because they lack the knowledge, self-efficacy, and self-perceived risk that may prevent them from accessing and using preventive services. Acculturation and HIV stigma may also play major roles in the knowledge levels, self-efficacy, and self-perceived risk for CVD and ACS given their saliency for Asian PLWH in general (Clough, Lee, & Chae, 2013). Because no research to date has explored the intersection of these psychosocial factors as they relate to CVD and ACS among Asian PLWH, the purposes of this study were to (a) assess Asian PLWH knowledge concerning CVD and ACS, self-efficacy for seeking health care, and self-perceived risk of having ACS, and (b) explore how acculturation and HIV stigma predicts knowledge, self-efficacy, and self-perceived risk in urban Asian PLWH.

Methods

Design: Sample, Setting, and Data Collection

As part of a larger study to adapt and validate an HIV stigma scale for Asian PLWH, we conducted a

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