Health promotion: results of focus groups with African-American men

Keywords

African-American men
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G. Anita Heeren and John B. Jemmott III

Abstract

Background: Almost half (49%) of the people diagnosed with HIV/AIDS in the United States (US) are African-Americans. Although African-Americans represent only about 13% of the overall population, they continue to account for a higher proportion of cases at all stages of HIV/AIDS. Most documented interventions targeting the African-American population have focused on women, children, men who have sex with men or drug addicts.

Methods: Six focus group sessions with African-American men (39) and women (15) were conducted in a heterogeneously populated American city. We used a pre-focus group questionnaire to collect data about the socio-economic background of the participants. In our focus group sessions we examined the feasibility of instituting a health promotion program for African-American men.

Results: The men who participated in the sessions showed great interest in attending the health promotion program. They had no prior knowledge of positive behavioral practices that could promote their individual health and well-being. HIV infection rates in the African-American population remain the highest in the US.

Conclusion: The results of our focus group sessions showed that the heterosexual African-American men were eager to learn how to protect themselves against communicable and non-communicable diseases in health promotion programs.

G. Anita Heeren, MD, PhD
Center for Health Behavior and Communication Research, School of Medicine, University of Pennsylvania, Philadelphia, PA, USA

John B. Jemmott III, PhD
Department of Psychiatry, School of Medicine and Annenberg School for Communication University of Pennsylvania, Philadelphia, PA, USA

E-mail:
aheeren@asc.upenn.edu

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Introduction

Nearly 49% of all HIV positive and 42% of all AIDS cases newly diagnosed in the United States (US) are African-Americans, although they constitute only 13% of the population. Only 34 of the 50 states in the US report their data regarding HIV infection. Male infection rates are more than twice as high as female infection rates with rates of 136.8 per annum compared to 60.6 per annum for females [1]. It is believed that the mode of HIV transmission for men is mainly sexual contact with other men, injection drug use or high-risk heterosexual contact [1]. Sexually transmitted diseases (STDs) continue to be experienced at higher rates within the African-American community than in other communities. A main factor of transmission is the lack of awareness of risky behavior and the effect of HIV status [1]. Very often the husband constitutes the main risk factor for a wife [2,3]. These factors explain the high infection rates.

Almost a quarter of all African-Americans live below the poverty line and a disproportionate number are afflicted with HIV/AIDS or related diseases [4]. Poverty limits access to health care, as does negative attitudes (by both the provider as well as the patient), cultural beliefs and the stigma associated with HIV infection and other life style diseases [5]. Roderick [6] found that 83% of chronic illnesses were related to behavioral factors, which were influenced by social factors. Behavioral modification interventions are, therefore, essential in addressing the health issues of African-American men [5].

A review of the published literature (using PubMed research in 2010) revealed that out of 157 HIV intervention studies, fewer than 10%

had been conducted with heterosexual men, focusing on their behavior patterns, their needs and their beliefs [7–11]. The main focus in most studies was on children, adolescents, women, college students, men who have sex with men, truck drivers, HIV positive people and drug users [12–16]. The literature review suggested there was a lack of risk reduction studies focusing on heterosexual men whose behaviors and attitudes predispose them to risky sexual practices.

Focus groups were organized, with the aim of collecting qualitative information to address the feasibility, acceptability, and logistics of conducting a trial to test the efficacy of a health promotion intervention for African-American men. A second objective was to identify African-American men's salient behavioral beliefs, normative beliefs, and control beliefs that were relevant to sexual risk behavior and the cultural and contextual factors associated with such behavior.

Method

We used focus group sessions because they are a useful tool for examining the perception of African-American men concerning men's willingness to participate in a health promotion program [17–19]. We conducted six focus group sessions, three sessions with African-American men only, one session with African-American women only, one session with African-American heterosexual couples, and one session with African-American men and women who were not in a relationship with each other. Altogether there were 54 participants, 39 African-American men and 15 African-American women. Each group had between six and 12 participants. All participants understood themselves as being heterosexual men or, in the case of female participants, heterosexual women. They all shared an interest in learning about health promotion and healthy life style to improve their own life.

The participants were recruited via flyers and advertisements in the *Metro*, a free newspaper in the Philadelphia area. Participants responded by calling a specific phone number to set up an appointment. Screening criteria were: age group, between 18 and 45 years; self identifying black or African-American; declared themselves as heterosexually active; did not intend to move out of the area within the next 12 months. The participants were then invited to take part in a focus group session. The participants completed an anonymous pre-questionnaire.

With the participants' permission the sessions were audiotaped, and additionally members of the research team took notes. The data were transcribed verbatim by the moderator and subjected to content analysis [20,21]. Further measures to ensure rigor included participant checks [22] and assurance of data saturation by the end of the data gathering process [23]. The content analysis began with reading through the transcribed interviews and listening to the audiotapes. Data were then assigned to units of meaning, which were subsequently organized into emergent themes. The thematic areas were: respondent's knowledge about HIV transmission, STDs, health risk behavior, and health promotion issues.

Each session was facilitated by a skilled moderator and lasted between 60 and 90 minutes. During the session refreshments were served. All participants received $50 as a token of appreciation for their time.

The study was approved by the institutional research board (IRB) of the University of Pennsylvania.

Results

The program was introduced to the participants as a health promotion program, where men would learn about prevention of risk behavior, and chronic diseases. The majority of men showed excitement about the idea of a health promotion program for men and were keen to participate in such a program. They suggested that we should include information about the location of facilities that could offer screening for prostate cancer, and training about the prevention of lifestyle diseases, such as high blood pressure and diabetes. They also expressed interest in hygiene education, and cessation of smoking and use of drugs.

The age of the participants was between 19 and 45 years, with a mean of 42.6. All of the participants were black and all but two were African-American. About 67% (36) of the