

Remembering the Basics: African American Youth and HIV Knowledge - Brief Report

Wadiya Udell, Geri Donenberg

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Objective: The current work examined three HIV knowledge areas (i.e., general knowledge, HIV-safe behaviors, HIV-risk behaviors) among African American youth living in two urban areas.

Methods: In a cross sectional sample of 142 African American youth ages 11–17 years living in Chicago and Seattle, youth's HIV knowledge was assessed using a 16-item survey adapted from the Youth AIDS Prevention Project and the Aban Aya Project.

Results: Multiple linear regression analyses examined the association among youth HIV knowledge and key demographic variables (i.e., age, gender, parent education, household income, and city). Overall HIV knowledge was low among all youth. Youth were most informed about general knowledge, followed by knowledge of HIV-risk behaviors. Youth were considerably misinformed about HIV-safe behaviors. Generally, older youth and those living in Seattle were more informed about HIV than younger adolescents and youth living in Chicago. Household income and youth gender were unrelated to youth's HIV knowledge. However, parental education was related to youth's HIV-safe knowledge, with youth of more educated parents having less knowledge than youth with less educated parents.

Conclusions: Findings from this study underscore the importance of continued attention to HIV knowledge as an important component of HIV prevention among African American youth. Accurate information about HIV is critical for prevention efforts. Prevention efforts should ensure that new generations of youth continue to be provided with knowledge about HIV risk and transmission.

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Author Affiliations: Wadiya Udell, School of Interdisciplinary Arts and Sciences, University of Washington Bothell, Geri Donenberg, School of Public Health, Department of Psychology in Psychiatry, University of Illinois at Chicago

Correspondence: Wadiya Udell, Ph.D., School of Interdisciplinary Arts and Sciences, University of Washington Bothell, Box 358530, 18115 Campus Way NE, Bothell, WA 98011–8246, wau2@u.washington.edu.

For over 30 years, the public health and medical fields have been fighting the HIV/AIDS epidemic. While there is still no cure, great strides have been made. We have reduced perinatal infections, and have delayed (and in many cases prevented) the progression of HIV to AIDS for those with access to antiretroviral therapy.¹ Unfortunately, such medical advances have not been accompanied by similar successes in reducing transmission. With the exception of mother to child transmission, reducing behavioral transmission of HIV has proven to be challenging both globally and nationally. In the United States, there are approximately 50,000 new HIV infections annually, with African Americans bearing the burden of the U.S. epidemic.²

Although African Americans account for only 14% of the U.S. population, they comprise 44% of all new HIV infections.² While HIV incidence rates have lessened for some sub-groups in the U.S., the overall incidence among Black Americans has remained relatively stable since 2006,² and has increased among subpopulations of Black Americans.³ Black youth face elevated risk for contracting HIV, because they live in communities with higher rates of HIV infection, and engage in sexual risk behaviors, and have higher rates of sexually transmitted diseases.⁴ Without a vaccine in the near future, the continuation of targeted HIV prevention efforts for African American youth remains important.

HIV prevention is complex, requiring more than simple solutions that address one or two risk factors. Researchers have developed sophisticated evidence-based HIV prevention programs that have been proven effective in reducing HIV risk behaviors among a variety of youth populations, including African American youth.² While the development of these interventions have great potential to reduce HIV risk among African American youth, they are not frequently implemented outside of research settings. Various reasons for this exist, including organizational willingness and ability to implement a given program, cost and training required for program implementation, and difficulty retaining intervention participants to complete the program.⁵ Such challenges in implementing evidence-based programs in real-world settings have hampered their success in reducing HIV risk among African American youth. While we increase our knowledge of effective intervention implementation and identify ways to provide greater access to evidence-based interventions, we must continue with the “simpler” efforts like HIV informational campaigns educating youth about the epidemic.

Although research has shown that knowledge alone is not sufficient to alter HIV risk behavior, it is evident that one cannot begin to reduce HIV risk without adequate knowledge of HIV. Knowledge about HIV transmission remains a necessity for effective HIV risk reduction. In the context in which the majority of African American youth do not have access to evidence-based interventions, providing basic education about HIV remains crucial.

History suggests that we should continue to pay attention to the HIV knowledge possessed by current generations of youth, as the negative effects of generational forgetting (i.e., the diminished perception of dangers associated with engaging in particular risk behaviors) on a variety of youth risk behaviors has been documented.⁶ The current study identifies strong and weak areas of HIV information among African American youth living in two high HIV-prevalence urban areas, and examines key demographic factors associated with their HIV knowledge.

METHODS

Overview

This study reports descriptive data regarding adolescent HIV knowledge collected between 2009 and 2010 for a study examining religiosity and African American youth's sexual behavior. A purposive sample of 142 African American youth (72 boys, 70 girls) and parents (119 female, 15 male, 9 did not answer) were recruited from local organizations (i.e., community centers, local libraries, churches, and public clinics) in two US cities (Chicago, IL and Seattle, WA). Youth and parents/guardians responded to informational flyers posted at local organizations or presentations at community centers and churches. Written parental consent and youth assent were obtained for all participants. Both youth and parent assessments were approximately 60 minutes. Youth assessments were administered via audio-computer assisted interview (A-CASI), and parents were given a written assessment. Youth were compensated \$20 for participating in the study, and parents were compensated \$25. The University of Washington's Institutional Review Board approved all study procedures.

Participants

Participants were 142 African American youth living in Chicago ($N=118$) and Seattle ($N=24$). All but one participant completed the survey. Youth were between the ages of 11 and 17 years ($M = 13.87$, $SD = 1.92$), and there was equal representation of boys and girls. Baseline data collected from parents/guardians revealed a range of socioeconomic backgrounds, from households earning \$5,000 or less (15% of the sample) to over \$75,000 annually (6% of the sample). Half of the sample (51%) reported living at or below the poverty line.⁷ Parental education ranged from less than a high school education (18%) to a completed graduate degree (7%). Nearly half of parents/guardians (42%) attended some college.

Measures

Youth's HIV knowledge was assessed with 16-items adapted from the Youth AIDS Prevention Project and the Aban Aya Project.⁸ Items queried basic information about HIV (e.g.,

whether there is a cure for HIV), safe transmission behavior (e.g., shaking hands), and unsafe transmission behavior (e.g., engaging in sex without a condom). Items were rated on a 3-point scale ("true," "false," "unsure"). Correct answers were scored as 1 point, incorrect and "unsure" answers were scored as 0 points. Alpha coefficients for youth in this study were acceptable at .78.

RESULTS

Overview

Data regarding youth HIV knowledge and demographic factors are reported as means. Multiple linear regression analyses examined the association among youth HIV knowledge and key demographic variables (i.e., age, gender, parent education, household income, and city).

Youth's HIV knowledge

HIV knowledge was low among all youth. On average, teens answered 54% of the items correctly (see Table 1). The model including age, gender, parent education, household income, and city was statistically significant in predicting youth HIV knowledge $F(5, 123) = 7.65$, $p < .001$. Examination of the individual variables in the model revealed a significant relationship between HIV knowledge and youth age ($p \leq .001$), and city ($p \leq .01$). Specifically, older youth and youth living in Seattle answered more items correctly than younger youth and youth living in Chicago. To gain a better understanding of youth's knowledge about HIV, we examined the percentage correct for the items by subscales (i.e., HIV-risk behaviors, HIV-safe behaviors, and general HIV knowledge).

As seen in Table 1, the disaggregated data reveal an interesting pattern. Youth were more informed about behaviors that transmit the HIV virus (i.e., HIV-risk behaviors), answering an average of 63% of the items correctly. However, they were considerably misinformed about behaviors that do not transmit the HIV virus (i.e., HIV-safe behaviors), only answering an average of 28% of related items correctly. Surprisingly, 46% of youth believed there was a cure for HIV. Each of the three models predicting youth's general knowledge of HIV $F(5, 123) = 5.64$, $p < .001$, knowledge of HIV-risk behaviors $F(5, 23) = 5.29$, $p < .001$, and knowledge of HIV-safe behaviors $F(5, 23) = 4.08$, $p < .01$ was statistically significant. According to the univariate analyses, gender and annual household income were not related to any HIV knowledge areas, but youth age was positively related to all three knowledge areas, $t(127) = 4.52$, $p \leq .001$ for general knowledge, $t(127) = 3.42$, $p \leq .01$ for HIV-risk knowledge, and $t(127) = 3.26$, $p \leq .01$ for HIV-safe knowledge. City of residence was also negatively associated with general HIV knowledge $t(127) = -2.39$, $p \leq .05$ and knowledge of HIV-risk behaviors

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