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# *The Measurement of HIV Risk Level in African American Women Who Dwell in the Southeastern United States*

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*African American women are the group most heavily afflicted with heterosexually transmitted HIV. The southeastern United States suffers a disproportionate degree of this burden. The purpose of this study was to present the psychometric testing of the HIV Risk Behavior Questionnaire, which was designed and tested for use in this population. The instrument, initially comprised of 32 items, was screened for face validity by experts in the field. This resulted in a revised 28-item instrument. Internal consistency was tested in 74 subjects and yielded Cronbach's  $\alpha$  of 0.74. High interitem correlations coupled with similarity between the items resulted in the elimination of three additional items. The final 25-item instrument was then administered to 304 subjects, with Cronbach's  $\alpha$  of 0.82. Factor analysis yielded a four-factor solution: barrier/fluid avoidance modalities, survival sex, sexual communications, and factors that increase sexual risk. This indicated the complex multidimensional variables that affect sexual risk. Construct validity was then established through correlation with existing instruments of assertiveness and personal control, using an additional sample of 131 subjects.*

**Key words:** *HIV risk, African American women, psychometrics*

Since its emergence in the early 1980s, HIV disease has afflicted those in the United States in an epidemiological pattern that differs from that of the rest of the world. Outside of the United States, the disease was characterized by a pattern of in-

fection afflicting primarily heterosexual communities. This was especially true in areas such as sub-Saharan Africa and Asian countries such as Thailand. In fact, this pattern has continued to compound itself to pandemic proportions in these regions, now affecting many more African and Asian countries. The North American epidemic was characterized by a well-documented initial vector into the gay male community. This resulted in very high disease rates in gay men and concurrent stigmatization of the disease by society as a whole. This pattern is now changing rapidly, with the North American epidemic now beginning to mirror the heterosexually based world pandemic. This is particularly true in the southeastern United States.

African American women are suffering HIV disease at startling rates. They are 23 times more likely to be infected than their White counterparts (Centers for Disease Control and Prevention [CDC], 2004). Statistics indicate that 55.4% of HIV cases diagnosed between 1999 and 2002 were in non-Hispanic Blacks (CDC, 2003b). This accounted for 71.8% of all female cases of the disease during this period (CDC, 2003b). African American women are more likely than White women to contract the disease through heterosexual contact (74%–64% of female cases respectively) (CDC, 2003a). Additionally, African American women are less likely to contract the dis-

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ease through intravenous drug use (24%–34% respectively). Although African American men suffer rates of infection from heterosexual contact at rates exceeding those seen in White men, the primary modality continues to be through men who have sex with men (47%). Clearly, African American women are at the highest risk and represent the largest number of new cases of heterosexually acquired HIV.

### HIV Risk Behaviors

Behaviors that place one at risk of contracting HIV have long been known. The focus of a large proportion of HIV prevention programs encompasses barrier techniques and avoidance of high-risk sexual behaviors. Condom use in the context of oral, anal, and vaginal sex has proved to be an effective modality for the prevention of HIV disease and is the cornerstone of any disease prevention strategy. Additionally, avoiding high-risk behaviors such as unprotected anal, vaginal, or oral sex is important. This has become the common modality for HIV prevention.

African American women have been targeted by multiple media and educational modalities directed at preventing high-risk behaviors. Studies such as the present one have illustrated the unique attributes of this community. DiClemente et al. (2004) detailed the effect of such interventions, showing that culturally appropriate educational interventions can be effective in preventing high-risk behaviors. Similarly, Crosby et al. (2003) detailed similar findings but illustrated the role of sexual communication in increasing the probability that young African American women will use condoms.

It is clear that many social variables, some of which are more common in the African American community, play a prominent role in the likelihood that a woman will engage in high-risk sexual behaviors. One of the primary purposes of this study was to develop a global operational definition of factors that increase the likelihood of high-risk sexual behaviors. By providing a way to measure some of the social variables involved in sexual interactions, it will offer a comprehensive way to categorize African American women's level of risk.

Mallory and Stern (2000) identified the principle of survival sex. The realization that women engage in high-risk sexual behaviors to meet their survival requirements is an important one. This is particularly true in economically challenged populations of African American women. Sanders-Phillips (2002) further identified the influence of an overall state of powerlessness and its influence on high-risk sexual behaviors in women of color. Wyatt et al. (2002) identified the role of limited resources in the likelihood that a woman will engage in unwanted or unsafe sexual behaviors. For instance, a woman who fears losing the place where she lives is far more likely to engage in unwanted sex than one in a more secure social environment.

The fear of violence and the often-subordinated position of women in socially challenged populations frequently play a role in high-risk sexual behaviors. Epele (2002) showed this in examining the role that the increased danger and risk associated with life play in impoverished areas. Kalichman, Williams, Cherry, Belcher, & Nachimson (1998) detailed the "interactive constellation" of social problems that moderate these women's behaviors (p. 373). Zierler, Witbeck, and Mayer (1996) and He, McCoy, Stevens, and Stark (1998) similarly documented the effects of actual or threatened partner violence on the sexual behavior of women. This effect is particularly profound in African American women. Saul, Moore, Murphy, and Miller (2004) reported that women in violent relationships were far less likely to exert their will in requiring the use of barrier modalities.

Johnson, Cunningham-Williams, and Cottler (2003) suggested a profound interaction between partner abuse, drug use, and depression. Women who experience all three factors were more likely to participate in high-risk sex. Logan and Leukefeld (2000) and Sherman and Steckler (1998) detailed the greater likelihood of high-risk sexual behaviors in women who use cocaine. Logan and Leukefeld further detailed increased risk in women who trade sex for drugs or who trade sex for money to buy drugs. Jemmott and Brown (2003) used qualitative methodology in studying the phenomenon of drug use and high-risk sexual behavior. They reported that drug use greatly increased the likelihood of these behaviors. These studies detail the complex interaction between drug and alcohol use and violence in Afri-

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