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# *Factors Influencing HIV-Risk Behaviors Among HIV-Positive Urban African Americans*

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*Urban African Americans are disproportionately affected by HIV, the virus associated with AIDS. Although incidence and mortality appear to be decreasing in some populations, they continue to remain steady among inner-city African Americans. A major concern is the number of HIV-positive individuals who continue to practice high-risk behaviors. Understanding factors that increase risks is essential for the development and implementation of effective prevention initiatives. Following a constructionist epistemology, this study used ethnography to explore social and cultural factors that influence high-risk behaviors among inner-city HIV-positive African Americans. Leininger's culture care diversity and universality theory guided the study. Individual qualitative interviews were conducted with HIV-positive African Americans in the community to explore social and cultural factors that increase HIV-risky behaviors. For this study, family/kinship, economic, and education factors played a significant role in risky behaviors. Reducing HIV disparity among African Americans is dependent on designing appropriate interventions that enhance protective factors. Clinicians providing care to HIV-positive individuals can play a key role in reducing transmission by recognizing and incorporating these factors when designing effective prevention interventions.*

**Key words:** African American, economics, education, HIV-positive, social support

Despite advances in treatment of HIV, African Americans continue to suffer disproportionately from

the disease, evident by epidemiological data. According to the Centers for Disease Control and Prevention (CDC, 2002), HIV incidence increased among African Americans, Asian/Pacific Islanders, and American Indians from 1999 to 2002. Of the total cases during the same period, African Americans accounted for 54% of all new diagnoses of HIV/AIDS from 1999 to 2002. This is significant, because the general population is composed of 12.7% African Americans (U.S. Census, 2002). The rate of AIDS diagnoses in the United States was 14.1/100,000 compared with 58.7/100,000 for African Americans (CDC, 2002). With the advancement in treatment, individuals are living significantly longer with the illness. Survival continues to be lowest among African Americans (Advancing AIDS prevention, 2003). Several factors contribute to this disparity. One risk was increased transmission by HIV-infected individuals who were aware of their status (Advancing AIDS prevention, 2003). Although individuals might be aware of their HIV infection, there are groups who continue to practice high-risk behaviors. This article presents the findings of a qualitative study where HIV-positive individuals were interviewed to explore motivators of high-risk HIV behaviors.

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Risk for HIV is primarily associated with two behavior categories: unprotected sexual contact and injected drug use. According to the CDC (2002), these are the primary exposure categories for African Americans. It has been suggested that health and well-being are strongly influenced by behavior, and behavior is influenced by certain social factors (Airhihenbuwa, 1995; Morris, 1998; Cohen, Scribner, & Farley, 2000; Roderick, 1992). These social factors act as a motivator or barrier for behaviors (Sumartojo, 2000). In the case of HIV, social factors are associated with high-risk behaviors such as unprotected sex and drug use, which subsequently influence participation in behaviors that increase the chances of spreading HIV. In addition to social factors, cultural, organizational, community, economic, legal, and policy-related aspects influence behaviors and are found in most communities (Sumartojo, Doll, Holtgrave, Gayle, and Merson, 2000). In looking at the current HIV crisis, it is important to explore social factors to decrease the risks for spreading the virus and to increase factors that protect against risky behaviors.

The literature suggests that social factors influence health in three contextual ways: availability, acceptability, and accessibility (Facion, 1999; Blakenship, Bray, & Merson, 2000). Each targets individual, organizational, and environmental levels to influence risk for exposure. Availability assumes that necessary preventive HIV resources are available for at-risk individuals (Facion, 1999; Blakenship, Bray, & Merson, 2000). When protective resources (such as drug rehabilitation centers) are not available, individuals are more likely to practice high-risk behavior. Acceptability focuses on changing the norms of a social system. The system accepts and respects individuality. It has been documented that individuals with high levels of internalized homophobia were more likely to participate in risky behavior (Rotheram-Borus, Rosario, Reid, & Koopman, 1995; Stokes & Peterson, 1998). When individuals feel less accepted, they are less likely to participate in health-related behaviors such as primary prevention (Plowden, 2001a, 2001b; Plowden & Miller, 2000). Accessibility focuses on equal distribution of resources throughout communities. Similarly, it has been documented that poor individuals are less likely to have

access to needed services (Ayanian, Cleary, Weissman, & Epstein, 1999; Bach, Cramer, Warren, & Begg 1999; O'Malley et al., 2001).

## Theoretical Framework

This study was conceptualized according to and guided by Leininger's culture care diversity and universality theory. This theory can be used to explain, interpret, and predict culture care knowledge and lifeways for a group of individuals (Leininger, 1988, 1991a, 1991b, 1995, 1997). According to the theory, religion, economics, kinship, politics, and education are critical social dimensions that influence the cultural development of individuals and the development of values, thoughts, and behaviors (Leininger, 1991a, 1991b). Following this theory, participation in high-risk HIV behaviors among HIV-positive individuals is expected to be culturally defined and influenced by one or more of these societal dimensions. To understand motivators and barriers to such behaviors, one must explore these social dimensions. For this study, the theory (Leininger, 1988, 1991b) was used as a cognitive map to examine social dimensions that influence high-risk HIV behaviors among HIV-positive African Americans. Additionally, the critical social dimensions were used to develop codes during data analysis and final themes.

## Methodology

### Design

Qualitative methodology, using an ethnographic approach, was used to collect data. Ethnography was used for this study because it provided a systematic process of observing, detailing, describing, documenting, and analyzing the lifeways or particular patterns of the group of interest to grasp the patterns of the people in their familiar environments (Leininger, 1985, 1991a). The goal was to obtain and analyze data from the group's perspective. The inquiry was not directed at testing theories and hypotheses. Rather, it attempted to: (a) identify new and unexplored data of interest to gain new understanding of high-risk behaviors among HIV-positive Af-

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