



AFRICAN AMERICAN WOMEN'S PERCEPTIONS OF HIV PREVENTION COMMUNICATION WITH THEIR REPRODUCTIVE HEALTH PROVIDERS

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Introduction

In spite of a decline in HIV incidence rates among African American women, they still bear the most significant disease burden among U.S. women. Findings from numerous studies indicate probable explanations for the disparity, such as the impact of poverty, limited healthcare access, low literacy, and living in areas with high HIV rates. In order to fully examine the topic, it is necessary to better understand African American women's perceptions regarding their personal HIV risk and testing practices, the role of their reproductive health providers (RHPs) in HIV education and screening, and the need for patient-provider communication.

Study Design

The purpose of this study was to explore African American women's perceptions regarding what HIV prevention communication, if any, occurred with their RHPs during routine gynecologic examinations. Twenty African American women ages 20 to 44 years with unknown HIV status participated.

In order to gain a better perspective of African American women's experiences regarding HIV prevention communication with their RHPs, data were collected utilizing semi-structured interviews, document analysis and observation of a primary care setting. The interviews, the primary method of data collection, were audio-taped and transcribed verbatim and coded using NVivo10 software.

Results

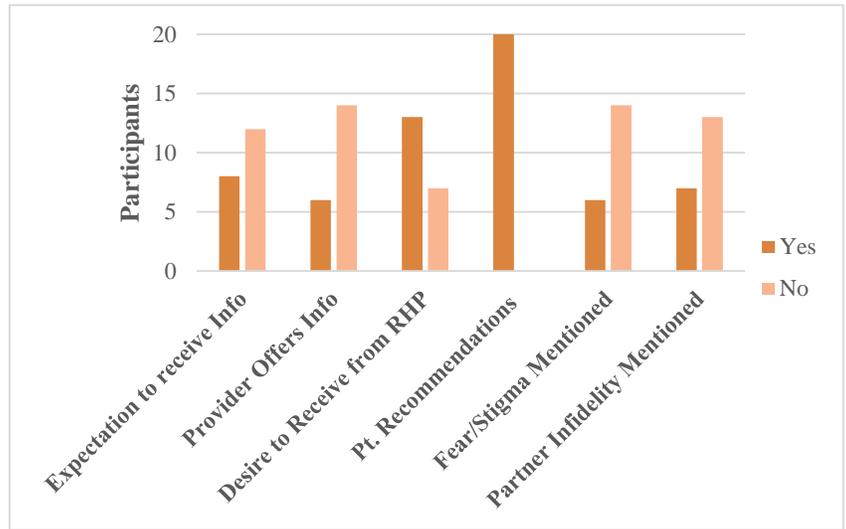
Fourteen of the participants reported they did not receive any HIV prevention recommendations or cues to action from their provider during their reproductive health visit. Additionally, the facility observation and document analysis supported the lack of communication through those sources as well. Because there was little evidence that HIV prevention communication occurred between the participants and their RHPs, insufficient data were obtained to support whether provider communication influenced participants' personal perception of HIV risk or self-efficacy regarding preventive behaviors.

Participants' Perceptions Regarding Patient Provider Communication

Data Collection Source	<i>Participant Response n/N (%)</i>	
Interview	Yes	No
Received HIV prevention recommendation (verbal or written) from provider	6/20 (30)	14/20 (70)
*Verbal	3/6 (5)	
*Written	1/6 (1)	
*Verbal and Written	2/6 (3)	
Expected to receive HIV recommendation	9/20 (45)	11/20 (55)
Received HIV information from sources other than reproductive provider	7/20 (35)	13/20 (65)
Wanted doctor to share HIV prevention information	12/20 (60)	8/20 (40)
Observation of waiting area and exam room		
Did see or read HIV prevention information	4/20 (20)	16/20 (80)

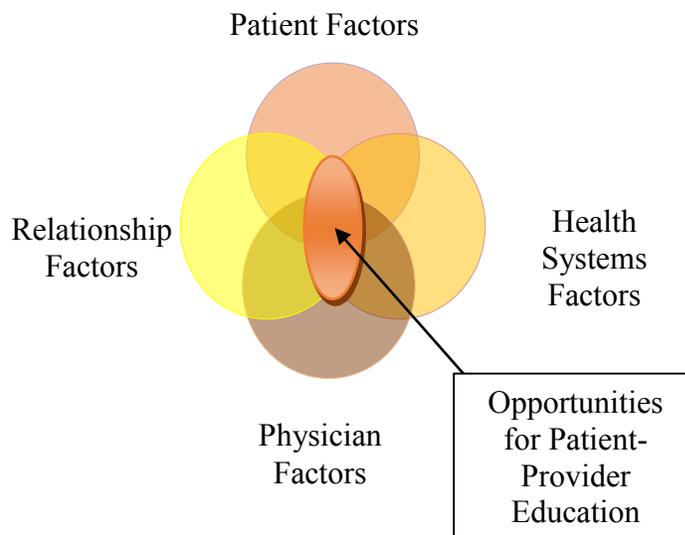
Note. *N= number of participants who received provider recommendations.

Guided by constructs of the Health Belief Model, inductive and deductive coding yielded four key themes: (1) patients' lack of expectation to receive information; (2) failure of RHPs to initiate and offer information; (3) patients' desire to receive information; and (4) patients' recommendations regarding their preferred methods to receive HIV prevention communication. The results highlighted that there may be missed opportunities for RHPs to offer HIV prevention information to women at greatest risk.



Recommendations

In order to lower the burden of HIV infection among African American women, a variety of multilevel interventions are needed including utilizing a culturally sensitive approach to patient-provider communication. Based on the study participants' comments, the best model should include addressing their desire for information and treating them as people. Additionally, the provider needs to incorporate HIV prevention information and screening opportunities as a part of routine reproductive care. A modified version of the patient-centered model by Epstein et al. (2005) may be tailored to address the needs and desires of this historically, underserved group of African American women. The key considerations of the modified model should be for the RHPs to: (1) initiate a conversation about HIV prevention including screening as part of routine care; (2) provide information in a way that reduces stigma and fear about HIV and emphasizes the benefits of early detection; (3) ask the patient what information does she want and, in turn, actively listen to the patient's response; (3) utilize wait times to offer prevention information through traditional methods and referral to health educators; and (4) maintain consistent contact with patients who elect to receive healthful living information on a regular basis (e.g., text, email, educational seminars, etc.).



Epstein, R., Franks, P., Fiscella, K., Shields, C., Meldrum, S., Kravitz, R., & Duberstein, P. (2005). Measuring patient-centered communication in patient-physician consultations: Theoretical and practical issues. *Social Science & Medicine*, 61, 1516-1528.

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