

SPECIAL TOPICS IN PUBLIC HEALTH
ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
18TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

Whose Choice Is It? Understanding HIV Risk Among African American Women

EM Yancey, LM Goodin, M Wang

Suggested citation for this article: Yancey EM, Goodin LM, Wang M. Whose choice is it? Understanding HIV risk among African American women [abstract]. *Prev Chronic Dis* [serial online] 2004 Apr [date cited]. Available from: URL: http://www.cdc.gov/pcd/issues/2004/apr/03_0034t.htm.

PEER REVIEWED

The types and prevalence of human immunodeficiency virus (HIV) risk behaviors among African American women ages 17 to 44 years were identified and an intervention was developed to reduce the risk of HIV infection by addressing culture and gender issues specific to these women.

In this intervention, we identified communities with high incidences of HIV infection and acquired immunodeficiency syndrome (AIDS) among African American women.

Before and after the intervention, an HIV Risk Reduction Survey was administered to 422 women to assess risk behavior variables. Focus groups were conducted. An intervention was developed and conducted that consisted of 7 weekly sessions. The intervention used this project's research findings and incorporated the theoretical underpinnings of 2 concepts: *Ntu* (an Africentric model of spiritual beliefs, practices, culture, and interpersonal relationships) and the Theory of Gender and Power (a social theory about sexual inequities, gender and power, and balances).

Intervention and control group comparisons before and after the intervention indicate a significant increase in HIV knowledge among women in the intervention group, based on the 12-item HIV Knowledge Scale in the Morehouse School of Medicine HIV Reduction in African American Women Survey: Intervention group mean scores pre-intervention vs post-intervention were 8.66 vs 10.01; control group mean scores pre-intervention vs post-intervention were 8.41 vs 8.42 ($P = .01$). Intention to use condoms increased among women in the intervention group but decreased among women in the control group, based on the 4-item Condom Barrier Beliefs construct (using a Likert scale of 1 to 4) in the Morehouse Survey: Intervention group mean pre-intervention vs post-intervention was 1.64 vs 1.69; control group mean pre-intervention vs post-intervention was 1.64 vs 1.61 ($P = .05$). Personal risk perceptions increased in both groups (using a 1-item Likert scale of 1 to 5), although less in the intervention group: Intervention group mean pre-intervention vs post-intervention was 1.95 vs 2.01; control group mean pre-intervention vs post-intervention was 1.96 vs 2.33 ($P = .05$).

Interventions to reduce the risk of HIV infection among African American women should help them understand relationships, facilitate increased knowledge about HIV, and support attitude and behavior changes within the context of their culture and environment. Women in this study showed an interest in seeking information on reducing their risk of HIV infection and possibly initiating steps toward behavior change. A sustained and protracted effort might be needed to help this population move from increased understanding to sustained behavior change.

The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the U.S. Department of Health and Human Services, the Public Health Service, Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named above.

Corresponding Author: Elleen Yancey, PhD,
Center Director, Morehouse School of Medicine,
Prevention Research Center, 720 Westview Drive SW,
Atlanta, GA 30310. Telephone: 404-752-1511. E-mail:
yanceye@msm.edu.

The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the U.S. Department of Health and Human Services, the Public Health Service, Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named above.