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Women’s HIV Prevention Study (WHIPS): A Pilot HIV Secondary Intervention for Midlife and Older African American Women Living with HIV

Abstract

Despite improvements in treatments over the past 30 years, HIV/AIDS continues to be a major public health threat, particularly among sub-populations such as African American women. Midlife and older adults (those aged 40 years and over) are fast becoming a growing concern for HIV/AIDS infections, particularly older African American women. There has been limited research targeting midlife and older African American women living with HIV that aimed to reduce their transmission of HIV and promote them becoming prevention advocates. In response to this gap in the literature, a culturally tailored intervention guided by the IMB Model of behavior change that aimed to reduce sexual risk transmission, increase perceived social support and promote women becoming prevention advocates, was developed and pilot tested. A total of 58 African American women age 40 years and over were screened, enrolled, completed informed consent and randomly assigned to receive an 8-hour group intervention session or a time-matched control session. Study participants completed assessments at baseline, 1-month and 3-months later. Measures included demographic variables, self-reported sex behaviors by partner HIV status, HIV knowledge, HIV risk reduction intentions, HIV risk reduction self-efficacy, HIV risk reduction acts, perceived social support, and intentions to prevent HIV in others. Analysis included a repeated measures factorial ANOVA to detect differences between groups and over time. We found no significant difference between the groups and no intervention effect on the variables of HIV risk reduction intentions, HIV risk reduction self-efficacy, HIV risk reduction acts, perceived social support, or intentions to prevent HIV in others. HIV knowledge scores changed over time, however no intervention effect was detected. Results also indicated that 83% (n=48) of the women reported having a male sex partner in the previous three months. Women in our study reported having unprotected vaginal sex with partners who were HIV+, HIV-, and whose HIV status was unknown at the time of sexual activity. At three month follow-up there were no significant differences found between the groups on the mean number of unprotected or protected sex acts and no intervention effect was found. Although there were no significant findings from this pilot, there is still much to be learned about the sexual health behaviors of midlife and older African American HIV+ women. Future research with this population might benefit from exploring the use of more gender focused theoretical models to understand the health behaviors of women. Future research with this population should also examine other psychosocial variables related to sex behaviors such as social and sexual networks.