Qualitative Assessment Findings

Among African American Women in East Texas

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UT SOUTHWESTERN MEDICAL CENTER

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I. Purpose of the Study

The Texas Department of State Health Services (DSHS) contracted with UT Southwestern Medical Center (UTSWMC) to conduct a series of focus group interviews with African American (AA) women 18 yrs and older in the East Texas area to enhance understanding of the factors that: 1) affect recruitment of AA women into programs or interventions aimed at reducing their risk for acquiring or transmitting HIV; 2) affect a woman's decision to seek HIV/STD testing; and 3) are important to AA women in regards to the possible integration of HIV prevention services into primary care settings. The qualitative information gathered from the interviews will be used to assist the Texas Statewide Community Planning Group (TXCPG) in performing their duties as outlined by the 2003 HIV Prevention Community Planning Guidance created by the Centers for Disease Control and Prevention (CDC).

Between October 2007 and December 2007 four focus group interviews were conducted with 26 AA women who live in Longview, Texas and surrounding areas. This document will detail the methods undertaken and the findings from the focus groups.

II. Methodology

Qualitative research techniques (focus groups) were used to collect the information from the study participants. Focus groups were used in particular because of the "depth, quality and richness" of information that can potentially be obtained. Additionally, participants were allowed the opportunity to voice their thoughts, beliefs, opinions, ideas and experiences in a more relaxed and non-threatening atmosphere, thus allowing for a more in-depth understanding of salient and emerging issues.

However, despite the advantages of using focus groups, they do have their limitations. Research results from focus group interviews should not be used to generalize information to the entire population nor should the results be used to replace other quantitative methods.

Topic Guide Development

Based on discussions with service providers, anecdotal data and information found in existing literature sources, UTSWMC staff developed a topic guide to explore the issues related to *recruitment of AA women in HIV prevention programs or interventions; HIV/STD testing; and integration of HIV prevention services into primary care settings.* Drafts of the topic guides were sent to DSHS for review and were later pilot tested with select members of the target population. After conducting the first focus group, UTSWMC staff observed how responses to some questions also elicited responses for questions that came later in the interview. Therefore, UTSWMC staff elected to rearrange the order of the questions and to "fine-tune" a few others to improve the flow of the focus groups.

Participant Recruitment

Staff contacted service providers and Community Planning Group (CPG) members from the East Texas area to assist in the recruitment of study participants. UTSWMC staff provided the service providers and CPG members with information on the purpose of the interviews, a description of the target population (AA women age 18 and older) and flyers to aid in their recruitment efforts. Although there were no formal exclusion criteria, gatekeepers were asked to not divulge the existence of monetary tangible reinforcements to potential participants during their recruitment efforts. Additionally, the flyers did not make any references to monetary tangible reinforcements. The flyer did make reference to the provision of refreshments. The reference to both monetary tangible reinforcements was excluded purposefully. UTSWMC staff wanted to ensure that potential study participants were not attending solely for financial gain or monetary reward. The steps taken to enhance recruitment were deemed successful as evidenced by the number of women recruited for the groups along with feedback received from study participants and service providers following each interview session. UTSWMC staff received several compliments on the flyers and all of the participants commented on how they were pleasantly surprised to receive a monetary tangible reinforcement at the conclusion of the interview. UTSWMC staff would like to acknowledge the efforts and support received by the service providers. They were instrumental in recruiting participants and for securing space to host the interviews.

Thank you to Special Health Resources for Texas, Inc. and the Longview Wellness Center in Longview, Texas.

Focus Groups

The focus groups were held in venues secured by service providers in the host cities. Upon arrival at each venue, study participants were asked to sign in and were given self-adhesive name tags for identification purposes during the interview. Participants were told they could use either their real name or a pseudo name. Prior to the start of each group, participants were provided refreshments and were asked to complete a pre-assessment form. The participants sat in either a circular or rectangular format depending on the size of the room. The interviews were facilitated by an African American female and a Caucasian male. When one served as the facilitator the other observed and took notes of the interviews. The facilitator discussed the purpose of the group interview, confidentiality assurances and ground rules, and read through the consent form. Once each participant individually read and signed the consent form, the interview began. Each interview was tape recorded and lasted between 60 and 120 minutes. The average time for a group was approximately 90 minutes. The number of participants per group ranged from 5 to 10. At the conclusion of each group, the participants were thanked for their participation and were given a $20 gift card.

Data Analysis

The focus group interviews were audio taped and later transcribed by UTSWMC staff. The transcribed data were then grouped into one large document by individual questions and participants' responses. The grouping of the information allowed staff to more readily identify and extract emerging patterns and themes. During the analysis, the responses that were repeated frequently were identified along with more subtle responses for inclusion into the final report.

III. Results

Basic demographic results from the pre-assessment can be found in Appendix A.

The major themes emerging from the interviews are presented below.

Recruitment

Participants were asked what they thought were the best ways to inform people about the availability of prevention programs and the ways to access them.
Some were more verbal than others in voicing their opinions about how best to recruit for interventions. Several women commented that using commercials, public service announcements (PSA), flyers and word-of-mouth would probably work well in their area. Aside from using a PSA, word-of-mouth was the most popular method women thought would be successful. Of those who suggested using a PSA, they were quick to add that any women depicted on the flyer or in the PSA should represent the population being targeted. The women were adamant that the person depicted "look" like them and be representative of the age group being targeted. For instance, if the intervention is for women over 30; the flyer should depict women in that age group otherwise those women will not think the intervention is for them. There were other participants who mentioned using the church to recruit. The women stated that the church bulletin or church auxiliary groups might be a good way to advertise a program and an even better way to get the church more involved. A few women added that using billboards might be useful if they are strategically placed around town. The women offered a unique suggestion on how to use women to help inform others about HIV prevention. The women explained how breast cancer campaigns work and offered the suggestion that HIV testing campaigns follow the same methods. The participants stated how women are being encouraged by their doctors to "talk to their best friend, their sister, their mother, etc., about breast cancer" so why not do the same thing with HIV. The women also expressed that they thought doctors should help recruit for a program or intervention. The women conveyed that they generally trust the opinions and recommendations of their doctors and others who are important to them.

QUOTES

> *"They can have a commercial like that, they can speak about you know sexually transmitted disease and stop having sex…"*

"Broadcasting, more of a public campaign to reach them. More literature…"

"More flyers."

"If you can have a face that you can put on the [PSA], a celebrity face, 30 something, somebody that will represent them…a face that everybody knows, somebody in their 40's, 50's, or retirement. Having something like a PSA, flyers, that they will go oh, so and so has been through this, I didn't know that. Maybe I want to check that out or I want to listen to that."

"…if it comes from someone who you view as important. Like if I go to the doctor and that's something that my physician makes a part of my routine checkup…she brings that up…I'm thinking she knows [what she is talking about]… and that would probably get my attention. Because I feel like a problem with the 30 something's that I know is that they just don't think it can happen to them, you know?"

"…not just the doctor, I know this may not be the best place, but church. Maybe not like in Sunday school, but in one of your outside church activities where you know congregate with your church family. Just people that appear or, that you feel is important to you, like my doctor's opinion to me, is important to me."

"You know, its like breast cancer, its like you know that thing how we say lets tell your mom, or tell your sister, why don't we do that with our friends? Tell your best friend, you know talk to your best friend you know, about this. Especially if you know she's single, especially if she's starting to date a new person…But its just the same thing like breast cancer, you know we have that sticker that you're supposed to put on your calendar, its supposed, it says remind your mom for her mammogram, remind my your sister, same thing, same program. We could have the same thing, actually a calendar sent out to different variety of places like this that you can pick up, as it is to pick up, and have things on it that you can put at your home, at your job or wherever you can put it at with little stickers that says remind your friends and help, you know talk to them about HIV, STDs"

Recruitment barriers and obstacles

Participants were asked what may prevent women from attending an HIV program or intervention

The major themes that emerged during this discussion were the issues of *stigma* and *fear.* The women were quick to point out that East Texas is a very conservative area and that Longview is a small city, where everyone knows each other. The participants stated how it might be difficult to get women to attend a program at a location that is commonly associated with HIV/AIDS because they fear someone will recognize them going into the venue or recognize their car in the parking lot. The women explained how some women feared being seen at such a venue since people around town might presume they have an STD or HIV. The participants commented on

how important it is to have programs that educate women on HIV and STDs, yet the subject is very taboo in their area. The women indicated other factors that may impact whether or not women would attend e.g., having meetings at various times, providing childcare and the availability of groups for specific age groups. The participants explained that flexible meeting times would be great to accommodate women who either work during the day or at night. Additionally, the women believed not having childcare would definitely deter women from attending. A few of the women stated that they were not able to attend a previous scheduling of the focus group because they did not have childcare. They stressed the importance of accommodating women from all walks of life from single non-working parents to older populations of women when creating times and locations for programs. Lastly, the participants added that there are women in their area who do not want to change their behavior and those who do not think they are at risk. The women stated that a lack of knowledge was a very real problem in their area. The women were especially concerned about the younger women in their area. They felt strongly that more programs were needed in their schools to educate young girls.

QUOTES

"I also feel that its needed here in Longview because Longview and East Texas is considered the conservative in the country and where you need to raise your children and then its like, you know, taboo to think about these things and I think it should, its needed here because, if you don't have the knowledge then you know, what do you do about it? And so if you're afraid to talk about it, then you can't learn about it."

"Being seen and being presumed to having a STD or HIV or AIDS."

"They're not interested in changing their behavior."

"Providing child care because I almost [did] not attend because I didn't have a sitter."

"I think that you should, you should focus on having it like at all separate different kinds of hours because some folks work at night some folks work the day so I think that you should have it…"

"What it comes down to really is I think is if they want to. If they're not going to, people don't do anything they don't want to. If they're not interested, if they don't think you know, this is not a problem for me even though it might be…they're still not going to attend."

Overcoming barriers and obstacles

Participants were asked their opinions on how to overcome the barriers mentioned above

The participants stressed the importance of making sure the meetings were held in a relaxed setting that was both casual and informal. The women explained that the meetings should feel like 'girlfriends gathering' to talk about any and everything. The women also addressed the issue of comfort. Some participants stated that they would feel more comfortable sharing personal information in a group of women they already knew. Lastly, the women stated the best way to get women to attend was by having friends or peers refer them. The participants explained how they would be more inclined to attend a program if they were being encouraged to do so by women they knew.

QUOTES

"…like me I go to work and I say, oh girl you should have been there and you know, try to encourage them to attend groups like this."

"To make it more of a relaxed setting and not more so as a meeting, you know, comfort kind of thing. And it needs to be kind of like a casual, like a girl get together kind of feel to it. Where they feel like bring a friend night. You know, you bring your girlfriends out or call it girls night if you want to have a women's focus and tell them to dress up and get pretty, make it like a big thing for them instead of just having that stigma of, I'm going to hear some counselors talk about you know, all these things. Try to make it more comfortable and inviting for them."

"If we are good friends, best friends and we don't mind sharing stuff like that, no problem you know if you're that close I'll tell her, give her some helpful hints girl try this or that may work, you know."

"You may have that session with more people who know each other and not afraid to share their business with the group within but if its just like a whole bunch of people coming in then you're not really going to want to share your business with those people…"

Test Seeking Behaviors

Participants were asked if HIV/AIDS was a major concern in their area
The women were all in agreement that HIV, AIDS and STDs were a significant problem in their area and how more education is needed. The women also stated that the topics of HIV and STDs were still considered taboo. The women reiterated that East Texas is 'ultra' conservative thereby making it difficult to effectively address the high rates of HIV and STDs in their area. There were a few participants who expressed their frustration with not having a mechanism in place that would allow them to identify who is HIV positive. The women described how vulnerable they feel not being able to know who may be HIV positive prior to getting into a physical relationship with that person. The participants also commented that HIV and STDS were a serious issue among their youth. The women expressed how the youth were not well informed. Additionally, the participants indicated that there were adults who did think they were at risk or simply did not care enough about themselves to learn more about HIV.

QUOTES

"*I feel like it's an issue because it is not spoken and you don't think about it so it gets bigger and bigger and bigger, and it's kind of like that elephant in the room that nobody's looking at because no one wants to talk about it."*

"…they don't want to face it, don't want to talk abut it, its taboo you know, I can't have AIDS, I'm not gonna you know, I don't know anybody who has it, you know, things like that. Nobody wants to fess up and really look at the picture's that's going on here"

"I mean you're going to get AIDS from this person, man or woman, and it's gonna to kill you. But we're not allowed to know who is that person that's got HIV because that's confidential you know. But yet we can know who the sex offenders are in my area, put n your zip code, its gonna tell you every sex offender around you. Ok? They're gonna be able to tell us that the drunk driver killed so and so, ok, but are you not going let me know that this man up the road from me that really, I'm really falling in love with is now HIV positive and he's not going to tell me because its so taboo and now I got it and now I'm going to die?"

"Well it's just; I think that East Texas is ultra conservative. Um, and that's a difficult thing for anything having to do with sex because you can get it…"
"They don't want to address it."

"… I think that they don't think it's as bad in this area as it really is, it is, I mean it really is"

"I mean they know it exists but they don't talk about it. But people is more sexually active now you know than they have been over the years."

"I know its such a big issue you know in the school system… Its kind of a like you know a hush-hush thing, people don't really talk about it but you know I think its something that really do need to be discussed."

"sounds like everyone dropped their guard on about the HIV, the AIDS and stuff. Because you know you hear about it the more in high school you know with our young teenage girls"

Participants were asked where they have gotten their information on HIV/AIDS
The participants gave a variety of responses ranging from commercials to the internet. The women indicated that the Longview Wellness Center and Special Health Resources were both excellent sources of information. The women also stated that television talk shows were a good source of information.

QUOTES

"The internet"

" Movies"

"Commercials"

"Talk shows"

"Yeah, talk shows, TV, internet…"

"I got mine here. Special Health Resources"

Participants were asked if they thought individuals in their community knew where to obtain information on HIV/AIDS in their area

The responses were mixed. There were some women who were extremely confident that individuals should know where they could go to get a free test. However there were other women who disagreed with that assertion. The women who disagreed stated that information was not as commonly known as some might believe. The women all agreed that more information on where to go for testing was needed. Additionally, the women expressed that doctors should provide information on HIV and STD testing to their patients.

QUOTES

"No I hadn't seen much information out in the public…"

"…not even at my doctors office. I have had the same doctor for 2 years and not once has he asked me about pap tests, HIV tests, STD tests, he never mentioned and I never brought it up. So therefore I was just careless about not getting that information because it's not out there for me."

(Several at once) "I don't think they know. No."

"No, not a free one."

"I don't think they know."

"It goes back to the same thing; I mean its, its some of that should be public. Its public knowledge that, that their lacking you know…"

"They need billboards and stuff to advertise this kind of stuff. If they can put a billboard up there for a cigarette I know they put a billboard up there for HIV."

"But they ain't even got to do that, I mean what if they put it in the doctor office you know what I'm saying so the doctor's can, can let you know."

"...Or the emergency room"

"Newspapers"

"…you know how they have those seminars where they saying well we're doing things where people can come and get their um passports, they need to do something like that you know have a HIV testing blitz or whatever. You know put it in the paper, public knowledge, people don't know."

Participants were asked to describe what may prevent women from obtaining an HIV test
Participants commented that fear was a major factor that would prevent women from testing. Fear of potentially finding out they are positive and fear of being seen at an HIV testing site. A significant number of participants stated that some women may be reluctant to get tested at a site where they know the staff. Since Longview is a small, tight knit community, the women are afraid the staff may not keep their results confidential. The women also expressed that there were a significant number of women who did not think they were at risk because they only have one sex partner. The participants also offered finances as a reason for not testing. The women explained that women may not know where they can obtain a 'free' test and therefore elect not to get tested because they can not afford to pay for it.

QUOTES

"Fear that it's going to be positive."

"The fear of knowing."

"…and the fear of it not being kept confidential."

"Maybe a lack of finance, a lot of time you have to pay for it to get tested."
"Thinking that I don't have it, or I couldn't you know?"

"That you're not at risk"

"I know they had a health fair here and I was working across the street and a lot of people were coming over and I'm like 'I'm not going over there to get one of those, they were doing free HIV, I'm like I don't have it so why should I go get tested?"

"Yeah it just depends on who it is, who works in there"

Overcoming barriers to testing
The suggestions that were given consistently in every group were *education* and *advertisement.* The women all agreed that education was one of the best methods to overcome women's barriers to testing along with increasing the amount of advertising of HIV testing opportunities.

Integration of HIV services into existing traditional health care settings

Participants were asked their opinions on integrating HIV services into routine care
The women stated that merging the two would be ideal. They commented on how doctors could play a major role in encouraging women to get tested. The participants expressed a reoccurring theme about 'trusting' a doctor's recommendations. It became apparent how much the women in this area hold their doctors and their advice in high regard. It became quite obvious that many of the women in the group thought doctors should take a more dominant role in HIV prevention. The women were all in agreement that providing testing at the doctor's office would keep the fear and stigma out of obtaining a test. There were others who commented that getting an HIV test should be as routine as getting their annual checkup.

QUOTES

"It should have been there in the beginning because your medial care and your emotional care, they all kind of tie in together and I think a doctor should be treating the mind as well the body, speaking to those issues about your lifestyle and how to be safe with and why you're making those choice[s]."

"Somebody has a STD, they come in and just treat the STD, give them the antibiotic but at the same time say, I'm going to give you this reference card to go to Special Health Resources, they have health care or you can go here and talk to, if you want to talk to a psychologist if you had problems or things like that just to have those reference there to offer to help them so that maybe they won't be coming back in for another STD."

"They may listen to a doctor or counselor and that nature when they may not listen to the parent."

"Also you look at the fact that they're already there you know what I'm saying, you ain't got to get them to come back to the service, you know they're already at the doctor so you know, since they got to go anyway for their checkups, you know why not go ahead and get them while they're there…"

"Yeah, yeah I think that should be a routine thing."

"Just like the pap smear every year you know."

"If they're going to check to see if you got cervical cancer they might as well check to see if you have HIV."

Participants were asked to describe what an ideal health care setting might look or feel like
The participants expressed how an ideal setting would be comfortable, easily accessible, private, and inviting. The women stated that they wanted to be able to access a myriad of different services at one location or in close proximity of one another. The women also expressed a concern to feel safe and secure and not be made to feel like another statistic. The participants suggested that the staff be courteous, professional and above all be empathetic and kind to their patients no matter what their financial situation happened to be.

QUOTES

"You want to feel like a person, you want to feel welcome, uh you want to feel safe, also at the same time having your privacy and feeling like the other people in the same room will also maintain that privacy…and going back into the room [where] the doctors or PA's see you feel and feeling like they can speak to you and tell you things and you can listen and also feel like it will be confidential but at the same time you getting all the help you need. But privacy and personality will be the thing for me."

"I mean its just you have to feel safe, secure and that there's going to be, you're not going or feel like I'm a number and that she's trying to hurry up and get me out of there."

"They should be professional, treating you like a person and not looking down on those people who may not be financially able to go elsewhere and I've seen that before at places that they look down at people that are going to try to get WIC or uh, Medicaid or Medicare for their children, its like they speak down to them. Don't, don't uh speak down to the people that are coming in, treat them like human beings that are coming there to try to get help and not speak down to them."

"I don't have a family doctor right now because I spoke up. Because I sat there in that lobby and listened to this woman talk down to these people, and I'm like ok, I have insurances so she treats me like I'm gold but the next person that came in had Medicaid and she just talked bad to them."

"To accept both Medicaid and private insurance…"

"More a place to where if a woman walked in there, it'll be in a woman atmosphere"

"Have everything in one location!"

"It would be neat to have a one stop shop..."

" …a mammogram and a pap smear and everything in one location, do the lab work right there."

"I think it should be warm and inviting I think the staff uh, should have uh, people personality. You havea lot of times you go into clinics and some people don't have people personality you know what I'm saying?"

"If they having a bad day, they going to make you have a bad day and everybody catching an attitude ain't good…"

"You on Medicaid you don't want to go to a facility that makes it look like you're on Medicaid. That's nerve wracking…"

"Yeah a lot of people do that, they'll see the person with insurance before they'll see the person with Medicaid even though the person with the Medicaid had an earlier appointment than the person with the insurance just because they going to be paid right out of the pocket."

"It's not about customer service anymore it's about a dollar sign. Its not about people anymore its about a dollar sing. Customer service stinks now, because they don't care about nobody else, you know it's just like, get what you need and go on, that's it."

Emerging Topics

Participants were asked if the subject of HIV/AIDS had ever been discussed in their churches
The majority of women responded that they hadn't heard about it from the pulpit. However there were a few women who indicated that their pastors did speak about it from time to time. Some participants stated that there were conversations about HIV/AIDS and STDs in some of the church groups. There were others who had heard mention of something in their church bulletin. The women were reluctant to say that this was a topic that should be talked about from the pulpit, but they did express that the ministerial staff should become more informed. The women suggested that more seminars or workshops be conducted with churches and their congregations to increase their knowledge and understanding of the diseases that are out there and how they are transmitted.

QUOTES

"It's more or less when you go to church that the preacher or the minister, they usually harp on abstinence. They wouldn't even address all the outside stuff, abstinence was it."

"Its still taboo."

"Uh-huh, and I feel like the church is the place to stop playing around with peoples lives, I mean tell them the truth."

We are ultra conservative in this area. We don't want to discuss reproduction even though that's how we got here…

"Educational wise you know they can do like a group like we're doing or have somebody to come in and speak with their people."

"Ours do… Our pastor talk to the kids and they just open up"

"Ok so they also talk about you know, protect yourself if you out there but you know don't do it, that type of thing, you're hearing both messages."

"They suggest that you don't but if you are make sure you're doing what you're supposed to be doing to protect yourself."

"We probably need to get our preachers, or ministers and everyone else knowledgeable of this disease so they will know where they can go into the bible and find the scriptures and things they need to find to help those young women. Get them in a class to teach them about what's going on in this community, what's going on in the surrounding areas that's coming into our community."

"...maybe there's somebody that's in your area, in your congregation that has the medical, you know, again back to the safe, you're gonna believe that Sister Mary's telling you the truth, god forbid she's not."

"We can go in the church and give a presentation and give out the pamphlet, we can't give out condoms or nothing like STD education talk but its just hard sometimes getting into the churches because the main person sometimes feel that you know the kids in their church don't need to know that type of information."

Participants were asked what role could the churches play in HIV prevention
Approximately half of the participants stated that the churches should play a much larger role in educating their congregations on issues related to HIV, STD and AIDS. There were a small group of women who did not believe the message should come from the pulpit. They did however suggest that information be placed in the church announcement. Another suggestion included having the youth ministry or church groups host educational workshops for the youth. Lastly, the women expressed a need to have workshops or programs that discussed all types of health topics including HIV that anyone could attend.

QUOTES

"I can see them giving um like a class or something or a program once a week or something like that, a different topic on different health care stuff you know you have these topics or whatever week they're going to talk about these issues. To where they can, you know a group of people can just come in, anybody can come in, you know were going to have this class tonight you know on HIV and AIDS you know and then next week its going to be something else."

"Using the community resources like uh, Miss Williams you know to come in and talk about you know the issues and presentations and like they said like the mini presentation like they would do, at least they get some information you know, it would have to start from somewhere."

"Maybe, maybe not in the sermon, maybe, I think some type churches have women's groups…"

"Just in the announcements I think on Sunday morning."

Participants were asked if they knew any women who were involved in a sexual relationship with a man who has been in jail, prison or is currently incarcerated

Several participants responded that it was a very common occurrence. The women stated that some of the women they know have low self esteem and want badly to be in a relationship no matter what. Others responded that some women find dating an ex-con exciting.

QUOTES

"I think fairly common."

"I just thought, I can tell you 4 or 5 women that I know that have relationships with men who have either been in prison and one that had one that was in prison, he went to prison and of course she broke up with him and was with another guy, and he got out and she got back together with him. I just think I feel bad because I feel like a lot of women don't know how to be alone."

"For some girls they may find that exciting and attractive to date somebody like that. Or I think in their mentality too, they feel like they need to be with somebody like that and just in general they feel like they need to be with somebody."

"I could give you some names, yeah."

"You'd be surprised at how many women would date somebody coming out of jail."

IV. Conclusion

The conclusions have to be reviewed in the context of the composition of the focus groups of African American women: the women were older and fairly well educated and also reported significant possible risk behaviors

The data revealed that the women provided several very helpful methods to increase recruitment of women into HV prevention interventions: flyers that depicted women like those being recruited, public service announcements, and word of mouth. The importance of peer recruitment and the trust that comes from being recruited by someone you know and/or respect was a strong theme. A combination of the ideas of peer recruitment and physician recruitment was the very creative method of having the physician recruit a woman and tell her to recruit her friends. The evidence clearly showed that targeted and purposeful advertisement and recruitment efforts can play a vital role in the successful implementation of such programs.

Furthermore, the data revealed a need to explore more in depth the likelihood of incorporating physicians and clergy into HIV prevention efforts. The women seemed especially interested in receiving HIV prevention services and messages from their physicians. This conclusion has to be taken in the context that 21 of the 26 women had health insurance; the answer might be different from women who have to rely on the public funding of health care. They also seemed interested in having their churches more involved but were not sure that it could be accomplished. They seemed to be quite concerned about educating the young people which, if possible to arrange, would also serve as a way to reach adults.

HIV testing was available but was not sought out by all women because they were afraid of learning their own result and they were afraid that others would know they were getting a HIV test. Having HIV testing routinely available in medical care settings was very attractive, especially if it could be free.

Stigma as a large barrier to attending HIV prevention programs and interventions, getting HIV tested, having educational programs in churches, etc. At the same time women wanted to know which men were infected so they could protect themselves.

This focus group effort did not explore the reasons why women engage in unprotected sex with main and non-main partners. Nor did it further explore the reasons women take such risks with men who have been recently released from prison. It also did not explore the impact that drug use has on either the woman's behavior or her risks from her male partner. The last area that was not explored in this effort was the impact of anal sex on a woman's risk of HIV and the reasons for engaging in that behavior. All these risks are present in the population (see the demographic table) but were their exploration was not the purpose of these groups. These are all possible areas for further exploration. Additional research with African American women in both urban and rural areas throughout the state of Texas are

needed to elucidate nuances and cultural influences on high risk sexual behavior that places them at significant risk for acquiring and transmitting HIV.

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Appendix A

Demographic Data

Demographics

Table 1. African American Female Focus Group Participants (N=26)

Age		**Currently have health insurance**	
18-24	1	Yes	21
25-35	7	No	5
36+	15	**Been to a Dr in last 12 months**	
Missing	4	Yes	24
Education		No	2
< HS	3	**Offered an HIV Test during Dr visit?**	
High School Graduate	3	Yes	11
Some College	15	No	15
College Graduate	6	**Are you sexually active?**	
Attend Church Regularly		Yes	16
Yes	18	No	6
No	7	N/A	4
Missing	1	**How many sexual partners have you had in the last 6 mos?**	
Race		**1 or fewer**	8
American Indian/Alaskan Native	-	**2-3**	0
African American	26	**N/A**	4
Asian or Pacific Islander	-	**How many of them are currently incarcerated?**	no answer
White	-	**How many have previously spent time in jail/prison?**	2
Other (Biracial)	-	**In the last 6 mos have you had unprotected vaginal sex?**	
Sex at Birth		Yes	15
Male	-	No	7
Female	26	Missing	4
Sexual Orientation		**In the last 6 mos have you had unprotected anal sex?**	
Heterosexual	26	Yes	4
Homosexual	-	No	1
Bisexual	-	Missing	21
Transgender	-		
Other	-		