

**Early Adolescent African American Girls'
Attitudes about Sex, STDs, and HIV**

Gwendolyn Childs

Reashanda White

Connie Hataway

University of Alabama at Birmingham

Birmingham, AL, USA

Background: According to National STD surveillance reports from the Centers for Disease Control and the Alabama Department of Public Health, rates of Chlamydia, syphilis, and gonorrhea are highest among African American girls aged 15 to 24, which suggests their increased vulnerability for contracting HIV. Therefore, it is imperative to gain an understanding of AA girls' perceptions about sexual risk-taking behaviors and potential consequences prior to age 15.

Purpose: The purpose of this descriptive qualitative study was to explore African American girls', aged 12 to 14, perceptions about (1) sex and sexual risk behaviors and (2) the implications if they were to become infected with an STD or HIV.

Methods: A convenience sample of 64 participants was recruited through community-based organizations in Alabama. Data were collected through individual interviews which focused on sex, sexual risk-taking, and imagining becoming infected with an STD or HIV. Focus group sessions were held to validate findings from interviews. Content analysis was used to analyze, interpret, code and classify qualitative data into meaningful categories, themes, and patterns. The qualitative research software, QSR N-Vivo®, was used to code and sort data into categories. Descriptive statistics was used to describe the study sample. Analyses were conducted using SPSS v 20.

Conclusions: Mean age of study sample was 13 years. Out of 64 participants, 5 reported having engaged in sexual activity. Mean age of sexual debut was 13 years. Common themes that emerged included: perceptions about media influence on sexual behavior, disrespecting your body by engaging in sexual activity, and misconceptions and fears about STDs and HIV.

Implications: Findings from this study provide information to help to understand the contextual factors that influence early adolescent African American girls' attitudes about engaging in unprotected sexual activity, which is essential in developing interventions that are predictably effective in reducing sexual risk behaviors among African American adolescent girls. Findings also share light on the opportunities for parents and health care providers to educate adolescents on HIV and STD prevention.

Objectives: The learner will be able to:

- Describe the prevalence of STDs among adolescent African American girls and discuss the importance of HIV and STD prevention education at an earlier age;
- Discuss adolescent girls' perceptions about media influence on sexual behavior, perceptions of girls their age who are sexually active and their misconceptions about STDs and HIV;
- Explain how findings from this study influence health care practice, community initiatives, and research.

**"Make it Like the Real World" Adolescents' Recommendations
for the Design of a Digital HIV Prevention Game**

Comfort Enah

*University of Alabama at Birmingham
Alabama, USA*

Background: There is increasing recognition of the need to target and tailor messages to specific audiences in order to increase the effectiveness of HIV prevention programs. Engaging community members in needs assessment processes is critical to addressing context-specific influences on risk. Digital gaming and technology-based approaches are emerging as powerful age appropriate approaches to interventions with young adolescents. Digital games have shown promise in studies focusing on health risk prevention, behavioral interventions, and disease self-management. Research on the potential impact of electronic games in HIV prevention is still in its infancy. An important question remains: How do we know how to design games that are relevant to target populations?

Purpose: The purpose of this study was to gather formative data for the design of an HIV prevention game for adolescents

Method: Working in collaboration with a community based HIV service agency, eight focus group sessions were conducted with four groups of adolescents. Groups were segmented by age and gender. A total of 38 rural participants provided the formative data on the design of an adventure HIV prevention game.

Conclusion: Adolescents support the use of digital games in HIV prevention and had specific recommendations for the design of such games. Participants wanted the games to reflect their lives and context. Themes emerging from the qualitative data include; players' control, virtual reward systems, immersive action, and the need for tailoring.

Implication for Practice: Study participants provided very specific recommendations for the content and design of an HIV prevention digital game. Findings will be used by community health nurses in the design of a contextually relevant digital game that is responsive to the target population's recommendations to "make it like the real world."

Objectives: The learner will be able to:

- Understand the need for contextually relevant HIV prevention interventions for rural adolescents;
- State three findings of this study.

Contextual Influences on Sexual Risk Behavior among Rural Adolescents

Comfort Enah

*University of Alabama at Birmingham
Alabama, USA*

Background: Persistent geographical variations and ongoing health disparities in the impact of HIV on racial and ethnic minorities are evident in recent national reports of HIV rates. In comparison to other areas of the nation, the South has the highest number of adults and adolescents living with and dying from AIDS and the highest percentage of new AIDS cases among people living in rural areas. Furthermore, high rates of other sexually transmitted infections (STIs) and unintended pregnancies among minority adolescents the need for risk reduction interventions. Recent research in disproportionately affected rural communities in the South suggests that HIV prevention interventions targeting these communities need to emphasize contextual factors that perpetuate health disparities.

Purpose: Identify sociocontextual factors associated with HIV risk among rural adolescents and HIV prevention needs that will inform the development of prevention interventions.

Methods: Qualitative approach using focus groups. Participants were recruited through existing collaborations with community-based HIV/Service organization. Rural adolescent participants, ages 12-16 participated in one of four focus groups. Focus groups were segmented by age group (12-14, 14-16) and gender (male, female). A comprehensive theoretical model addressing the complex interplay of multi-level factors associated with risk behavior was used to guide focus group discussions. Four follow up focus group session were conducted to validate initial findings. A qualitative content analysis approach was used to analyze transcribed audiotapes of focus group sessions and observation notes.

Conclusions: Emerging themes support the theoretical model and revealed modifiable contextual (intrapersonal, interpersonal, and environmental/cultural), situational, decision- making factors, and related consequences that can be used in the development of an HIV prevention game.

Implications for Practice: Collaborating with target populations can provided valuable specific contextually relevant input that can be used by community health nurses in a user-centric approach to intervention development to reduce disparities in HIV risks.

Objectives: The learner will be able to:

- Understand how contextual factors influence HIV risks in adolescence;
- State three findings of the study.

HIV Risk Behaviors among Abused African American Women and Perceptions of Men Perpetrators' Role: A Concurrent Mixed Methods Study

Veronica Njie-Carr
University of Delaware
Newark, DE, USA

Background: Disparities in health access and outcomes are global challenges, particularly affecting women of African origin. African American women continue to be disproportionately affected by HIV and AIDS because of structural and contextual factors such as vulnerabilities related to social norms, resource access inequality and inequity, with subsequent power imbalances. Men's perception of their role in violence against women and women's subsequent exposure to HIV infection are important components of the relationship dynamic that needs to be investigated.

Purpose: The purposes of this study were to (a) explore the personal, cognitive, and psychosocial factors and experiences of AA HIV-infected women in abuse relationships; and (b) explore the perceptions of male perpetrators' role in contributing to abuse and HIV transmission.

Methods: This mixed methods study included 30 AA women and men. Both groups completed a 60-minute interview and a series of instruments. Qualitative and quantitative data were analyzed separately and then triangulated.

Results: Triangulated data sources and methodological approaches demonstrated relative convergence. Qualitative analyses identified 11 themes from the female interviews and nine themes from the male interviews. The older the women, the higher their level of education ($r = .743$; $p = .001$). Women who demonstrated high knowledge about HIV had positive attitudes ($r = .875$, $p < .001$). A significant positive relationship was found between psychological abuse and social beliefs. Women with fewer misconceptions and myths about HIV/AIDS demonstrated more positive attitudes and stronger spiritual beliefs ($r = .829$, $p < .001$). A negative relationship was found between psychological abuse and relationship control ($r = -.750$, $p < .001$).

Conclusions: The study's unique contribution is the examination of both female survivors of violence and male perpetrators in the same study providing strong support for important target variables critical in HIV/intimate partner violence prevention interventions.

Implications for practice: The cross-validation of the variables underscores the need for effective, sustainable, and concurrent HIV/intimate partner violence prevention interventions for clinical practice to help reduce HIV disparities.

Objectives: The learner will be able to:

- Describe the prevalence of intimate partner violence and its critical role in propagating HIV infection among African American women;
- Discuss male perpetrator's role in increasing intimate partner violence among women;
- Apply knowledge of intimate partner violence against women in planning and managing care for HIV clients.

Sexual Sensation Seeking, Unprotected Sex, and Transactional Sex Among Rural African American Cocaine Users

Donna Gullette

Brenda M. Booth

Patricia B. Wright, Brooke

E. E. Montgomery

Katharine E. Stewart

University of Arkansas for Medical Sciences

Little Rock, AR, USA

Background: As the related epidemics of HIV infection and other sexually transmitted infections (STIs) continue to evolve, rural populations have been increasingly identified as disproportionately affected, particularly rural ethnic minority individuals. Rural drug-using communities are characterized not only by high rates of drug use, but also by small and closely related sexual networks. These networks are often characterized by high risk behaviors, including multiple partners, lack of condom use, and transactional sex.

Purpose: The purpose of this study was to explore the association of sexual sensation seeking (SSS), drug use, and high-sexual risk behaviors among a sample of rural African American cocaine users and to test the psychometric properties of the SSS scale in this population. We hypothesized that SSS scores would be associated with self-reports of high risk sexual behavior.

Method: Respondent-driven sampling was used to recruit 251 participants from two impoverished rural counties in eastern Arkansas. All assessment instruments were administered by trained interviewers in local study offices using computer- assisted personal interviewing (CAPI) technology.

Findings: The SSS scale demonstrated good reliability ($\alpha = 0.74$), with relatively high mean scores ($M = 25.1$; $SD = 7.0$). Consistent with previous investigations, SSS scores were associated with being male, being younger, having more sexual partners in the past 30 days, and having more sexual encounters in the past 30 days. Additionally, higher SSS scores were associated with engaging in transactional sex, defined as buying or selling sex in exchange for drugs, money, food, and other commodities. SSS scores were not associated with self-efficacy for condom use.

Conclusion: SSS continues to demonstrate utility as a predictor of sexual risk in diverse populations, including this rural community of African American cocaine users. Interventions to reduce unsafe sexual behaviors among high-risk groups such as drug users or individuals who engage in transactional sex should incorporate approaches that integrate novelty and variety for high sensation seekers.

Implications for Practice: These findings may facilitate the adaptation and development of programs for this underserved and vulnerable population engaging in high-risk sexual behaviors.

Objectives: The learner will be able to:

- Participants will be able to identify at least three correlates associated with sexual sensation seeking (SSS) behaviors;
- Participants will be able to define transactional sexual behavior.

The Impact of Health Literacy, Health Numeracy, and Cognition on HIV Outcomes: The HALO Study

C. Ann Gakumo

David Vance

*University of Alabama at Birmingham
Birmingham, AL, USA*

Background: Health literacy is the capacity to understand and utilize health information and services in making informed health decisions. Similarly, health numeracy is the ability to understand numerical concepts in this same context. For those infected with HIV, deficits in health literacy and numeracy have been associated with HIV treatment non-adherence and poorer health outcomes. Given that cognitive problems occur frequently in adults with HIV of all ages, cognitive functioning may compound the issues surrounding health literacy and numeracy in this population.

Purpose: The purpose of the HALO study (Health Awareness in Literacy Outcomes) is to examine the relationship of health literacy, health numeracy, and cognition to outcomes in adults infected with HIV. The specific aims are as follows:

- 1) Assess the relationship of health literacy and health numeracy to lab values (CD4+ lymphocyte count, viral load, and other labs), patient recall of most recent lab values, and medication adherence;
- 2) Assess the impact of cognitive functioning on health literacy and health numeracy as it relates to patient recall of most recent lab values and medication adherence.

Methods: The study is a quantitative, cross-sectional design. Participants ($N = 120$) will be recruited from a clinic in the southeastern U.S. that provides care to approximately 1,500 patients with HIV. Participants will be administered a battery of demographic, health literacy and numeracy measures, and neuropsychological assessments, as well as outcome measures. Lab values will be obtained from medical charts with prior participant authorization.

Conclusions: Data collection is currently in the process with expected completion in September, 2012. We hypothesize that participants with higher levels of health literacy and numeracy will have better health outcomes (i.e., actual lab values, accurate recall of lab values, and medication adherence). Moreover, we hypothesize that cognitive functioning will mediate this relationship.

Implications for Practice: Data obtained from the HALO study will be used to develop a health literacy/numeracy intervention to improve HIV treatment adherence and outcomes in adults with HIV. More specifically, promoting health literacy and numeracy to improve disease management among vulnerable populations, such as African Americans with chronic HIV disease, is an important research priority.

Objectives: The learner will be able to:

- Identify the association between health literacy and numeracy on health outcomes in adults with HIV;
- Identify the impact of cognitive function on health literacy and numeracy as it relates to health outcomes in adults with HIV.

**Fear, Guilt, and Discrimination in Women Living
with HIV in Jakarta, Indonesia**

Rita Ismail¹

Joachim Voss¹

Elly Nurachmah²

Toha Muhaimin³

¹*School of Nursing, University of Washington, Seattle, WA, US*

²*Faculty of Nursing, University of Indonesia, Depok, Jawa Barat, Indonesia*

³*Faculty of Public Health, University of Indonesia, Depok, Indonesia*

The HIV epidemic in Indonesia is one the fastest growing in all of Asia. In 2010, approximately 333,200 people were living with HIV in Indonesia, of which 25% were women. HIV infection rates among women are higher despite their being described as low-risk. However, women with HIV face greater social stigma due to their HIV status than men. Few studies have examined the daily experiences of women living with HIV in Indonesia.

To understand the experiences of stigma among women living with HIV in Indonesia. Data were collected at the Pelita Ilmu Foundation in Jakarta from 20 women living with HIV using semi-structured in-depth interviews. The first interviews were conducted over 60 - 90 minutes. To confirm the initial findings, six participants were randomly selected from the original sample for a second interview. Interviews were recorded using a digital audio recorder and transcribed verbatim. Thematic analysis was used to assess the experiences of stigma among the participants.

Three themes emerged: 1) self stigma- with fear of transmission, self-blame, and dealing with guilt; 2) perceived stigma included fear of being expelled and discriminated against; protecting the family's reputation, and concern for the impact of stigma on their children; and 3) enacted stigma was identified by experiences of avoidance, ostracism, and unfair treatment from their family, from the community, and from health care providers.

Women living with HIV experience a complex mixture of stigma in their daily life which causes them to feel guilty and frightened because of their HIV status. Limited and misguided knowledge about HIV transmission modes and negative beliefs about HIV positive women was the reason for their family members, communities, and health care providers to discriminate against them. Research is needed to better understand the complexities of stigma in Indonesia.

Interventions are needed to help women living with HIV to learn how to develop better coping strategies and social support mechanisms. Such activities will prepare them to respond to their families and communities when they disclose their HIV status. Better health education about HIV for patients and their communities could improve communication and lower stigma in the community.

Objectives: The learner will be able to:

- Describe the current situation of women living with HIV in Indonesia;
- Describe the results of the study;
- Discuss a conceptual model of stigma.

**The Reactions of PLWHA and PABA to HIV/AIDS Diagnoses in Idoma Land,
Benue State Nigeria: Implications for Nursing Care**

Emmanuel Ejembi ANYEBE

*Safiya Ahmadu Bello University Teaching Hospital
School of Nursing, Zaria, Kaduna State, Nigeria*

Background: Idoma land, in Benue State, north central Nigeria, is an agricultural community. It is one of the communities in Nigeria where the prevalence of HIV/AIDS is reportedly high. Studies in other places have indicated a number of reactions of PLWHA and their significant others to HIV episodes.

Objective of the Study: This study was undertaken to investigate the reactions of PLWHA and PABA to HIV/AIDS diagnoses in Idoma land, with the aim of recommending appropriate nursing strategies to overcome negative reactions.

Methods and Materials: One hundred and thirty three PLWHA and 25 relatives of PLWHA (PABA) were selected from two HIV treatment centres out of three of the nine Local Government Areas in Benue State that make up Idomaland. Using a combination of sampling techniques, respondents/informants were selected, from whom data were obtained through questionnaires, IDIs and FGDs. Data were collected between March and May 2012. The data collected were analysed using SPSS and thematic approaches.

Results: PLWHA and their relatives exhibited a variety of emotional outbursts; some PLWHA had suicidal thoughts, although none actually attempted suicide; no reported case of suicide found. Some PLWHA wilfully attempted to infect others, particularly nurses. Many PLWHA (13.9%) concealed their statuses in various forms. However, some disclosed their HIV positive statuses to close associates; the female more likely to do that. Most PLWHA maintained good social interactions after HIV diagnoses.

Conclusions/Implications: Most reactions of PLWHA and PABA to HIV/AIDS episodes are similar to those found elsewhere; however, some exhibited some unusual reactions like deliberate attempt to infect others including those caring for them (nurses). This has implications for nurses in AIDS care. The concealment of their statuses and other social behaviours also require nursing intervention.

Recommendations: PLWHA and their relatives need to be properly counseled before and after HIV tests to overcome the negative reactions exhibited, especially the desire to spread the virus. Nurses need to brainstorm on the way forward to address such unusual reactions to HIV/AIDS situation so as to improve the overall AIDS care, especially in resource-poor areas typified by Idoma land.

Objectives: The learner will be able to:

- List at least two unusual negative reactions to HIV/AIDS diagnosis;
- Identify the challenges in AIDS care in resource poor communities;
- Stimulated to discuss identified problems of PLWHA/PABA.

**Building Capacity for Paediatric HIV Care in Tanzania:
A Virtual Mentoring Session**

Guy Vandenberg

*University of California, San Francisco
San Francisco, California, USA*

Background: Between 2004 and 2011 our program conducted capacity building activities to support the (PEPFAR-funded) rollout of HIV Care & Treatment in 6 different regions in Tanzania. These activities included direct training and mentorship as well as training of trainers, and training of clinical mentors. The main content for this session was taken from a refresher training for clinical mentors and focuses on paediatric HIV care & treatment. The session was developed based on feedback from clinical mentors who reported that one of the main challenges they encountered in their work was the lack of confidence among their mentees about diagnosis, care & treatment of infants and children.

Purposes:

- To provide an example of an educational activity used in Sub-Saharan Africa to build capacity among health care workers in providing direct paediatric HIV care as well as mentorship to their junior colleagues
- To consolidate clinical knowledge about:
 - o paediatric HIV diagnosis and case finding
 - o clinical staging (using WHO guidelines)
 - o guidelines for paediatric HIV care & treatment
 - o HIV-TB co-infection
- To help clinical mentors to:
 - o identify teachable moments
 - o facilitate learning
 - o build their mentees' confidence

Methods/Practice: An actual clinical case scenario of a child with HIV and TB adenitis is used to develop a stepwise approach to diagnosis and treatment of the individual patient and the family. As the case unfolds, participants are asked to identify teaching opportunities, to summarise clinically relevant points, and to discuss the mentoring techniques they would use in working with their mentees.

Conclusions: In all of the 6 regions where we conducted the Mentorship Refresher Training, participants selected this session as the most helpful and relevant to their work. They reported significant increases in confidence both in regards to paediatric HIV care and in their mentorship abilities.

Implications for Practice: It is not always possible to provide ongoing support and supervision to clinical mentors, trainers, and other key personnel. However, a classroom learning experience designed to be interactive, relevant, and directly applicable to the learners' daily clinical practice has a great potential for success.

Objectives: The learner will be able to:

- Name at least two methods used in the staging of infants and children with HIV disease according to WHO guidelines;
- Have a "meta-level" experience of mentorship and will be able to describe at least two techniques used in clinical mentoring;
- Identify mentoring opportunities and other "teachable moments" throughout the case presentation.

A Socio-ecological Perspective on Women's HIV-Intimate Partner Violence Risk

Yolanda R. Davila
Elnora (Nonie) Mendias
University of Texas Medical Branch at Galveston
Galveston, TX, USA

Background: Intimate partner violence (IPV) is a public health priority affecting an estimated 5.3 million women annually. The adverse physical and psychological consequences associated with IPV account for an estimated annual economic cost of \$5.8 billion (CDC, 2012). Human immunodeficiency virus (HIV) is another major public health priority with an annual estimation of 11, 200 newly diagnosed cases in women. In 2009, women accounted for 51% of the US population and 23% of newly infected HIV cases (CDC, 2011), with lifetime HIV treatment costs estimated at \$367,000 (Fenton, 2011). Research suggests increased risks for HIV among women experiencing IPV (Davila, Bonilla, Gonzalez-Ramirez, & Villarreal, 2007), emphasizing a need for interventions that aim to reduce both epidemics.

Purpose: To demonstrate how a socio-ecological model can be used to identify individual, interpersonal, community and societal factors influencing women's HIV infection-IPV and suggest points of intervention.

Methods/Practice: Bronfenbrenner's (1979) socio-ecological model (SEM) () provides a comprehensive framework for examining women's risk for HIV and IPV, recognizing the existence and interconnection of relationships between women and their environment (Latkin & Knowlton, 2005; WHO, 2012). Influencing factors and points of intervention at the various levels include: 1) individual - characteristics of the individual; 2) interpersonal - social support systems and social networks; 3) community-mediating structures - neighborhoods; and 4) societal - public policy laws that regulate health and social policies for HIV and IPV prevention and intervention.

Conclusion: Bronfenbrenner's SEM aids understanding of the complex, interrelated dynamics of personal, social, and environmental factors increasing women's risks for HIV infection and IPV experience and suggests. points of intervention for evidence-based, multilevel approaches.

Implications for Practice: Bronfenbrenner's approach to nursing interventions at various levels guides interventions at various levels. Examples include: 1) individual - reduction of bias and stereotyping toward women at risk for or experiencing HIV infection and IPV; 2) interpersonal - provision of HIV/IPV prevention education and materials for healthcare providers in all clinical settings; 3) community - referral to local HIV-IPV prevention resources; and 4) societal - advocacy for stronger legal sanctions against IPV and increased funding for HIV prevention/intervention for women.

Objectives

The participant will be able to:

- Explain the components of a socio-ecological model (SEM);
- Identify factors from a SEM perspective that influence women's risk for HIV and IPV;
- Describe interventions from a SEM perspective that address the public health epidemics of HIV-IPV in women.

Intimate Partner Violence (IPV) puts Women at Risk of Acquiring HIV/STI: Intervening Among Nurses and Other Health Care Professionals (HCP) is Critical in Sub-Saharan Africa

Barbara Smith¹
Sue Blanshan²
Nancy Glass³
Jane Lipscomb¹
Margaret Maimbolwa⁴
Sekela Mwakyusa⁵
Grace Omoni⁶
Shijun Zhu¹

¹University of Maryland School of Nursing, Baltimore, MD, USA

²Maryland Higher Education Commission, Baltimore MD, USA

³Johns Hopkins University School of Nursing, Baltimore, MD, USA

⁴University of Zambia, School of Medicine, Lusaka, Zambia

⁵AIDS Relief, Dar Es Salaam, Tanzania

⁶University of Nairobi, Nairobi, Kenya

Background: Physical and sexual violence in an intimate relationship is a significant human rights issue. 30% of women globally report violence by an intimate or ex-intimate partner. Increased understanding of the relationship between IPV and risk for STI/HIV has resulted in the development and implementation of IPV prevention and response programs in the health care setting. However, limited attention has been given to female HCPs and their experiences of IPV in their personal lives.

Purpose: This study will inform future integrated IPV/HIV prevention interventions that include HCPs. This is not only a human rights issue but essential in protecting the health care capacity in the developing world.

Methods: An anonymous survey was distributed to nurses and midwives attending the Biennial Conference of the African Midwives Research Network (AMRN) in Dar Es Salaam, TZ from 8 countries including the Central Africa Republic, Ethiopia, Kenya, Malawi, Tanzania, Uganda, Zambia, Zimbabwe.

Results: 219 surveys were returned (mean age 41 years, 88% female). Of women returning the surveys, 31% reported threat of violence in past 12 months; 20% reported actual physical violence, and; 15% reported sexual violence, which is consistent with women in the general population. 14% of female participants reported same sex partners and these women reported nearly three times the risk of IPV compared to women in heterosexual relationships (OR=2.9, 95% CI 1.2-7.0, p=0.019)

Conclusions and Implications for Practice: Study findings will inform the development of interventions to reduce IPV, HIV/STI by identifying female HCPs as needing information on increasing safety in their own lives while providing information to patients and clients. Our finding of an increased risk of IPV among women with same sex partners requires further study. By working with international professional organizations such as ANAC, AMRN, ICN, ICM, and STT strategies will be developed to support nurses, midwives and other HCP in responding to violence, holding perpetrators accountable and addressing societal gender norms that allow violence against women and girls to be a common experience globally. Further, reducing violence against women also preserves a critical global resource, female HCPs.

Objectives: The learner will be able to:

- Understand the extent of IPV among nurses in Sub-Saharan Africa;
- Articulate strategies to prevent or reduce IPV among their colleagues in Sub-Saharan Africa.

Trauma and Aboriginal Women

Jane McCall^{1,2}

Patricia Lauridsen Hoegh¹

¹*St. Paul's Hospital, Providence Health Care, Vancouver, BC, Canada*

²*School of Nursing, University of British Columbia, Vancouver, BC, Canada*

Issue - Aboriginal women are disproportionately marginalized and disadvantaged. As a result of colonization and childhood sexual abuse Aboriginal women are more likely to suffer post traumatic stress disorder than the general population. Their experience of trauma impacts on their relationship with the health care system. They have higher rates of morbidity and mortality, tend to delay access to needed care and treatment, and are less likely to start antiretroviral therapy for their HIV infection.

Key points - HIV infected Aboriginal women who are street involved and marginalized pose a challenge to nurses in an acute care setting. They are mistrustful of care providers, often continue to use illicit drugs while admitted to hospital and can be difficult to engage in treatment.

Implications - This abstract will discuss the underlying issues that some Aboriginal women experience and that have led to their state of trauma. It will review interventions that can be successful in building trust and a therapeutic relationship with this population.

Objectives: The learner will be able to:

- Understand the issues that frame the lives of many Aboriginal women and how that leaves them at risk for trauma;
- Have an insight into the interventions that work well with this population and are important to the development of a therapeutic relationship;
- Appreciate how the concept of cultural safety is important to the development of relationship with this population.

Barriers to Adherence: Different Voices, Different Lives

Tari Gilbert¹

Patricia Segura²

Fanny Rosas Benancio²

¹University of California, San Diego, San Diego, CA, USA

²Asociacion Civil Impacta, Lima, Peru

Background: Treatment for HIV/AIDS has made tremendous progress since the virus was first identified. Antiretroviral medications (ARVs) have transformed HIV from an almost universally fatal disease to a manageable one. Although adherence to ARVs is considered crucial to achieve viral suppression, reduce treatment-limiting mutations, and decrease transmission, optimal adherence remains elusive.

Purpose: We undertook our study to learn the perceived barriers to adherence that are experienced by HIV-positive individuals as well as their health care providers (HCPs). Our overarching purpose was to modify an existing adherence intervention, to make it applicable to both the current treatment milieu as well as different settings.

Methods/Practice: Six focus groups (FGs) were conducted in Lima, Peru and San Diego, California. Four FGs consisted of HIV-positive individuals who had initiated ARVs within the previous 12 months; the participants of the remaining two FGs were HCPs, including peer advocates, nurses, physicians, and pharmacists. At least one FG per participant population was held at each site. Dimensional analyses were completed to identify themes within each group and compare emergent themes between groups. Analyses were completed and reviewed by nurse researchers at each site, to ensure consistency and validity of findings.

Conclusions: Several themes emerged at both sites. *Making peace with HIV* was most ardently discussed, with the experience that if *making peace* does not occur, adherence would be difficult. Other important themes included *laying the groundwork*, *creating/sustaining connections*, *navigating a 'new normal'* and *remembering our history*.

Differences were most pronounced in terms of *suffering*, both physical and psychological: participants in Lima reported more symptomatology before starting ARVs, as well as harsher side effects from their regimen, and more depressive symptoms.

Stigma remains an enormous issue in both settings.

Implications for Practice: Increased understanding of potential barriers to adherence can improve nursing interventions for adherence. Recognition of the similarities between two disparate settings reinforces the sense that some adherence issues are universal. The ability to help patients establish solid adherence patterns when initiating ARVs will benefit all affected by HIV, from individuals to the community at large.

Objectives: The learner will be able to:

- Compare barriers to HAART adherence in two distinct settings;
- Describe the implications of adherence to HAART.

The Freedom to Adhere: Democracy, Wealth Disparity, Social Capital as Factors Influencing HIV Medication Adherence

J. Craig Phillips¹

Allison Weibel², Carol Dawson Rose³, William L. Holzemer⁴, WeiTi Chen⁵, Mallory O. Johnson⁴, Kenn Kirksey⁶, Joachim Voss⁷, Elizabeth Sefcik⁸, Lucille S. Eller⁴, Inge B. Corless⁹, Dean Wantland⁴, Carmen Portillo³, Lynda Tyer-Viola⁹, Kathleen M. Sullivan¹⁰, Patrice K. Nicholas⁹, Scholastika Ipinge¹¹, Kathleen Nokes¹², Jeanne Kemppainen¹³, Marta Rivero-Mendez¹⁴

¹University of Ottawa, Ottawa, Canada, ²Case Western Reserve University, Cleveland, OH, USA,

³University of California, San Francisco, San Francisco, CA, USA, ⁴Rutgers University, Newark, NJ, USA,

⁵Yale University, New Haven, CT, USA, ⁶Seton Family of Hospitals, Center for Nursing Research, Austin,

TX, USA, ⁷University of Washington, Seattle, WA, USA, ⁸Texas A & M University - Corpus Christi, Corpus

Christi, TX, USA, ⁹Massachusetts General Hospital Institute of Health Professions, Boston, MA, USA,

¹⁰University of Hawai at Manoa, Honolulu, HI, USA, ¹¹University of Namibia, Windhoek, Namibia, ¹²Hunter

College, City University of New York, New York, NY, USA, ¹³University of North Carolina, Wilmington,

Wilmington, NC, USA, ¹⁴University of Puerto Rico, San Juan, Puerto Rico, ¹⁵Suan Sunandha Rajabhat

University, Bangkok, Thailand, ¹⁶Duke University, Durham, NC, USA

Background: Managing HIV globally based on human rights approaches offer hope to vulnerable persons living with HIV (PLWH), but structural challenges impede achievement of this goal. Little is known about the relationship between structural challenges and health promoting behavior among PLWH.

Purpose: Our purpose was to describe associations between national level democracy ranking, HIV criminalization, perceived social capital, and antiretroviral therapy (ART) adherence among an international sample of PLWH.

Methods: We recruited PLWH at 16 sites in Canada, China, Namibia, Thailand, and the United States. Participants ($n=2,149$) completed a cross-sectional survey of demographics, social capital, and ART adherence. Data were collected between August, 2009 and March, 2012. HIV criminalization was assessed by reviewing site specific state/provincial or national laws and policies. Five aspects of a country's democracy and freedom were obtained from the World Audit (www.worldaudit.org) international database. Data analysis included descriptive statistics, correlational and regression analyses.

Results: Participants were primarily male (68%) with an average age of approximately 47 years. Overall, mean 3-day self-reported ART adherence was 82.6%. Strong associations were observed between medication adherence and overall democracy ranking (0.66, $p<0.01$) and degree of limitation to political rights (-0.68, $p<0.01$). In the final model, overall democracy ranking; HIV criminalization (e.g., HIV specific enhancements for other crimes, HIV reporting laws), and number of HIV-related prosecutions; and total social capital score were significantly associated with self-reported ART adherence after controlling for site, gender, age, time since HIV diagnosis, and adherence self-efficacy ($F=132.05$, $p<0.01$, adjusted $R^2=0.56$).

Conclusions: Our results demonstrate the interconnectedness of the political, social and biomedical spheres in addressing PLWH health care needs. Decontextualized biomedical advances and models of intervention efficacy are insufficient for future HIV management. Our results provide evidence for the importance of using intersectoral human rights based approaches for the management of HIV and its intersecting vulnerabilities globally.

Implications for Practice: Biomedical advances offer hope for an AIDS free generation. This success will be limited without community-oriented public health efforts to address the political and social structures that put people at risk of acquiring HIV.

Objectives: The learner will be able to:

- Describe the role of democracy, wealth disparity, and social capital among an international sample of PLWH;
- Define the concept community-oriented public health;
- Identify potential strategies for navigating the social and political structural challenges that influence ART adherence.

ART, Palliative Care and Hope

Anne Hughes

*Laguna Honda Hospital and Rehabilitation Center/SFDPH
San Francisco, USA*

Background: Thirty years ago HIV/AIDS was considered a death sentence that few escaped. As antiretroviral therapy (ART) has become standard of care, many persons living with HIV/AIDS (PLWHA) in resource rich countries are living decades with HIV/AIDS. Prior to ART, HIV/AIDS care focused on: discussions about advanced directives, i.e., surrogate or proxy decision makers and the person's values informing goals of care; symptom management; spiritual care and psychosocial support for persons coping with the losses associated with life threatening illness.

Purpose: To identify challenges and opportunities for incorporating palliative care into HIV/AIDS treatment paradigm.

Methods: A review of the literature, clinical observations in a residential HIV/AIDS care setting, and interview data from a qualitative study, were the data sources for this presentation.

Results: Little current research or clinical literature in nursing or medicine in the US, was located discussing palliative care and HIV/AIDS. Indeed, ANAC's Core Curriculum, 3rd edition (2010) provided less than one page on the topic in the context of assisted suicide. Persons with advanced HIV disease experience significant morbidity due to complications of end organ diseases, including chronic kidney disease, heart disease, COPD, end stage liver diseases and HIV and non-HIV related malignancies. Difficult conversations about goals of care including resuscitation, whether or not to escalate care, and discontinuing non-beneficial therapies are often postponed until the person is end stage. Some PLWHA equated ART with death prevention. Nevertheless, most when interviewed were able to report the number of deaths witnessed.

Conclusions: HIV/AIDS has become more a chronic illness with every day lifestyle and medication management similar to diabetes and treatment modifications based on biomarkers more akin to cancer care. As such palliative care is most appropriate care model.

Implications for Practice:

- Symptom management is critical to expert HIV/AIDS nursing care and to palliative care.
- HIV/AIDS care is palliative in nature in the absence of cure.
- Therapeutic relationships with long term clients/patients are best served by exploring hopes, concerns and wishes for care as illness progresses or injury occurs, rather than "strangers in hospital" introducing these poignant issues at the times medical crises.

Objectives: The learner will be able to:

- Describe barriers to palliative care and HIV/AIDS care;
- Identify opportunities for provision of HIV/AIDS palliative care.