

**Enhancing the social work role in HIV/AIDS education,
Intervention and prevention with vulnerable groups**

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Statement of the Research Problem

Human Immunodeficiency Virus (HIV) is known to be related to the development of Acquired Immunodeficiency Syndrome (AIDS), a disease which is affecting and infecting millions of people world wide. HIV/AIDS disease has reached pandemic proportions globally. Presently, there is no cure for AIDS. Prevention is our only known mechanism for disrupting the rapidly growing number of HIV/AIDS cases in the U.S. and worldwide. Social workers have been, are, and must continue to be prominent in the cadre of HIV/AIDS prevention and intervention specialist.

In the field of HIV and AIDS research a substantial literature has emerged detailing intervention campaigns with gay and bi-sexual populations. Early campaigns to reduce the incidence of HIV/AIDS in the United States focused on gay, white male communities where AIDS was first acknowledged as a U.S. public health concern. Much less empirical research has been conducted to investigate the social factors contributing to HIV/AIDS infection in minority communities where the incidence is disproportionately manifested.

Today, HIV/AIDS education campaigns have emerged in almost every American community. However, in some communities the messages of HIV/AIDS education and prevention have had limited impact on reversing the incidence of new HIV/AIDS cases. AIDS education and prevention programs must therefore be developed for impacting these hard to reach communities if the spread of HIV/AIDS is to be reduced. Interventions focusing on this, preventable, illness must develop from culturally specific research which clearly identifies and addresses factors contributing to the proliferation of this epidemic.

Ultimately, the success of HIV/AIDS intervention programs addressing such communities, must dispel the myths and rumors shrouding the existence and pervasiveness of this illness within these communities. Developing programs which are not just culturally sensitive, but, more vitally, culturally specific and relevant to the social context and content of these groups is necessary (Mitchell, 1990; Chase, 1990; Kadaba, 1990; Nickens, 1990). Preventive programs must accommodate the particular nuances of the target group.

The increasing numbers of Blacks being diagnosed with AIDS annually indicates that Black communities, as a whole, are not fully benefiting from current HIV/AIDS prevention efforts. The significance of HIV/AIDS in Black communities co-exists with the deteriorating social status of the young Black male (13-21 years of age) in the American landscape. Both are prominent social issues warranting immediate and goal directed attention.

Research background questions/hypotheses

The goal of this investigation was to contribute to the evolving knowledge base for effectively intervening in the prevention of new HIV/AIDS cases in this vulnerable population. Empirical studies suggest that attribution of personal versus environmental responsibility warrants detailed attention for individual as well as community HIV/AIDS interventions (McDonnell, 1993; Rosen, 1993).

Two assertions undergird the hypothesis for this work. First, in the absence of a cure or vaccine for HIV/AIDS, social and medical health interventions designed to prevent new transmissions of the virus must emphasize primary prevention. Second, intervention strategies for reaching historically hard to reach groups should be designed with knowledge of and input from the target population. This study was intended to add to the professional knowledge, and provide for the study community a resource for enhancing their HIV/AIDS education, prevention and intervention programs.

This work focuses on the identification of psychosocial factors which mediate the relationship between ethnicity, social class and sexual risk behaviors for HIV/AIDS in young urban Black males. The central argument is that, in economically disadvantaged populations the sexual risk taking practices of young men are mediated by (1) marginalization, or ones self perception of societal alienation and discrimination; (2) locus of control; and (3) internalization of learned sexual role processes, here termed gender identification. Furthermore, for young Black males social inconsistencies associated with systematic racism and stereotyping make the impact of these variables more dramatic than for their White counterparts.

Defining the mediating variables:

Marginalization-- typically reflects an individual's internalization of culturally oppressive, impersonal and exclusionary forces (Gottlieb, 1969; Gould, 1969 and Myers, 1991; & Barker, 1987). The effect of these forces is to render the individual socially marginalized from full and equal participation in the legitimate social, political and economic settings of the dominant culture.

Locus of control-- whereas marginalization looks to the significance of goodness of fit between aspirations and aspiration attainment, locus of control focuses on the attributed significance placed on sources which facilitate or constrain goal attainment.

Gender identification-- refers to the individual's mix of masculine and feminine, psychological characteristics and not the biological determinants of gender.

Four research questions were generated to guide the study: (1) Does the interaction between race/ethnicity and social class/status predict for young Black males their potential for risk of sexual exposure to HIV/AIDS? Does it do so for white males in comparable class/status groups?; (2) What is the general level of HIV/AIDS knowledge and awareness among sexually active young Black males?; (3) Are there significant differences in perceptions of locus of control, gender identification, and marginalization between young White and Black males?; and (4) To what extent do locus of control, marginalization and gender identification impact the sexual risk for HIV/AIDS taking behaviors in racial/ethnic groups of young males?

Methodology

The goal(s) of education and providing risk reduction options targeting the Black community, through the establishment of ethnically specific operationalized programming, is to increase the likelihood that Blacks will engage in risk reduction activities. This risk reduction behavior occurs when information is provided in a manner that conforms to the social context of the target group's daily environment. One mechanism for establishing the goals and objectives, and operationalizing these is through the assessment of perceived community needs. Focus groups have proven effective in obtaining insight not always afforded in quantitative assessments. In order to assess perceived needs related to HIV/AIDS in the target community a focus group was conducted. Information from the focus group aided in the development and implementation of the quantitative assessment tool.

Implementation of this study blended quantitative and qualitative designs. To investigate the four research questions a cross sectional study design was employed. The design, while limited in its ability to establish causal relationships, provided a concise perspective exploring probable correlations between the study variables.

Drawing upon the significance of the HIV/AIDS problem in the Black community and the deteriorating social status of the young Black male, the study focuses on young (13-21 years of age) males living in an urban environment. In the selected community the prevalence of AIDS cases, at the time of the study, was estimated to be 594 diagnosed cases with Blacks comprising 22 percent of these cases. The overall percentage of Blacks in the community was, however, less than fifteen percent.

Sampling was conducted at the local county health department's centralized Sexually Transmitted Disease (STD) Clinic during a two week period. During the period of this study 859 persons were registered at the intake desk of the clinic. This figure includes all persons coming into the clinic during the two week sampling period. It was not possible, by virtue of the confidentiality criterion established for this study design, to differentiate between those persons visiting the clinic once from those visiting more than once during the sampling period. However, of the 552 questionnaires obtained, 337 were obtained during the first week of sampling. A tally of the daily log counts for the clinic indicates that 438 persons were registered during the first week of sampling. The number of questionnaires obtained during the first week of the study represents 76.9 percent of the total number of persons registered.

Of the 552 questionnaires obtained, 377 (68.3 per cent) were male responders and 175 (31.7 per cent) females. In the age group targeted for this study, 13-21 years of age, there were 110 completed questionnaires. The resulting sample consisted of seventy-five Black/African American (Non-Hispanic) and thirty-five, Caucasian/White (Non-Hispanic) responders.

A self-administered questionnaire was given to all patients during the study period. The questionnaire sought data on socio-demographic characteristics, perceptions of locus of control, gender identification, marginalization, knowledge and awareness of HIV/AIDS and risk factors for HIV infection including STD diagnoses. Each questionnaire was matched to the patients STD health exam status. The patient's name was not recorded on the questionnaire. STD health exam status (past and current) was used as a significant proxy for risk of HIV/AIDS exposure. Data collected on the sampling instrument and the STD

diagnoses were analyzed using One-Way ANOVA, Chi-square, correlation matrices and discriminant function analyses.

Results

During the two weeks in the field, a total of five-hundred and fifty-two responses were obtained. In the group of young male respondents (n=110) significant relationships were found to exist between race, marginalization, social class, and risk for sexual exposure to HIV on key components. Discriminant function analyses were applied to determine the model's ability to predict inclusion on the criterion variable. The model was found to significantly predict inclusion on several components of the composite dependent variable. Black males were significantly more likely to have unplanned fathering events ($p = .000$) than their White counterparts and to have past and present histories of sexually transmitted diseases ($p = .024$ & $p = .000$ respectively). These factors are suggested as proxies for risk of exposure to HIV/AIDS. HIV/AIDS knowledge among Black males (mean value=33.734) was comparable with that of White males (mean value=33.727). Differences were noted in relative awareness of HIV/AIDS between Black (mean value=3.507) and White (mean value=3.400) male respondents.

The data present a mixture of highly significant and statistically weak relationships. Interactions between race/ethnicity, marginalization and at least three of the components of the risk factors for HIV are substantiated. Less statistically significant findings were obtained for differences between Black and White males on locus of control or gender identification scales. Further exploration of psychosocial and environmental determinants of risk for HIV exposure through sexual practices appears warranted. The variables selected show significance for predicting risk for behavioral factors associated with HIV/AIDS exposure.

Utility for Social Work Practice

Public health problems, such as HIV/AIDS take a major toll on a society's resources and ability to sustain homeostasis. In light of the growing severity of this epidemic research can no longer wait for biomedical technology to create the "cure" for AIDS. Social work practitioners and researchers must join forces to establish linkages which result in effective prevention and early intervention campaigns. Our professional knowledge and skills can, and must be mobilized, to benefit the consumer groups for whom we advocate. Interventions which will be effective must consider the psychological, social-environmental, as well as the biological components of the disease. The social work profession has much to offer in understanding and responding to such complex interactions. This study presented one path by which social work research can be designed and implemented towards understanding and serving a vulnerable group in their struggle with a major health and social issue. Attending to the needs of vulnerable client groups through specifically informed interventions would appear to be important considerations in program and policy development.

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