**A- Critique Summary: This is where you will summarize the journal article. Describe the research and include the following:**

For my individual article critique, I had to focus on the topic of HIV/AIDS. With this being said, my article of choice was entitled “HIV Susceptibility Among Hispanic Women in

South Florida.” During this study, doctors of the University of Miami School of Nursing and

Health Studies sought out to find out and answer questions pertaining to the perceived susceptibility that Hispanic women had for acquiring HIV. Specifically, they addressed if living arrangements, estimation of women with HIV, age, religion, chances of acquiring HIV from their partner’s actions, and having an HIV test were prognostic causes for perceived susceptibility of acquiring HIV among Hispanic women in Florida. In terms of the participants in the sample, this was a cross-sectional study, in which they used baseline data from randomized control of 548 Hispanic women. The group of Hispanic women were from southern Florida (particularly Broward County and Miami-Dade County) who met three specific criteria: they were between the ages of 18 and 50; they were sexually active in the past 3 months upon initial eligibility screening; and self-identified as Hispanic. In addition, a large percentage of the initial sampling was recruited from a community-based organization that provided social services to Hispanics and immigrants.

To conduct this study, doctors took a qualitative/descriptive research approach and went with the surveying/interview method. Because of this, there were actually a set of independent and dependent variables. Particularly, they focused on continuous and dichotomous independent variables in relation to a Hispanic women’s susceptibility to HIV (the outcome or dependent variable). The continuous and dichotomous independent variables included demographic information (the participants country of origin, number of years they had lived in the U.S., age, whether they lived with a partner, their marital status, number of children they had, their religion, years of education, employment status, family income, and health insurance status); HIV susceptibility to acquire HIV; estimates of women infected with HIV/AIDS in the community; chances to acquire HIV/AIDS from their partners’ actions; and HIV testing. To begin, they administered standardized health and behavior measures to participants using face-to-face interviews in the participant’s language of choice. Candidates were also offered monetary incentives for their time, in which they would have to give their names and phone numbers to study personnel or receive a business card containing the study phone number for their convenience. Upon meeting with the candidates, assessors described the study procedures, answered any questions they had, obtained consent, and completed the baseline assessment. The assessments were collected via a research management software system, known as “Velos,” that allowed evaluators to question participants and record their replies via computer.

To analyze their results, descriptive statistics and logistic regression were used to predict susceptibility for acquiring HIV. This method was used to describe the relationship between the outcome or dependent variable (susceptible or not susceptible to acquire HIV), and the set of independent continuous variables (expected number of women infected with HIV/AIDS in the community and age) and independent dichotomous variables (chance to acquire HIV from their

partners’ actions, religion, if participants were living home with their parents, and HIV testing).

From their analysis, they gathered that 88.5% reported not feeling susceptible to acquiring HIV,

91% reported a low chance of acquiring HIV from their partners’ actions, and only 8.6% reported a high chance of acquiring HIV from their partners’ actions. Additionally, on average, participants estimated that 19.4% of women in the community were living with HIV, 9.0% reported that there were no women with HIV living in their community, and 57% reported 10 or less women with HIV lived in their community. Finally, 83.2% of participants reported that they had been tested for HIV antibodies at least once in their lives, 16.8% reported that they never had been tested, and 92.5% reported a seronegative result. From these statistics, it was revealed that majority of these women appeared not to be aware of their susceptibility for acquiring HIV. It was also shown that individual background attributes such as religion, age, age, and living with a partner were not substantial interpreters of susceptibility for acquiring HIV. Instead, one’s perception of having a high chance for acquiring HIV was majorly associated with partner behavior, which can be implied due to infidelity. Women who perceived themselves as low risk also had a higher probability of being tested for HIV.

It is imperative to note how highly concurrent these factors are because it translates directly to a women engaging in protective behaviors such as condom use, even when their partners wouldn’t want to. This is vital in terms of health psychology because it allows health psychologists to see the correlation between why and why not a specific race of women have a higher percentage of HIV in comparison to another race. This ties directly in with health behaviors and the Health Belief Model. An individual who does not have symptoms will take action to stop or test for illnesses only when they feel that they are prepared. An individual’s willingness to take this action is governed by an individual’s perception of the significances or seriousness of that illness, their belief of susceptibility to the illness, and the magnitude to which they recognize the occasion as possible. As seen in this study, understanding ones perception to

HIV and the context of risky sexual behaviors (such as infidelity) was the first step toward provoking safer sexual behaviors. Behaviors such as condom use, going to the doctor, and seeking treatment all come from one’s perceived susceptibility down to their self-efficacy, and are all emphasized here.

In terms of future studies, I would like to address questions surrounding that of gender difference and HIV susceptibility. It is known that there is definitely an unequal risk for HIV infection amongst gender, but explanations for this are comparatively low. Questions such as what factors are placing women and men at disparate risk for HIV as well as are these disparities majorly due to biological differences or other factors associated with sexual behavior are key inquiries that I would consider. I would hypothesize that these risk differences are due to women having greater biological vulnerability to HIV infection through intercourse than do men because of higher concentrations of HIV in seminal fluids as opposed to vaginal fluids, greater surface area in the female genital tract, greater amounts of semen then vaginal fluids swapped during intercourse, and higher risk of injury to the cell wall during intercourse for women in comparison to men.

**B- Context/Space Description: Here you describe a bit about where the research was conducted.**

The research for this study was mostly conducted in a community based organization in southern Florida (between Broward and the Miami-Dade Counties) that provided social services to Hispanics and immigrants. They were then moved to a nearby study office once study enrollment amplified and the requirements of the study began to exhaust the assets of the community based organization. Because it isn’t explicitly stated where they were located, I will use the University of Miami’s School of Nursing and Health studies, in Coral Gables, Florida to describe the goals and mission statement of the research being conducted as that is where the professors who conducted this study worked. Their mission statement is “to educate students and support faculty committed to excellence in nursing and health science. Through research, education and practice, the school will create and disseminate health knowledge and prepare culturally competent leaders to provide safe service to our community, the nation and the world.” In addition, their goals of research outline advancing, enhancing, building, and developing new programs of nursing and health studies research in patient safety, metabolic disorders, care issues, and cancer. This is thoroughly seen through their research conducted in this study. In terms of demographic information, this study was conducted on Hispanics in

Miami-Dade and Broward counties in Florida. In general, Hispanics comprise about 23% of Florida’s total population, and they account for 19% of all people living with HIV. Specific to that of Miami-Dade and Broward, they reported approximately 46% of HIV cases of the state-wide total. County specific HIV cases per 100,000 people, conveyed that Broward County had a rate of 43.5, followed by Miami-Dade County with 39.2.

**C- Personal Reaction: This is where you give your personal reaction to and opinion of the article. The following points should be considered when writing your personal response.**

When it came to choosing an article, I really wanted to focus on some of the questions that I had concerning HIV/AIDS. I wanted to indulge and inquire about not only the disease itself, but understand how society perceives and understands it. Specifically, I wanted to get a better scrutiny of the diseases through the eyes of another gender --- women. By focusing on another gender of minority, I was able to compare and contrast their perceptions and/or concerns with my own, thus allowing for an even better comprehension in the long run. With all of this in mind, I fortunately was able to find an excellent article in terms of answering all of my concerns.

This brings me to what I thoroughly enjoyed about the article --- a women’s perspective.

Though it is easy to insinuate what one person may think, it is hard to use this as a foundation for a whole race or gender. This article was able to provide concrete statistical data concerning the perception of a group of women that were of a minority, and use this data to explain their deviated perception amongst one another. I also found it interested that the study conducted took a variety of variables into consideration when doing the interviewing process. It wasn’t a standard ask a question and receive an answer. They had thoroughly prepared questions and goals in mind, and a detailed process in reaching these goals and answering these questions.

They also included a much needed analysis of the Health Belief Model and how it pertained to their procedure/results. Providing exactly how they went through with their procedure, with the inclusion of tables, was also something I enjoyed because I was able to actually see how their statistical findings correlated with their results. However, I believe that including a better explanation for some of the variable symbols used in their logistic regression analysis would have been beneficial to those who weren’t necessarily familiar with logistic assessment.

This leads to me the actual results and conclusion drawn from their research. The findings that the majority of women appeared not to be aware of their susceptibility for acquiring

HIV, is extremely troublesome, to say the least. Being unaware of one’s exposure to a disease such as HIV/AIDS is a leading reason as to why people go untested and continue in high risk behaviors. When people do not feel susceptible to something it makes no sense to change their actions or behaviors, and this is clear in the data found from this study. If this were my research project, I would try to address the limitations that they also mentioned during the course of this study. The main one being their method of collecting data. Being that this study was done interview/survey style, accuracy was definitely a hindering factor. Since this survey depended on the women’s motivation, honesty, memory, and ability to respond on such an intimate issue, they were susceptible to reporting bias, inaccurate, or incomplete information. I would also try to approach collect the data over an extended period of time. As the authors stated, I believe that this would also bring an even more definite pivotal relationship between one’s susceptibility vs. the behavioral factors considered. Moreover, I would also focus on more racial groups, a larger sample of individuals, and include men’s perceived susceptibility as well. Being able to compare both genders as well as a multitude of races would assist in augmenting a better understanding of this area of study as well as make far more precise conclusions and accurate data drawings.

These would be the main areas of concern I would look more into when trying to improve this study and also what cautions I would take when analyzing the results.

Ultimately, from this study I have acquired an insurmountable amount of information concerning one’s perceived susceptibility towards HIV/AIDS, and how this perception alters how one essentially lives their life. Without a doubt, this study proves that prevention of HIV can definitely be bolstered through analyzing one’s perception of their susceptibility, and reinforces the necessity for preventive education.