Health Care Experiences of African American Teen Women in Eastern North Carolina

Charlene L. Dienes, MSc; Susan L. Morrissey, MA; Anna V. Wilson, PhD

Background and Objectives: Women, especially women of color, are a vulnerable population in eastern North Carolina. This study investigated the health care experiences of Southern, rural, African American adolescent women. Methods: Four focus groups were conducted in three counties in eastern North Carolina in the spring of 2000. A total of 44 teen women ages 16–19 participated; 38 were African American. Results: Participants emphasized the following themes: (1) seeking help for sexual health, (2) obtaining health information from sources other than the doctor, (3) gender and race preferences, (4) communication with physicians, and (5) good and bad doctors’ visits. Conclusions: To provide quality care to African American teenage women, it is critical to listen and understand their experiences. Most importantly, medical educators must be cognizant of cultural issues and how they can impede as well as enhance patient care. This study supports the need to educate students, residents, and practicing physicians on how to provide culturally sensitive and competent care.

“Racial, ethnic, and cultural disparities exist in all aspects of society, but nowhere are they more clearly documented than in health care.” Historically, most medical research was conducted on white men in the United States. Thus, less health information specific to women, especially women of color, was known. In response, the National Institutes of Health (NIH) established the Women’s Health Initiative to study diseases and conditions affecting women and requires all funded research to include women. In addition, the goals of the national initiative, Healthy People 2010, are to reduce and eventually eliminate all health disparities, including racial health disparities.

Women, especially women of color, are a vulnerable population in eastern North Carolina. Many lack health insurance, which may have a negative influence on their ability to seek needed health care, particularly preventive care. Indeed, the rates of chronic disease, teen pregnancy, infant mortality, and sexually transmitted diseases are high in the region compared to the remainder of the state. For example, the infant mortality rate in eastern North Carolina from 1997–2001 was 10.5 per 1,000 population compared to 8.5 for the state. Specifically within eastern North Carolina, a racial disparity exists in infant mortality rates. The infant mortality rate for whites was 7.4 per 1,000 population compared to 16.7 for people of color. Many of these health problems affect women under 18, who are exhibiting behaviors that will affect their health throughout life.

Although numerous studies have conducted focus groups with African Americans, only a few have involved teenagers, and no studies have explored Southern, rural African American female teenagers’ experiences with and attitudes about the health care system. This study investigated the health care experiences of Southern, rural, African American female teens. The results of this inquiry will provide information about women who traditionally have had little voice in the health care system.

Methods

Four focus groups were conducted in three eastern North Carolina counties in the spring of 2000. All groups were held at county high schools. Schools with the highest percentage of African American students were selected in each county. Elective classes were chosen with the help of each school’s counselor. Classes were selected specifically to ensure adequate numbers of females of color. Approval for the focus groups was obtained from the Human Subjects Committee at Brody School of Medicine. Consent was obtained from school officials, and active parental consent was obtained.

From the Brody School of Medicine, East Carolina University (Ms. Dienes and Ms. Morrissey); and North Carolina State University (Dr. Wilson).
through an informational letter sent to all parents. In addition, each participant signed an active consent form on the day of the focus group.

Participants included all 16–19-year-old female students who had parental permission and were present on the day of the focus group. Participants completed a brief demographic questionnaire prior to the discussion. The focus groups were led by two interviewers, one person focusing on facilitating the conversation while the other observed the participants and recorded notes. An expert consultant in qualitative research trained both interviewers. The focus group questions are provided in Table 1.

The quantitative demographic data were analyzed using Statistical Program for the Social Sciences (SPSS, version 8.0 for Windows®). All focus group discussions were audiotaped and transcribed. Both interviewers coded the transcripts by hand, and the expert consultant coded the same transcripts separately using the statistical software Atlas.ti. Any coding discrepancies were discussed and resolved by the three coders.

Results
Forty-four females participated in the focus groups. Demographic information about subjects is shown in Table 2. Although the discussions were intended to be for students of color between 16 and 18 years old, older students (6.8%) and those from other racial/ethnic groups (11.6%) were not excluded. Almost 60% of the participants had sought health care three or more times in the past year.

The following themes were identified: (1) seeking help for sexual health, (2) obtaining health information from sources other than the doctor, (3) gender and race preferences, (4) communication with physicians, and (5) good and bad doctors’ visits. Subjects’ comments about each theme are provided below, and additional quotes from each theme are presented in Table 3.

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<th>Table 1</th>
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<td><strong>Focus Group Questions</strong></td>
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<td>1. Tell me what health means to you.</td>
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<td>2. Do girls your age go to the doctor other than when they are sick?</td>
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<td>3. Are there ways, other than from a doctor, that girls your age get information about health?</td>
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<td>4. Do you have a preference for a male or female doctor?</td>
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<td>5. Do you prefer a white doctor or an African American doctor?</td>
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<td>6. You were asked on your survey where you get information on female issues like abstinence, safe sex, drugs, alcohol abuse, physical activity, and nutrition. How do your answers differ on these questions?</td>
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<td>7. Think about any visit that you have had to a doctor’s office and tell me whether it was a good or a bad experience and why.</td>
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<td>8. How important is it for the doctor to discuss your health with you directly and not just with your parents or guardian?</td>
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**Theme One: Seeking Help for Sexual Health**
According to some of the teens, girls their age typically do not go to the doctor unless something is seriously wrong. Reasons given for why girls may go to the doctor include rape, AIDS, or pregnancy, although someone mentioned that often girls do not go to the doctor when they are pregnant. According to one participant, “My best girlfriend didn’t (go to the doctor when she was pregnant) until . . . I think she knew she was pregnant, but she didn’t want to tell her daddy. She had a miscarriage or something like that. No, she had a stillborn baby.” In addition, some girls do not go to the doctor because they are afraid they will get bad news. They feel that by avoiding the doctor, they can avoid the bad news.

Through further discussion, many girls revealed that they go to the doctor to seek help for sexual health. Reasons included birth control pills, pregnancy, checkups, Depo-provera shot, Pap smear, information on sex, and counseling. When asked how often they go to the doctor, most said once a year, but some said they go about once every 3 months.

**Theme Two: Obtaining Health Information From Sources Other Than Doctor**
When asked if they get health information from sources other than their doctor, most of the teen girls

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<tr>
<td><strong>Demographics of Focus Group Participants</strong></td>
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<tr>
<td><strong>Number</strong></td>
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<td>19 years</td>
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<td>African American</td>
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<td>European American</td>
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<td>Other</td>
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<td>Health care in past year*</td>
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<tr>
<td>None</td>
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<td>Once</td>
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<td>Twice</td>
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<td>Three to five times</td>
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<td>Six to 10 times</td>
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<td>More than 10 times</td>
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<td>* One participant did not respond to this question.</td>
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Table 3

Additional Quotations for Each Theme

Theme One: Seeking help for sexual health
“My friend was scared. She had a terrible past, and she just wanted to keep up. She is not trying to let that get her down but she just wants to be sure. I think she goes every month. She goes every month or two, I know it’s often.”

Theme Two: Obtaining health information from sources other than the doctor
“. . . we (participant and mother) have a close relationship, but like certain things, I believe she will turn me down on or don’t want to talk to me about because she has never tried to talk to me about it (health care information) before, so there ain’t no use in trying to start.”

Theme Three: Gender and race and ethnic preferences
“You can’t trust male doctors as well as you can female doctors, because you are in a room by yourself with them, and you don’t know what they are going to do. I don’t want no male all over me. When they are touching your body parts, you don’t know why. Okay for a male doctor for non-personal things like strep throat.”

“Because if a man does it you don’t know if he is going to try to do something, especially a young guy. It would be uncomfortable, I mean, you know. I prefer a woman because you can talk to them about things. You can’t talk to a man. You can, but you are uncomfortable.”

“Yes, she has the same body parts that you have, so you know. And plus, like when a woman gives you a Pap smear, they will talk you through it, especially if it’s your first time getting one. But the man will just go ahead and do it right rough and they don’t explain to you why they do this or why this has to be done. I guess she understands your body more.”

Theme Four: Communication with physicians
“I got the pill the first time I went. I didn’t tell my mama that I was having sex. I didn’t tell her because I thought she was going to fuss at me. And I went to the doctor and the doctor ask me if I was having sex. And I said ‘yes,’ and she asked me if I was on birth control. I said ‘no.’ She asked me if I would like to go on some. I said, ‘yes’ so she gave me some.”

“They give you a whole big bag of condoms. One doctor talks snappy to you. She can’t see a person making a mistake like getting pregnant. She feels it’s your fault. You should have never done it, that’s it . . . Yes, I tell them I don’t want them. They ask me why and I tell them I am not having sex right now. They act like they are shocked—you are a 16-year-old girl and you haven’t had sex yet? They act like every 16 year old has had sex and there is something wrong with me. They stereotype you. I am a virgin and they don’t believe me. I guess it’s because mostly black people go there and they expect . . . They act like every black person is supposed to have sex before they get married. They act like there is something wrong with it, like “You’re a virgin?” They act like they are shocked. They don’t believe me. They think I am lying.”

Theme 5: Good and bad doctors’ visits
“If I had to go to the hospital in [ . . . ] I wouldn’t feel like the nurses and staff there were respectful because they acted like they are so ready to get off work or something when patients come in.”

“The first time I went to the gynecologist to get a physical, I was scared. I didn’t know what to expect. My mom told me that it wasn’t going to hurt and that they were going to do the Pap smear thing and I didn’t know what to expect.”

“I had a bad one. When I went to the doctor’s I thought I was going to just get the shot. And then they told me I had to get a physical and I didn’t eat breakfast and they had to draw my blood and I got sick. I was doing my period and I didn’t want to have my exam. This mean white lady came up to me and said, “If you don’t get your physical, you can’t get your depo shot.” So I called my mama and when she gave me that shot she just jabbed it into me and it hurt. How can you get a Pap smear when your period’s on?”

“Some of them be racist out there. They treat you differently than the way they do other people, different color, whatever. I am half white. Most people think I am just black. And most of the white doctors . . . I don’t have anything against white people, but some white doctors, they act like they don’t like black people. I can’t explain it but they are just racist. Not all of them. I know that. Some of them catch a little attitude and they act like black people are the worst people in world. Some black people are racist against white people. Some blacks are racist against their own kind. Some think they have a higher job and they look down on other black folk.”

Several participants said their parents and/or grandparents often suggest home remedies for common illnesses. One girl explained a home remedy, “If you get a headache, rub some vinegar on your forehead.” Another girl explained a home remedy for treating bee stings, “Put snuff on your bee sting. It takes the sting out.” Other sources of information included friends, books and magazines, the pharmacist, the Internet, a teacher, or the school nurse.

said they turn to a family member first, usually a female family member, such as a mother, sister, or aunt. Interestingly, the girls were divided on whether they could talk to their mother about health issues. Some felt they could talk to their mother about anything, including personal health topics like sex, although they may feel uncomfortable doing so. “I tell my mama everything.” “I can talk to my mama, but I just don’t feel comfortable.” Others felt they could not talk to their mother and would turn to someone else in the family for information.
Theme Three: Race/Ethnicity and Gender Preferences

Participants gave mixed responses when asked about gender preference of their physician. Most indicated they have no preference regarding the gender of their physician for non-gynecological exams. However, almost all the participants preferred a female physician for gynecological exams. Several participants shared their discomfort with having a male physician, especially if they had to be naked for an exam. One girl mentioned, “If I have to take off my clothes for anybody, I want a female in the room with me.” Some expressed that the gender of a physician does not matter as long as the physician is competent.

Responses to racial preference were similar among the participants. The majority said that race does not matter as long as the doctor is competent. Only a few have ever had an African American doctor.

Theme Four: Communication With Doctor

The teens expressed many concerns about communication with physicians. Some of the stories centered around doctors often “pushing” birth control on African American teens. They report that some physicians assume they are sexually active. Some of the questions doctors asked these teens were: “Are you having sex already? Have you had a Pap smear? Are you on birth control?” One participant expressed feelings of being lectured to by physicians and said, “[You might] just as well talk to your parents, because they [the doctor] give you a lecture just like your parents.”

Many of the participants expressed a strong desire and expectation for respectful treatment from physicians. One teen shared, “If they don’t be respectful to me, I be disrespectful right back with them.” Another mentioned, “I like people to treat me the way they want to be treated.” Another simply made a suggestion for physicians to just listen.

In reference to parents being in the exam room with their teens, preferences varied among the participants. Some did not mind if their parent was in the exam room with them. However, other participants did not want a parent present. Most of the participants felt that physicians tended to make eye contact with both them and their parents. They were adamant about being included and told all information about their health. They did not feel it was appropriate for physicians to talk to their parents without them present. One girl explained that “It isn’t any of your business to go and tell my mama. I say I am the patient, not her.” Another teen said, “I don’t like it when they go out of the room to talk with my parents. I would rather they would talk to me first.”

One participant mentioned that she always asks questions of the doctor. Most of the other participants agreed this was important but admitted that they were not comfortable questioning their physician and tend not to do so. In addition, if they did question the physician, they may not get a response that they understand. As one girl put it, “When you do ask them, it’s like they just repeat what they just said, and you still don’t get it.”

Theme Five: Good/Bad Doctor Visits

The last theme involves discussion of what the young women felt were good and bad visits to the physicians’ offices. Some of the participants labeled a visit good or bad depending on the news they received. One girl explained a bad visit she had where the physician was disrespectful and condescending. Another participant commented that she had a bad visit because she felt she was misdiagnosed. “Sometimes the health department gives you false information. I had sugar and they gave me medicine. I don’t think they tested me right for sugar because every time I went there I was drinking sweet medicine and I would get sick. When I went to a different doctor he told me I didn’t have sugar.”

The teens discussed several other reasons for a bad visit, including being scared, having to wait a long time, not understanding what the doctor is saying, little or no privacy during visit, and receiving care from a resident or student who is not well trained. The girls also described good visits as including the following: the doctor demonstrates self breast exams, the doctor explains what he/she is doing during the visit, the office staff gives candy or stickers, everyone acts happy to see you, and people smile and talk with you.

Discussion

There are a variety of findings that can be extrapolated from the responses of the teens to enhance the quality of care for female, teen African American patients. Most important is for physicians to realize that they may be the last resource of a female teenager seeking health care information and that she may have experimented with various home or over-the-counter remedies. This gives support to the notion that effective communication and interviewing are integral to quality patient care. Also key to the communication process is respect. Treating the teen patients respectfully is important and involves including them in their health care. This includes investigating the teens’ preferences for sharing information with their parents as well as explaining to them in detail, and in understandable terms, what is going on with their health. The last component related to communication is questioning. The participants all agreed that it was important to question their physician but mentioned they usually were not comfortable doing so. If physicians establish a good relationship with their teen patients, show respect, and include them in their care, a teen girl may feel more comfortable asking questions. Getting answers to teens’ questions may not only contribute to emotional health but may also improve compliance.
The other key findings are about gender and race. When asked about gender preference of their physician, the participants gave mixed responses. However, for gynecological exams, these teen girls prefer female physicians. Responses to racial preference were more similar among the participants. The majority said that race does not matter as long as the doctor is competent. Therefore, as long as the physician "knew what they were doing," the teens did not care as much about gender or race. These findings are similar to those of Rosenfeld et al, although their study included males, teens ages 13–21, and other races. Because many of the participants had never been to an African-American physician, it is unclear if their racial preferences might be different if more African-American physicians were available. The emphasis here may be the importance of having a diverse group of physicians from which teens can select for various problems.

**Limitations**

A few limitations of this study deserve mention. First, a great deal of probing was necessary to draw answers out of some of the young women. In addition, the facilitator talked a lot and made suggestions attempting to engage the participants. This may have introduced some response bias by initiating discussion that otherwise may not have occurred.

A second limitation was the race of the facilitators. Due to scheduling, an African-American researcher and a white researcher each facilitated two groups. Although the themes from all groups were the same, the groups facilitated by the African-American researcher gave more detailed responses. While both facilitators have similar educational backgrounds and training by the qualitative research consultant, the African American has 10 years of professional experience as an educator compared to 3 years as a researcher for the white facilitator. Although professional experience may have made a difference in the amount and depth of information disclosed, race of the facilitator could have played a role in the comfort and trust level of the women.

A final limitation is one that is inherent in qualitative research. Because this was a convenience sample, it is possible the participants are not representative of other African-American teen girls. While the results provided a rich analysis of health care experiences, they may not be generalizable to different populations or regions.

**Conclusions**

The information gleaned from the focus groups provided rich descriptions of their views relating to five themes that could be useful in training residents and faculty to provide more culturally competent care. Future research should focus on comparing the health care experiences of teens from different racial groups. In addition, participant recruitment should ensure representation from diverse socioeconomic, educational, and family unit backgrounds. As mandated by the Liaison Committee on Medical Education, and recommended by the American Medical Association, Association of American Medical Colleges, American Academy of Family Physicians, and the Council on Graduate Medical Education, we should all work to educate students, residents, and practicing physicians on how to provide culturally sensitive and competent care.

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