What Do African American Teen Women Want in Health Care?

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When it comes to statistics, those related to female African American teens are often disturbing, including higher rates of pregnancy and sexually transmitted diseases than in other racial/ethnic groups. These numbers are cause for concern, but often the professionals who both study these problems and treat the affected women fail to do the obvious—talk to the women about their experiences, attitudes, and health care needs. The study by Dienes et al in this issue of Family Medicine addresses this deficiency by giving expression to the voices of African American young women from eastern North Carolina.

Using focus group methodology, a number of issues were discussed by the 44 women, ages 16–19, who participated in the focus groups. The issues addressed their own health care experiences, sources of information, preferences for providers, and communication with providers. Several important themes emerged. The women often seek medical help only for more serious health problems, such as rape, AIDS, or pregnancy and for other sexual health issues, such as contraception, PAP smears, and information about sex. Most turn to a family member, friend, or other trusted individuals first before seeking medical attention. When obtaining health care, the majority prefer a female physician for gynecological problems but not for other problems. Finally, no clear preference was expressed for the race/ethnicity of their physician, although few of the participants had ever been treated by an African American physician.

The findings related to communication with physicians, however, are perhaps the most important of the study. A number of negative experiences were described, including physicians’ assumptions that all African American teens are sexually active and inappropriately “pushing birth control on them,” speaking to the patient’s parent in her absence, being lectured to, having little privacy during the visit, and being treated in a disrespectful and condescending manner. Alternatively, the participants felt that favorable aspects of medical visits included doctors explaining what they are doing during the examination, making good eye contact, and listening well and the staff being friendly and interested. Many of the participants expressed a strong desire to be treated respectfully by physicians.

What do these results tell us about African American teen women? When it comes to health care and concerns, they are similar in many respects to older adults across different cultures. First, patients want to be respected and heard, and they want clear information. They don’t want stereotypical assumptions to be made about their behaviors. Second, the principles and techniques of cultural competency need to be applied in all encounters with patients and are relevant especially when caring for teens. These include “the knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences, self-awareness, knowledge of the patient’s culture, and adaptation of skills.” Implementation of these techniques may also help reduce health disparities.

Does this study reveal any important differences between African American teens and other teens that need to be considered when caring for African American teenagers? Little, unfortunately, has been published about health care attitudes and experiences of teens in general across different races and ethnicities. In a study of patients between the ages of 12 and 17 years attending a general practice in England, the main factors reported as important in whether a patient sought medical care were assurance of confidentiality, friendly and welcoming reception staff, and being able to see the practitioner alone or with a friend rather than with a parent. These findings are highly consistent with those of Dienes and colleagues in the current study. Additional research into adolescents’ experiences, attitudes, and

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preferences in relation to health care services is greatly needed.

The use of health care primarily for curative and preventive care focused on sexual issues, as found in Dienes's study, is cause for both concern and encouragement. Concern—for the serious problems the young women are encountering, including rape, unplanned pregnancy, and AIDS and other sexually transmitted diseases. Encouragement—that some teens are seeking preventive services to promote sexual health and avoid unwanted pregnancy. Family physicians need to do more to reach African American teen women, using methods that extend beyond the office setting. This may include greater involvement in school-based health clinics and health education programs at schools and other venues where teens are “captive audiences,” in addition to taking advantage of every clinical encounter to address other behavioral and health care concerns. Parents of teens should be encouraged to make regular appointments for their children so that anticipatory guidance can be provided throughout these years when teenagers are both maturing into adulthood and still highly vulnerable.4

Qualitative and focus group methodologies provide a rich and direct expression of attitudes and experiences that are difficult to capture through quantitative methods. The direct quotes used in the study by Dienes et al provide a more-powerful entrée into the thoughts and expressions of the women participating in the study than could otherwise be obtained. The limitations of this study were identified by the authors, including possible bias introduced through the extensive probing that was needed to elicit responses by the teen women and through the use of one facilitator of African American ethnicity and the other of European-American ethnicity. Additionally, as with any convenience sample, the results from this group of participants may not be generalizable to different populations or regions. Ways to overcome some of these barriers include using facilitators who are known to the participants or closer in age, as well as being from a similar cultural and ethnic background, so that they feel more comfortable in opening up without the need for excessive probing. Trusting in guarantees of confidentiality under those circumstances would also be essential. As with all study designs, participant recruitment should use methods for the sample to be as representative as possible and large enough to maximize generalizability.

As anyone caring for (or living with) teens knows, they are a very challenging group, but they can also provide unique rewards and stimulation. By respecting and listening to their teen patients, family physicians can expect to develop strong, satisfying, and lasting relationships.

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