AETC-NMC
AIDS Education and Training Center
National Multicultural Center
HOWARD UNIVERSITY COLLEGE OF MEDICINE

Case Study Adapted from Addressing HIV Care and Promoting HIV Testing

Archina, a 55-year-old East Indian woman, is brought to her OB/GYN appointment by her husband. Her native language is Hindi, but she speaks and understands English. She complains of vaginal irritation for the past three months and pain during sexual intercourse for one month. She reports that her husband is tired of her crying during sex. She stated that she doesn't like to see doctors too often, because she doesn't want to be a burden. She tries to take care of most problems herself, plus her husband doesn't want her to "charge up" the health insurance. Archina currently lives with her husband and is unemployed. She reports occasional sex with her husband, but states that he is gone most of the time for business. During a pelvic exam, her provider notices signs of a severe yeast infection.

Dr. Rue reviews the chart for lab test history and notices that there isn't an HIV test on file. She encourages Archina to have an HIV test as part of her routine care. Archina is hesitant and states that she should ask her husband.

Discussion Questions

1. Based on the information we have, who makes health care decisions for Archina? How could this make a difference with getting tested?

2. How could the provider empower Archina to address her own health problems? Discuss potential barriers to empowerment.

3. How could the provider have handled this situation differently?

4. What strategies to address health literacy might you include in an action plan for Archina's care?

5. Discuss other Cultural Competence issues that may impact retention into care and treatment