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

Case Study Adapted from Addressing HIV Care and Asian American Model

Tala is a 26 year old Filipino woman who got tested at a community based clinic after reading about the multicultural staff in a local newspaper. She reported that her husband has been seeing commercial sex workers for several years, has been in and out of drug treatment programs, and has been physically abusive toward her while intoxicated. Her husband refuses to use condoms when they are sexually active. Tala speaks minimal English and is concerned that she is HIV positive. She says that she feels fine and does not have any symptoms, but she is worried because of her husband's risky behavior. She reports that she has no job, no close friends and all of her family members are in the Philippines. She spends most of her time alone in their small apartment cooking and caring for their two small children. She has not seen a doctor since arriving in the United States sixteen months ago.

Discussion

In this case, the patient's traditional views, the language barriers, and limited social support are significant factors that need to be addressed since they can impact treatment adherence and prognosis.

Seeking to obtain testing and disclosing her status, if found to be positive for HIV, may be further complicated by gender and sexual restrictions that are placed on API women (Gock, 1994).

These restrictions could also make it difficult for her to discuss her situation since they emphasize sexual modesty and remaining stoic in the face of domestic violence.

Thus, acknowledging and reinforcing the individual's decision to seek care and testing is vital in establishing trust and empowering the individual. The provider could refer the patient to a peer group of women who are also living in similar situations. She should also be linked to a social worker, case manager or peer counselor who speaks his or her native tongue and can first conduct a safety assessment and identify any immediate risks for harm and then provide information about HIV treatment and support and domestic violence services that are available in the community.

Below are some suggested approaches for effective, culturally competent initial encounters with API patients:

- Introduce yourself professionally and appropriately - For example say, "Good morning Ms. Wong how are you feeling today?"

- Be sure to ask the patient how she wishes to be addressed - It is usually appropriate to express a lack of knowledge about the culture and concern that the interaction be meaningful

- If language is an issue, do not use a family or friend to interpret for the patient, work closely with a professional interpreter who is both linguistically and knowledgeable about the needs of the patient population

- Bow slightly as a gesture of respect

- Avoid prolonged eye contact; most API cultures consider direct eye contact rude and may elicit discomfort

- Do not use any medical jargon or terminology, speak clearly, slowly and simply

- Speak in a respectful manner and do not talk "down" to the patient

- Pace the delivery of information - For many patients the first encounter can be overwhelming since a significant amount of complex medical information will need to be provided-also the patient may be trying to accept and to adjust to his/her HIV status

- Do not interact or question the patient in an aggressive manner

- Interact and approach the patient using a non-judgmental stance - This may be their first attempt at seeking testing, care and/or disclosing their HIV status

- Do not rush through the encounter but make time for each patient - Since APIs see health professionals as authority figures, the initial interaction can be a prime opportunity to establish trust and a positive relationship that will impact treatment adherence and outcomes

- Empower the patient. He or she may feel that they have brought shame to their families and friends and as such, do not deserve good care - Assist him or her in navigating the complex medical care system and encourage them to utilize multiple services

- Assure patients that confidentiality will be maintained and that you are committed to helping them get the best care

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