



Sexual Protective Strategies and Condom Use in Middle-aged African American Women: A Qualitative Study

Tanyka K. Smith, PhD, FNP-BC*

The heterosexual transmission of HIV has affected middle-aged African American women at alarming rates; yet there is a paucity of research and interventions focused on this population. This study used a qualitative approach to understand middle-aged urban African American women's experiences with HIV-related sexual risk behaviors and to identify the sexual protective strategies they employed to reduce their risk for HIV infection. Ten African American women, ages 45 to 56 years, were recruited from low-income neighborhoods in New York City. Data were collected using in-depth interviews and analyzed using content analysis. Investigator triangulation and member checking were used to ensure rigor. Five salient themes emerged that highlighted the individual, gender/relationship power factors, and the sociocultural elements that influenced sexual protection or risk-taking behavior. Findings provide new insight into the complexities of HIV sexual risk behavior and can guide future HIV prevention interventions for middle-aged, African American, urban women.

(Journal of the Association of Nurses in AIDS Care, 26, 526-541) Copyright © 2015 Association of Nurses in AIDS Care

Key words: African American, HIV, middle-aged, women, risk, sexual behavior

The heterosexual transmission of HIV has disproportionately affected African American women (Centers for Disease Control and Prevention [CDC], 2013) and, more specifically, middle-aged women, in epidemic proportions. African American women

ages 50 to 64 years carry the heaviest burden of HIV diagnosis, as they comprised approximately 40% of newly diagnosed cases in 2010 (CDC, 2012). HIV research and health interventions have targeted African American female youth, but these may not translate to middle-aged women (Cornelius, Moneyham, & LeGrand, 2008; Winningham et al., 2004). Middle-aged and older African American women are more likely to engage in high-risk sexual practices and may have less experience with condom use than younger women (Jacobs, 2008; Jacobs & Kane, 2011; Lindau, Leitsch, Lundberg, & Jerome, 2006; Winningham et al., 2004). Women who are postmenopausal and not likely to become pregnant may view condom use as a form of contraception that is no longer relevant to them (Beaulaurier, Fortuna, Lind, & Emler, 2014; Cornelius et al., 2008). Moreover, older women who lack power in sexual relationships report less sexual self-efficacy and partner negotiation and are less likely to practice safe sex (Jacobs & Kane, 2011). Despite evidence that HIV disproportionately affects middle-aged African American women, there is a dearth of research and intervention studies focused on this vulnerable population (Harris, Mallory, & Stampley, 2010). Understanding the determinants of sexual risk for middle-aged African American women is the initial step needed to identify HIV risk practices and preventative measures for the target population.

*Tanyka K. Smith, PhD, FNP-BC, is a Postdoctoral Research Fellow, Columbia University School of Nursing, New York, New York, USA. (*Correspondence to: ts563@columbia.edu).*

This study was informed by the Theory of Planned Behavior (TPB; Ajzen, 1991) and the Theory of Gender and Power (TGP; Connell, 1987). The TPB posits that intentions are the primary determinants of behavior, and the TGP asserts that gender-power imbalances in the intimate relationship may lead to sexual risk-taking behaviors. The variables of the TPB include behavioral, normative, and control beliefs, which have been associated with condom use among younger (Hutchinson et al., 2007) and middle-aged/older African American women (Smith, 2013). The specific aims of this study were to: (a) identify strategies used by middle-aged African American women to reduce risk for HIV and other sexually transmitted infections (STIs), (b) develop an in-depth understanding of those factors that contribute to condom use by middle-aged African American women in heterosexual relationships, and (c) determine which theory-based constructs were most relevant to consider in this population (e.g., behavioral beliefs, normative beliefs, control beliefs, condom use self-efficacy, and/or gender/relationship power).

Methods

An exploratory qualitative descriptive approach (Grove, Burns, & Gray, 2013) was used to capture the broader phenomenon of risk and sexual protection in middle-aged African American women. Qualitative descriptive research is exploratory in nature and aims to denote the meaning of participant stories with minimal interpretation from the researcher (Sandelowski, 2000). The method is particularly relevant when seeking to understand the sociocultural and contextual factors that place middle-aged women at risk for HIV and other STIs.

Recruitment and Procedures

A purposive sample of middle-aged African American women was recruited from low-income neighborhoods in New York City (NYC). The NYC vital statistic report was used to identify low-income neighborhoods in boroughs with the highest HIV seroprevalence rates (New York City Department of Health and Mental Hygiene, 2009). Women in the study were recruited and interviewed between January 2011 and

February 2012. Inclusion criteria were: self-identified as a Black/African American woman between the ages of 45 and 75 years at the time of enrollment; heterosexual; ability to read, write, and speak English; ability to provide informed consent; and sexually active within the previous 6 months. Participants were recruited from multiple sites where middle-aged African American women typically congregated, including hair salons, supermarkets, and community centers. Advertisements were posted in the local newspaper, and flyers were posted at recruitment sites. Contact persons at each of the recruitment sites were informed of the study and asked to refer individuals who might be interested. Because stigma is associated with HIV, advertisements and flyers did not include the word "HIV." Instead, recruitment material invited African American women to participate in a confidential study about sex, health, and relationship issues in the African American community. Interested women were screened for eligibility and informed consent was obtained for persons who met the screening criteria. In qualitative research, the sample is generally small and there are no closely defined rules to determine the size of the sample. Instead, the sample size was consistent with the saturation of data and themes, which occurred in this study when no new information of significance was achieved for thematic development (Padgett, 2008).

All of the interviews were conducted by the principal investigator (PI), who is the same gender and race as the interviewees. Each participant chose a location for the interview (e.g., library, office, participant's home) and privacy was maintained. All participants were interviewed in one session. The study was considered exempt and received approval from the institutional review board at New York University. To further protect participant identity, written consent was waived and each interview transcript was identified only by a number code. Each interview was conducted in a 30- to 60-minute time period using semi-structured interview guides with open-ended questions and probes. Twenty-five dollar (USD) gift cards were given to express appreciation for participation.

Interview Guide and Data Analysis

The interview guide was informed by the TPB and the TGP. Questions progressed from general (and

Download English Version:

<https://daneshyari.com/en/article/2658934>

Download Persian Version:

<https://daneshyari.com/article/2658934>

[Daneshyari.com](https://daneshyari.com)