

EXPLORING WAYS TO ADDRESS SEXUAL SCRIPTS AND GENDER- POWER DIFFERENCES FOR BLACK WOMEN

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Why We Did this Study

- There are programs that people can go through to learn how to reduce their risk of HIV infection, but:
 - They have not been adapted for use in the emergency department.
 - Nor do they address the underlying mechanisms that drive high rates of HIV risk behaviors in young, black women.
- To better address the need for health programs that encourage women to enjoy sex while educating them on ways to reduce their risk of getting HIV or other STIs [CDC, 2015].
- We want to change programs that have worked in other settings in a way that makes them useful in places like the emergency department.
- Changing these programs so that they are more effective for young, substance-using, black women required us to speak with women who are young and admit to substance use in order to learn about the thoughts and behaviors that are related to high risk sex and substance use.



What We Did



- 30 interviews in the emergency department while patients were waiting to be seen by the doctor.
- Interviews were taped using an iPad.
- Women were asked about their lives and sexual experiences.
- Everyone gave consent and received a \$25 visa gift card

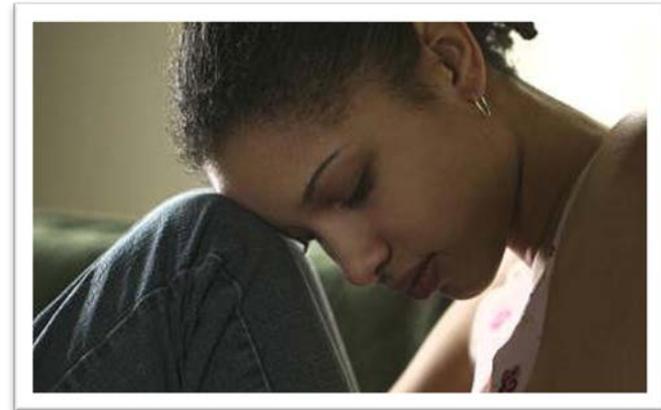
What We Found



- Tolerance for infidelity
 - *'I think that **men** are more, more rules, have more rules than **girls**. Because it's like... they cheat everywhere. And like, there hasn't been a relationship where someone doesn't cheat on you in bed. Or have cheated on you. They cheat, like every relationship right now they cheat.'*
 - *'I would— My husband used to cheat a lot so I would try to do different things to make him think that sex would make it better, change his cheating, try to do new things, but it never worked.'*
- History of abuse
 - *'Well, he really didn't take my virginity... he took my butt. (laugh)... I was maybe like 6 or 7. He was like 19 or 20, yes, he was older. And my mom, she still doesn't know, to this day.'*

What We Found

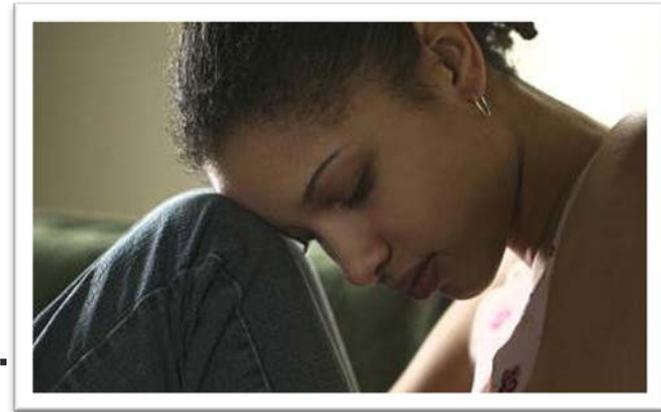
- STI History AND Rationale for sex without condoms



- *‘Normally when I first started talking to someone, we always started off with protection. But along the way like if I develop a relationship and I feel like you there to stay around then I let my guard down like whatever. We don’t have to use it because I feel like I’m with you, you with me and it’s okay. But it’s not okay because dudes... they don’t care about their body like women, and they don’t go through stuff like we go through so they feel like they don’t have signs of STDs or nothing like that, well I’m cool, but we can be over here cloudy-white, burning, all kinds of stuff. **But that’s the risk we have to take**, we can be pregnant, being irresponsible. It’s like I know this stuff but I just don’t... don’t register it until I’m here, in a hospital or I can’t take the burning or the itching, it’s then, that’s when it hit, that’s when it hits me, and he out like, [him] ‘I’m good what’s wrong with you?’ ...*

What We Found

- STI History AND Rationale for
- sex without condoms continued...



- *[her]‘...Well I’m irritated’ and [him]‘well I don’t have no signs, so if you go to the doctor ... if something is wrong with you and they tell you then I know, it’s time for me to go’...But if I come back and tell you, ‘oh there ain’t nothing wrong with me’ and I’m over here burning to death, but if I tell you I’m good, oh you good, then you going to go on to the next one or you gonna try to come back to me and give it back to me. So stupid.’*

What Our Results Mean and Why this Matters

- Results mean that the programs we now have to prevent HIV could better address the barriers to safer sex practices of young, substance using black women if we:
 - 1. Address how gender and power influence sexual decisions with male partners (i.e. use role playing and case scenarios to openly discuss a culturally-supported tolerance of infidelity)
 - 2. Address 'normal' ways of making sexual decisions (i.e. use quotes of other women as case scenarios to show how a history of bad experiences like being abused or getting an STI are influential)
- By addressing these two areas, we can improve existing health programs and their ability to be effective among young, substance using black women, a group of women at high risk for getting HIV at some point in their future.

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