PROCESS USED BY AFRICAN-AMERICAN WOMEN TO NEGOTIATE CONDOM USE: A GROUNDED THEORY STUDY

A DISSERTATION

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BY

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To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Teressa Hunter entitled "Process Used to Negotiate Condom Use Among African American Women: A Grounded Theory Study" I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing Science.

Donna Scott Tilley, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance:

Associate Dean

Accepted:

Dean of the Graduate School

DEDICATION

To my Heavenly Father, I give the utmost thanks. To my parents, Leonard and Flora Sanders, who were the ones to instill in me the belief that I can do anything. I thank them for being God-fearing parents and for raising me to believe in God and in His word. My father was a man who stood strong when times were hard and never backed down to any man, no matter who the person was. I admired his strength and his ability to stand-up when others were afraid to stand. My mother was a unique woman who was not one to follow the social norms. She was an independent woman who did not mind speaking up and doing things that were not expected from the women of her time. She taught me to take control of my own destiny and not to allow anyone to control me. My parents made the decision to send us to a school where they thought we would get a better education. This experience taught me a "can do" attitude and this attitude has helped me to continue on when times became hard. I thank my parents for teaching me the importance of an education. I most of all thank my parents for being my parents, for teaching me to be strong and for teaching me about the power of God which would continue to guide me throughout all of my life.

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ABSTRACT

TERESSA HUNTER

PROCESS USED BY AFRICAN-AMERICAN WOMEN TO NEGOTIATE CONDOM USE: A GROUNDED THEORY STUDY

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African-American women between the ages of 25 and 34 years are disproportionally affected by HIV/AIDS. Current prevention techniques, including education, have not had a significant influence on decreasing the rates of HIV and increasing safer sexual practices among African-American women. More research is needed to identify effective prevention strategies that will decrease the rising rates of HIV among African-American women.

The process African-American women use to negotiate condom use with their sexual partner was explored. A purposive sample of 12 unmarried, heterosexual, African-American women between the ages 25-34 years were recruited for this study. The women were recruited from the Oklahoma City metropolitan area by mainly using the snowball effect. The data was analyzed using open coding, axial coding and selected coding with constant comparison used as an ongoing process.

The feeling and emotions were identified as: 1) communication skills, 2) self-ownership, 3) unfamiliarity with female condoms, and 4) education about female condoms. The substantive theory developed from this study is the Theory of Open Communication and Self-Worth. This theory can be used as a guide for teaching the women to 1) be assertive and effective in the discussion process, 2) put themselves first in relationships, and 3) become more familiar with female condoms, which can empower the female. The dynamics and the process of how African-American women negotiate condom use in sexual relationships is a crucial aspect for HIV prevention.

TABLE OF CONTENTS

LIST OF TABLES

Table Page

LIST OF FIGURES

Figure Page

CHAPTER I

INTRODUCTION

Focus of Inquiry

There is a deadly disease in the land, and it is stalking African Americans, especially African-American women. In 2005, African Americans accounted for 18,121 (49%) of the estimated 37,331 new Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) diagnoses in the United States (Centers for Disease Control and Prevention [CDC], 2008). African Americans only comprise 13% of the U.S. population. The disparity is more dramatic for African-American women, who make up 12% of the female population but account for 66% of the new HIV infections (Rose et al., 2008). HIV/AIDS is the leading cause of death among African-American women between the ages 25 and 34 (CDC, 2007B, CDC, 2007C; Corneille, Zyzniewski, &Belgrave, 2008; Ferguson, Quinn, Eng, & Sandelowski, 2006; Gilbert & Goddard, 2007; Hatcher, Burley, & Lee-Ouga, 2008).

The primary transmission of HIV/AIDS for African-American women is high-risk heterosexual contact followed by injection drug use (CDC, 2007C). High risk behavior includes multiple sexual partners, sex with men who have multiple sexual partners, sex with men who have sex with men, and not using protective barriers such as condom use.

Transmission is affected by social and cultural beliefs about condom use, which support high risk sexual behaviors of not using a condom during sexual intercourse

(Bowleg, Belgrave, & Reisen, 2000; Jarama, Belgrave, Bradford, Young, & Honnold, 2007; Kyomugisha, 2006; Paxton, Meyers, Hall, & Javanbakht, 2004; Stampley, Mallory, & Gabrielson, 2005). This cultural meaning promotes opposition to condom use and increases risk of HIV/AIDS transmission for African-American women. Transmission is also affected by African-American men's belief that condom use can cause an unnatural sensation and lack of pleasure (Timmons & Sowell, 1999). African-American men have a strong disgust for condom use compared to men from other ethnic groups, and African-American women perceive that requesting condom use may result in relationship conflict, loss of partner, and partner anger and abuse (Wolfe, 2003). Data indicates that the proper and consistent use of condoms can prevent the transmission of HIV and sexually transmitted infections (Harvey, Bird, Galavotti, Duncan, & Greenberg, 2002; Harvey et al., 2009).

Inconvenience, fear of retaliation, negative perceptions, and AIDS as not being perceived as a major threat or a risk factor are cited as reasons African-American women do not insist on condom use (McNair & Prater, 2004). Communication about condoms use also depends on various other factors including, "the anticipated reaction from the male partner, whether the sexual relationship was casual or committed, their attitude toward condom use, and normative condom use behavior among female friends" (Ferguson et al., 2006, p. 324). African-American women are often bonded by what is considered to be the standards of behavior toward condom use in that the woman does not initiate discussion about condom use with their sexual partner (Bowleg et al., 2004).

There remain gaps in the literature about the process used by unmarried, heterosexual, African-American women in negotiating condom use with their sexual partner, and the HIV disparity between African-American women and other populations is not clearly understood. Public health and other health care agencies have attempted to control the spread of HIV, but the control has been limited in the African-American community when compared to the Caucasian and gay communities. More research is needed to understand why current prevention techniques have had limited success among African-American women (Kyomugisha, 2006). Kyoimugisha (2006) states, "HIV risk reduction interventions need to employ strategies for developing skills that deal with relationship dynamics that will enable women to take control of their body and strive for favorable male partner norms that are healthy and mutually respectable relationships" (p. 48).

There is a need to understand the process unmarried, heterosexual, African-American women use to negotiate condom use with their sexual partner as a way of taking control of their own bodies and not allowing their sexual partner to take control. By learning about the process, interventions can be designed that can empower unmarried, heterosexual, African-American women in developing healthy and mutually respectable relationships.

Purpose of the Study

The purpose of this study was to explore the process unmarried, heterosexual, African-American women between the ages 25-34 years use to negotiate condom use

with their sexual partner. This study led to the generation of a substantive theory about this process. It is important to know about the process in order to determine effective HIV prevention strategies.

Research Question

The research question for this study was: What is the process used by unmarried, heterosexual, African-American women between the ages of 25-34 years in negotiating condom use with their sexual partner prior to sexual intercourse?

Definitions

African-American – A person who identifies as being a descendant of the slaves who were brought to the United States from West Africa.

Women – A person who has the genitalia that is identified by biological characteristics as being female.

Heterosexual – A person who is attracted to someone of the opposite sex. A woman who is attracted to a man and a man who is attracted to a woman.

Unmarried – A person who is single; not married.

Negotiation – The ability to communicate your desires with another person and the other person adheres to your desires.

Risky sexual behaviors – Being involved in a sexual behavior that will result in outcomes that are harmful to self.

Background and Significance

The data are clear and continue to reveal the disparate infection with human immunodeficiency virus (HIV) among African-American women. When HIV and acquired immune deficiency syndrome (AIDS) first appeared in the literature in the 1980's, HIV/AIDS was considered a gay white male disease (Brown, 2003; CDC, 2010B; Gilbert & Goddard, 2007; Sharpe, Glassman & Collins, 2007). In 2008, African Americans accounted for 21,289 cases at a rate of 73.7 per 100,000 new AIDS diagnoses in the United States (CDC, 2010C).

The rate of HIV infection is 22 times the rate for white women (CDC, 2007A; CDC, 2007B; CDC, 2007D; CDC, 2008; Josephs & Abel, 2009; Kogan, Brody, Chen, Grange, Slater, & DiClemente, 2010). HIV/AIDS is the leading cause of death among African-American women between the ages 25 and 34 (CDC, 2007B; Corneille et al., 2008; Ferguson et al., 2006; Gilbert & Goddard, 2007; Hatcher et al., 2008; Josephs & Abel, 2009).

Researcher's Relationship to the Topic

My personal interest in the condom negotiation process among African-American women began when I read about the statistics, interventions and programs and nothing seemed to make a difference in reducing the rates of HIV transmission among African-American women. I wondered if the issues are so deeply rooted in cultural training and the psychological and the social models are so unrelated to the historical beliefs and behaviors that the current interventions and programs cannot have a positive effect on

decreasing and eliminating HIV in African-American women. A personal perspective of carrying condoms is related to expecting to have sex. This has been largely influenced by cultural norms such that "ladies" don't discuss sexual history or condom use. I know that cultural beliefs, values, and learned behaviors affect risky sexual behaviors, but what I don't know is the process used by the women in negotiating condom use with their sexual partner. Since HIV has continued to rise in the African-American community, it is a "life or death" situation that interventions address the process of negotiating condom use among African-American women. It is widely known in the African American community that the women do not question the norms that are "passed down" through the generations, which are often the survival norms.

I have a passion for issues affecting minorities and being an African-American woman drives this passion even more. I believe it is critical that all people have a clear understanding of the raging effects HIV have on African-American women and that these women no longer think of HIV as a gay white disease. I personally believe that it is imperative that nursing research speak to this growing face of diversity and the process of condom use negotiation be discussed.

Assumptions

Since risky sexual behaviors are rooted within the beliefs and behaviors of African-American women and because I am an African-American woman, I bracketed, or laid aside my beliefs regarding what may influence the sexual behaviors of African-American women (Burns & Grove, 2007; Richards & Morse, 2007). I interviewed the

participants to get an understanding of their ability to negotiate condom use with their sexual partner.

I believed the following were true and could become part of the findings from the interviews with the participants: 1) high risk behaviors includes multiple sexual partners, 2) sex with men who have multiple sexual partners, 3) sex with men who have sex with men (men on the down-low), 4) and not using condoms for protection.

I assumed the following about the participants: 1) they will want to tell their stories of the process used to negotiate condom use with their sexual partner; 2) the women will be open and honest about their answers to the questions asked; 3) they will include in their stories their participation in risky sexual behaviors; and 4) the process used by the women to negotiate condom use will greatly influence sexual behavior.

Philosophical Framework

The theoretical and philosophical frameworks that guided this study were Black Feminist Epistemology and symbolic interactionism. I used both to guide and frame my entire study and to explain my findings.

Black Feminist Epistemology is chosen because I want to examine the interpretations of the experiences of African-American women and learn about the process they use to negotiate condom use with their sexual partner. Epistemology is defined as the study of philosophical problems, credible knowledge or knowing, and acceptable truth (Hill Collins, 2009). According to Taylor (1998), "African-American women advocate black feminism" and "their discourse recognizes how systems of power

are configured around maintaining socially constructed categories of both race and gender" (p. 18). Patterns of thought and behavior of African-American women can be affected by socially constructed categories of race, class, and gender. It is necessary that researchers provide a forum for African-American women to be able to talk about their thoughts and experiences and that their thoughts and experiences are given credibility in understanding the rising rates of HIV among this population.

Knowledge validation has traditionally been controlled by white men and "their interests pervade the themes, paradigms, and epistemologies of traditional scholarship" (Hill Collins, 2009, p. 269). According to Hill Collins (2009), Black Feminist Epistemology is an important framework for examining the social, family, sexual politics, and economic issues faced by African-American women. These issues can be shared by the use of dialogue and this framework can provide guidance to understanding the process African-American women use to negotiate condom use with their sexual partner. Black feminist epistemology is outlined by Hill Collins (2009) as: (1) lived experience as a way of gaining and giving meaning to knowledge and wisdom, (2) using dialogue to assess knowledge claims and using connectedness rather than separation to invoke relationships, (3) ethics of caring suggesting that "personal expressiveness, emotions, and empathy are central to the knowledge validation process" [p. 281-282], and (4) the ethic of personal accountability that states women must not only dialogue but through dialogue they are accountable to their knowledge claims.

The use of dialogue was used to assess the knowledge claims of these women. African-American women knowledge claims are through dialogue with other individuals (Hill Collins, 2009). This dialogue allowed African-American women a feeling of connectedness and empowerment because they were given a voice to dialogue with the researcher and to tell their story and experiences about the process they used to negotiate condom use with their sexual partner.

Hill Collins (2009) states African-American women "encounter two distinct epistemologies, one representing elite white male interests and the other expressing black feminist concerns" (p. 270). I focused my study on the concerns of African-American women because this population has often been denied the opportunity to express themselves within the realm of credible research (Hill Collins, 2009). "Black women scholars may know that something is true – at least, by standards widely accepted among African-American women – but be unwilling or unable to legitimize our claims using prevailing scholarly norms" (Hill Collins, 2009, p. 273). This study allowed African-American women the voices to speak the truth as they see it and to share their experiences. This information was used to develop a substantive theory about the process used to negotiate condom use with their sexual partner.

I also used symbolic interactionism as the guiding principles and the philosophical position to guide and frame my study. Blumer (1969), who was a student of Mead, was the first person to use the term symbolic interaction (Aksan, Kisac, Aydin, & Demirbuken, 2009). The development of symbolic interactionism theory was influenced

by theorists such as John Dewey (1930), Charles Cooley (1902), Robert Parks (1915), and George Herbert Mead (1934). Symbolic interactionists may differ in respect to their point of view but they agree that the source of data is human interaction (Aksan et al., 2009). Since symbolic interactionism is the basic foundation of Grounded Theory, I addressed the philosophical assumptions by focusing on the "processes of interaction between people exploring human behavior and social roles" (Holloway & Wheeler, 2002, p. 153). I did not observe the interactions of the African-American women in the process of negotiating condom use with their sexual partner, but explored the "meanings emerging from the reciprocal interaction of individuals in social environment with other individuals and focuses on the question of which symbols and meanings emerge from the interaction between people" (Holloway & Wheeler, 2002, p. 902).

Symbolic interactionism informs underlying assumptions and focuses on the actions of individuals and is grounded on basic ideas or 'root images'. These root images refer to "human groups or societies, social interaction, objects, and the human being as an actor; together, these root images represent the way symbolic interactionism views human society and conduct" (Blumer, 1969, p. 6). Human groups or human beings interact with each other, and as part of this interaction, conceptual schemes can be identified. The interactions between individuals often occur because of the "response to one another or in relation to one another" (Blumer, 1969, p. 7) or in response to meanings set for objects, such as physical (bodily or material), social (societal), or abstract (moral principles) objects (Blumer, 1969). The condom use negotiation process used by African-

American women was explored as part of the interaction and response between individuals and the meanings set for physical, social, or abstract objects.

There are three philosophical assumptions about symbolic interactionism identified by Blumer (1969). These assumptions are:

> (1) human beings act toward things and people on the basis of meanings that the things have for them, (2) the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows, and (3) meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters. (p. 2)

Although human beings will act towards someone based on how they regard that person, this act is often ignored and treated as being unimportant. Social behavior is often formed in and defined by interaction with people and by society. The meanings and actions of a person involve the interpretation of behavior (Blumer, 1969). Each of these assumptions was used in the process of interpretation of how African-American women negotiate condom use with their sexual partner. Symbolic interactionism was used to inform the underlying assumptions about the behaviors of African-American women. I dialogued with the women to learn how the women are able to proceed in their negotiation process with their sexual partner, the meanings of these interactions, and how the women manage this process.

Glaser (1992) is cited by Munhall (2007) as saying that "an assumption of Grounded Theory is that people actively shape the worlds they live in through the process of symbolic interactionism" (p. 241). The lives of African-American women are shaped by unpredictability, difficulty, variation, and different life courses. These events were taken into account as I learned more about the condom use negotiation process patterns of behavior of these women.

The link and interconnectivity between Black Feminist Epistemology and symbolic interactionism is the identity of oppression, disempowerment, lived experiences, social behavior, interaction and voices of African-American women. The voice given to their knowledge, behaviors and experiences were analyzed in learning about the process used to negotiate condom use among African-American women. The experiences, language, and thought processes of the women were the focus of this study. Black feminist epistemology and symbolic interactionism were guides for the better understanding of the process used by unmarried, heterosexual, African-American women to negotiate condom use with their sexual partner prior to sexual intercourse.

Significance to Nursing

HIV continues to have stronghold on African-American women, and the number of African-American women with HIV continues to escalate. Understanding the dynamics of HIV transmission in African-American women is significant to nursing practice, education, and research because of the care involved, the unpredictable progression, and the increases in the numbers of HIV cases impacting the healthcare

system. It is important to know how the condom negotiation process and sexuality influence sexual behavior; this must be addressed by nursing practice, education, and research in order to decrease the risky sexual behaviors among African-American women. Nurses need to understand the dynamics of how African-American women negotiate condom use, which can add to the body of nursing knowledge by designing relevant interventions based on this negotiation process. The condom use negotiation process in relationships is an issue for HIV prevention and is an important aspect for prevention especially to nursing.

It is assumed and put into nursing practice that education is the key to decreasing risky sexual behaviors, but education has not had a significant influence in decreasing the rates of HIV and increasing safer-sex practices among African-American women (Sobo, 1993). Understanding and identifying negotiation process factors are important for nursing in order to better understand the risky sexual behaviors demonstrated by African-American women. Nurses are involved in all areas of healthcare, including community clinics, hospital clinics, family care, acute care, and long term care. HIV education programs and interventions will not decrease transmission rates or increase condom use unless they speak to negotiation processes. Risky sexual behaviors of not negotiating condom use with sexual partners can affect health promotion and family planning clinics because of the role condoms and contraception play in sexually transmitted diseases, disease prevention, and birth control.

It also is imperative that nurses understand that negotiation processes are factors that influence condom use among African Americans. Social roles and values are factors in African-American women's comfort in carrying condoms because this behavior can be perceived as being sexually available or loose (Scott, Gilliam, & Braxton, 2005). Nurses must look at the role of sociocultural perspectives and the role the ability to negotiate condom use play in African-American women's decision making to participate in risky sexual behaviors.

Sociocultural perspectives can affect the condom negotiation process. This study will help bring an increased public consciousness and understanding of how the process used to negotiate condom use can influence African-American women's sexual behavior. Women are socially constructed to hold less value in society and because of this value issue, self-care issues, socioeconomic disadvantages, and poverty are barriers to negotiating condom use (Scott et al., 2005). According to Jipguep, Sanders-Phillips, and Cotton, (2004) gender-based factors such as a "woman's interpersonal connections, traditional social norms, sexual roles, race, and socioeconomic vulnerability that affect a woman's ability to engage in HIV-related self-protective behaviors" have been addressed (p. 367). The potential knowledge from this study will also affect the sociocultural context by bringing an increased public consciousness to the issues affecting African-American women and how condom negotiation processes can influence condom use.

This research study was also important to the participant because the participants shared their stories, which may give validation for their experiences and knowledge and

provide insight into their process of negotiating condom use. African-American women can also be empowered by being able to share their stories. Empowerment is defined as a social action process, community action participation, community and social networking, and promoting the belief that people have control of their worlds (Wallerstein, 1993). African-American women can be empowered when they are directly involved in influencing the interventions being designed. This can help teach self-worth, importance, and the feeling of being part of the team. This also builds a sense of confidence and self-esteem for the participants. Empowerment is an important step in helping African-American women have a voice and gain control over their bodies.

Empowering African-American women to be directly involved in the decision making of program designs can improve the quality of life and increase the life expectancy of these women. The knowledge, behavioral gap, and health disparities can only be narrowed and eliminated when emphasis is placed on the participants and their sexual decision making and the process they use to negotiate condom use with their sexual partner.

Literary Context

High-risk behaviors are behaviors that place a person at risk for suffering particular conditions such as HIV. I will discuss several research studies that have examined the various high-risk behaviors which include discussions about power differentials and gender ratio imbalance, risky sexual behaviors, social and cultural

factors concerning condom use, condom use among African-American women with their sexual partner, and female condom use as a HIV prevention strategy.

Power Differentials and Gender Ratio Imbalance

A study conducted by Breny Bontempi, Eng, and Quinn (2008), examined the "effects that relationship power as a result of imbalanced sex ratios in a rural, low-income African American community has on women's sexual health behavior and decision-making" (p. 65). Five focus groups were conducted with a total of 24 women ranging in age from 18-57 years. The women were recruited from a public housing community using snowball sampling. The discussion questions were used to elicit responses to questions about what is it like to be an African-American woman living in the town, questions about racial issues and economic factors, what issues affect them, what are some of the difficulties of being with a man, relationships between men and women, how men feel about using condoms, and how women feel about condoms.

The data were analyzed using the constant comparison. The preliminary theory was that "women seemed to develop strength and independence as a result of sex ratio imbalances, living in public housing, and as recipients of welfare as a way to protect themselves and their children from mistreatment and abuse" (p. 69). The three sub-themes were: "1) treatment by and negotiation with male partners, 2) organizational mistreatment, and 3) development of a vicious cycle on welfare" (p. 69).

Risky Sexual Behaviors

Robinson, Scheltema, and Cherry (2005), conducted a quantitative study using logistic regression analysis. Risky sexual behaviors were explored using the Sexual Health Model. The aim was to focus on high risk behaviors such as inconsistent condom use and multiple concurrent partners. Barriers to "health sexuality, sexual anatomy and functioning, positive sexuality, sexual health care, and cultural identity" and "consistent condom use, multiple concurrent partnerships, and overall sexual risk" was investigated using the model (p. 224).

The sample for this study was 163 low-income African-American women who were recruited from a sexual health HIV community prevention group. The hypothesis for this study was level of acculturation being associated with sexual risk. Sexual difficulties, sexual assertiveness and self efficacy, attitudes toward condoms use, assessment of HIV risk, desire for or intended pregnancy, alcohol and drug use, domestic abuse in current or recent relationships, sexual and physical abuse, prostitution, and sexual transmitted diseases (STDs) were hypothesizes to be positively related to risky sexual behaviors. Potential variables such as age, education, marital status, employment, and attending religious service were hypothesized to be negatively related to risky behaviors. The women were interviewed using 409 structured interview questions.

The association between the potential variables and risky sexual behaviors was partially supported. The variable sexual difficulties were associated with high risk behavior of concurrent partner. Positive attitudes toward condoms use were associated

with consistent condom use and the wanting to become pregnant variable was associated with inconsistent condom use and high risk sexual behavior. The hypothesis about positive relationship between alcohol and drug use, domestic abuse in current or recent relationships, sexual and physical abuse, prostitution, and sexual transmitted diseases and risky sexual behaviors was not supported. The hypothesis about sexual difficulties, sexual assertiveness and self efficacy, attitudes toward condoms use, and assessment of HIV risky sexual behaviors was not supported. A lack of a linear relationship between acculturation being associated with sexual risk was noted. Potential variables such as age, education, marital status, employment, and attending religious service, and attending religious service were also negatively related to risky sexual behaviors.

Social and Cultural Factors with Respect to Condom Use: Male Condom Use

A longitudinal, cross-sectional, qualitative study by Dancy and Berbaum (2005) provided information about condom use over a nine month period for low income African-American women who received a HIV-prevention curriculum or a health maintenance curriculum from two urban community sites. "The dependent variable is consistent condom use and the mediating, exploratory variables are knowledge of HIV transmission, self–efficacy for low-risk HIV behavior, perceived HIV vulnerability, social norms related to sexual behavior, attitudes related to condom use, and HIV-related community behavior" (Dancy & Berbaum, 2005, p. 30). The sample size was 279 African-American women between the ages of 20 and 44 years.

The instrument used in this study was a modified version of the AIDS Knowledge, Feelings, and Behavior Questionnaire, which includes knowledge of HIV transmission, self-efficacy low-risk HIV behavior, and perceived HIV vulnerability. The data was analyzed using logistic regression. The findings for the HIV-prevention curriculum reported consistent condom use. The mediating explanatory variables that contributed to consistent condom use were social norms related to sexual behavior, self – efficacy for low-risk sexual behaviors, and HIV-related community behavior (Dancy & Berbaum, 2005).

Social and Cultural Factors with Respect to Condom Use: Female Condom Use

A research study published by Holmes et al., (2008) was aimed at determining prevalence of female condom use and the potential markers of using female condoms among African-American women. The Information-Motivation-Behavioral Skills model was used to determine the efficacy of increasing condom use. The sample size was 280 African-American women age 18 and older. It was hypothesized that the "prevalence of female condom use would be low among African-American women, and that socio-demographic and life-style factors independently predict female condom use" (p. 471). A cross-sectional design was used. The participants were asked questions about "HIV/AIDS knowledge, HIV risk perception, drug and alcohol use, condom use, intent, and obstacle to use and self efficacy" (p.471). Descriptive statistics were used to examine the variables and it was determined that age, multiple sexual relationships, knowledge of female condoms, and the level of education were all potential markers for female condom use.

Methodology

Grounded Theory is a methodology developed in the 1960s by sociologist Barney Glaser and Anselm Strauss. Grounded Theory was developed from their research about the awareness of dying patients. Grounded Theory's basic questions in theoretical sampling are what groups are needed for data collection and how are comparison groups selected? Glaser and Strauss (1967) wanted to close the gap between theory and research by improving social scientists' ability to generate theory. They believed that the skill to generate theory was to use data by taking a "different perspective on the canons derived from vigorous quantitative verification on such issues as sampling, coding, reliability, validity, indicators, frequency distributions, conceptual formulation, construction of hypotheses, and presentation of evidence" (Glaser and Strauss, 1967, p. viii). The emphasis of Grounded Theory is placed on generating theory and not verifying it. Although Grounded Theory is directed mainly towards sociologist, it can be used by any discipline studying social phenomena, especially if their data is qualitative (Glaser & Strauss, 1967).

The goal of Grounded Theory is to generate theory derived from data. It is used to "discover theory inductively from empirical data without a previously chosen guiding framework" (Kylma, Vehvilainen-Julkunen, & Lahdevirta, 1999, p. 224). Grounded Theory's aim is "to explore basic social processes and to understand the multiplicity of interactions that produces variation in that process" (Heath & Cowley, 2003, p. 41).

African-American women do not follow the norm according to literature and statistics when it comes to their social processes or sexual behavior in negotiating condom use (Bowleg et al., 2004; Jarama et al., 2007; Kyomugisha, 2006; Paxton et al., 2004; Stampley et al., 2005).

According to Glasser and Strauss (1967), the interrelated jobs of theory in sociology are to: (1) enable prediction and explanation of behavior, (2) be useful in theoretical advance in sociology, (3) be usable in practical applications-prediction and explanation should be able to give the practitioner understanding and some control of situations, (4) provide a perspective on behavior-a stance to be taken toward data, and (5) guide and provide a style for research on particular areas of behavior (p. 3). I used comparative analysis to analyze the data collected to predict, speculate, explain, and understand the reported behavior of the African-American women in negotiating condom use with their sexual partner.

Blumer (1969) points out four central concepts of methodological implications. These concepts are: (1) people, individually and collectively, are prepared to act on the basis of the meanings of the objects that comprise their world, (2) the association of people is necessarily in the form of a process in which they are making indications to one another and interpreting each other's indications, (3) social acts, whether individual or collective, are constructed through a process in which actors note, interpret, and access the situations confronting them, and (4) the complex interlinkages of acts that comprise

organization, institutions, division of labor, and networks of interdependency are moving and not static affairs (p. 50).

I applied these concepts as I analyzed the data by focusing on the meanings of how the participants see themselves, interpret the reported behavior and the social interactions according to the process used by the participants in negotiating condom use with their sexual partner. The process used by African-American women to negotiate condom use with their sexual partner is a process that can be assigned meaning through the analysis of data collected. "By focusing on what is going on in a particular social context, symbolic interactionism allows for the identification of social, emotional, or cognitive change as it emerges" (Munhall, 2007, p. 242). The dialogue with the women will give voice to their shared and expressive use of reasoning that is used in negotiating condom use with their sexual partner.

Grounded Theory methodology was used to explore processes and led to the development of a substantive theory about processes used by African-American women in negotiating condom use with their sexual partner. Grounded Theory is important for my study because it captures social process in social context and explains human behavior in context (Munhall, 2007). This is a study about the process of human behavior related to the health issue of negotiating condom use. It is also a methodology that is useful when little is known about the topic. There is very little known about the process unmarried, heterosexual, African-American women use to negotiate condom use with their sexual partner. It is also important to my study because it "provides us with relevant

prediction, explanations, interpretation, and applications of social behaviors" (Glaser & Strauss, 1967, p. 1).

Summary

Learning about the condom negotiation process used by African-American women will affect change in the rising rates of HIV among African-American women. There is very little known about the condom use negotiation process. The skill to communicate (negotiate) healthy relationships (condom use) are prerequisites to successful intervention programs for reducing the rising rates of HIV among African-American women. It is urgent that the different processes used by African-American women to communicate with their sexual partner about using condoms prior to sexual intercourse be at the forefront of research and the planning of interventions and programs that will decrease and end the HIV disparity among these women.

In order to decrease this disparity among these women, it is necessary to discuss condom use negotiation embarrassment, gender ratio imbalance and how imbalanced sex ratios affect their condom negotiation power. It is also necessary to allow the women to voice and address sexual decision making, sexual relationships and how family and social norms influences sexual behavior and gender roles. Interventions should be designed to help African-American women develop higher levels of self-esteem and greater emotional and economic independence in negotiating protective sexual practices.

This will help in gaining insight into why some women are successful in their condom negotiation process and others are not. It can also help in planning effective

interventions by designing interventions with the variables in mind. Decreasing risk taking sexual behaviors of not using condoms is a research priority in filling the knowledge gap about the condom negotiation process used which can generate a substantive theory about this social phenomenon.

CHAPTER II

LITERARY CONTEXT

The literature presented in Chapter 2 is relevant to the proposed research study because it defines, establishes the relevance of the proposed topic, and identifies gaps in the literature that the proposed research intends to fill. This review of the literature will include a discussion of power differentials and gender ratio imbalance, risky sexual behaviors, social and cultural factors concerning condom use, and male and female condom use among African-American women with their sexual partner as a HIV prevention strategy.

Statement of the Problem

The overall rates of HIV among African Americans continue to rise when compared to other races and ethnicities. African Americans continue to account for higher rates of new infections and deaths. Even though new HIV infections among African Americans overall have been roughly stable since the early 1990s, compared with members of other races and ethnicities, this population continue to account for a higher proportion of cases at all stages of HIV—from new infections to deaths (CDC, 2010A). The current prevention efforts are not as effective among African Americans as for other populations.

The awareness of how HIV is transmitted has not positively affected behavioral change (Bruhin, 2003; Jipguep et al., 2004). The disparity in HIV infection between African-American women and other populations are not clearly understood and should be investigated (Ott-Salaj et al., 2008). Understanding the process used by African-American women in negotiating condom use with their sexual partner prior to sexual intercourse is a necessary step in designing interventions that will empower the women to be proactive in promoting healthy sexual behaviors.

Power Differentials and Gender Ratio Imbalance

In a focus group study conducted by Ferguson et al., (2006), the social and cultural characteristics of campus dating, perceptions of the participant's susceptibility to HIV/AIDS, gender differences in negotiating condom use, and HIV prevention strategies were explored. There were four males and twenty-seven females who participated in the study. During the focus groups, comments from the participants included statements such as "Well, there are more females than males on this campus" and "So it's like the males think they can have sexual relationships with many women at once" (Ferguson et al., p. 326).

The Ferguson et al. (2006) study suggested that female and male imbalance may affect the risky behaviors among African-American women. The discussion about condom use included comments about how low self-esteem and being embarrassed about negotiating condom use places women in high-risk situations. The findings from this

study implied that gender ratio imbalance increased women's risk for HIV. The consequences of the gender ratio imbalance resulted in men having multiple sexual partners and women conforming to the condom preferences of men. This study pertains to my study because I gathered information about what makes the condom use negotiation process difficult or what makes the process easy. This question may lead to the discussion of condom use negotiation embarrassment and gender ratio imbalance.

In a study conducted by Corneille et al., (2008), the affects of age on sexual risk, protective attitudes and behaviors among African-American women were discussed. The research study used a sample of 325 self-identified heterosexual, unmarried, African-American women between the ages of 18 and 61 years who were recruited from three local colleges and universities and several community-based agencies in a southeast metropolitan area. It was hypothesized that:

1) age will be associated with condom use after controlling for education, partner status, and relationship length, such that age increases condom use and condom use intentions will decrease with age, 2) age will be associated with condom attitudes such that as age increases positive attitudes toward condoms will decrease, 3) age will be associated with condom negotiation efficacy and condom use efficacy such that as age increases condom negotiation efficacy and condom use efficacy will decrease, and 4) age will be associated with HIV knowledge such that as age increases HIV knowledge will decrease (Corneille et al., 2008, p. 220-221).

The women were invited to participate in a five-week Sistas Informing Sistas about the Topic of AIDS (SISTA) social skills intervention program which is designed to reduce risky sexual behaviors.

The findings of this study assert that younger women are more likely to use condoms in past and current relationships and have intentions to use condoms in the future. Age was not associated with the number of recent partners and the perception that their partners are more favorable to condom use; however, there was reported lower condom negotiation efficacy. The women in this study also indicated that older women held stronger beliefs that men have more influence in determining condom use and have more negative attitudes towards condom use. As age of the partner increases, attitudes towards condom use are less favorable, and this suggests that partners should be included in the building of interventions. This study is important to my study because protective attitudes and behaviors may be key to understanding the process African-American women use to negotiate condom use with their sexual partner.

Breny Bontempi et al., (2008), examined the "effects that relationship power as a result of imbalanced sex ratios in a rural, low-income African American community has on women's sexual health behavior and decision-making" (p. 65). Five focus groups were conducted with a total of 24 women ranging in age from 18-57 years. The women were recruited from a public housing community using snowball sampling. Discussion guided questions were used to elicit responses to questions about what is it like to be an African-American woman living in the town, racial issues and economic factors, issues that affect

them, some of the difficulties of being with a man, relationships between men and women, how the men feel about using condoms, and how the women feel about condom use.

The data was analyzed using constant comparison developed by Strauss and Corbin (1998). Open coding, axial coding, and selective coding was used. The overall preliminary theory that was developed was the "women seemed to develop strength and independence as a result of sex ratio imbalances, living in public housing, and as recipients of welfare as a way to protect themselves and their children from mistreatment and abuse" (Breny Bontempi et al., p. 69). The three sub-themes were: "1) treatment by and negotiation with male partners, 2) organizational mistreatment, and 3) development of a vicious cycle on welfare" (p. 69).

This study is important to my study because it gave the women a way of voicing how they felt about how imbalanced sex ratios affect their relationship power. My study gave women a voice in discussing the process used to negotiate condom use with their sexual partner and allowed the women the voice to discuss other factors that affect the process.

Risky Sexual Behaviors

A study by Gentry, Elifson, and Sterk (2005) examined the living conditions of low-income African-American women. This study was guided by Black Feminist Theory. The setting for this ethnographic study was in an area of Atlanta, Georgia, known as "the Rough", which is considered a high-risk community. A Health Intervention Project (HIP)

study was conducted with participants who were current injection or crack cocaine drug users, have participated in previous sexual intercourse, and were in drug treatment in the last 30 days. Research questions that guided this study asked the women about the 1) conditions and behaviors that led them to be labeled as high-risk for HIV/AIDS, 2) the strategies they used to cope with being high-risk for HIV/AIDS, and 3) their beliefs about the consequences for participating in prevention strategies (Gentry et al., 2005).

According to Gentry et al. (2005), the living conditions and arrangements of the women were categorized as street women and house women (Gentry et al., 2005). The street women were classified as absolute homeless or living on the streets. The house women were categorized as being the heads of household, the family housed, and the steady-partner housed (Gentry et al., 2005). The heads of household were the women who are financially responsible for their apartments or houses. Some of the heads of household women have drug-dealing live-in partners, and one of the participants states that she "hardly just trusts being intimate with him" (Gentry et al., 2005, p. 248). This statement reveals that the women don't always trust their sexual partner. The family housed live with a family member and continues to participate in high-risk behaviors. The steady-partner housed depends on their significant other for housing, and their partners typically do not use condoms (Gentry et al., 2005).

The Gentry et al. (2005) study revealed that the women believed that their current living conditions greatly impacted their drug behavior and high-risk behavior. My study

did not focus on living conditions but this theme may emerge as part of the process African-American women use to negotiate condom use with their sexual partner.

A Grounded Theory methodology study was conducted by Malory (2008) to find out from participants how they became infected with HIV. A total of ten African-American women living in the rural southeastern United States were recruited from a previous study known to the researcher. The women were asked to discuss the events and circumstances of how they became HIV positive. The data from the transcripts were transcribed and analyzed, and it was suggested that factors that influence participation in risky behaviors were women who were in monogamous relationships and believed and trusted the men they were involved with. They also believed that suggesting condom use would compromise their relationship with their sexual partner (Mallory, 2008).

Mallory (2008) concluded that that sexual decision making is a complex process which is influenced by many factors. Trust and being in a monogamous relationship are two of the factors. This study also suggests there needs to be a broader understanding of HIV transmission for this population. The "so-called women at low risk cannot be ignored, and all women should be informed about the risks of HIV and taught the skills needed to protect themselves against infection" (Mallory, 2008, p. 34).

My study also addressed sexual decision making and sexual relationships as part of the process used by African-American women in negotiating condom use with their sexual partner. Trust and being in monogamous relationships in deciding whether or not to negotiate condom use was a possible theme in my study.

Risky sexual behaviors, perceptions of HIV risk, and risk-reduction behaviors were addressed in a study by Brown and Hook (2006). Drug use habits and risky sexual behaviors remain an aim of HIV interventions. The Health Belief Model was selected as a framework for this study. The questions in this study asked the women about how they view their risks of acquiring HIV, how their perceptions vary depending on the type of drug use, their perceptions of HIV risk vary depending on whether or not women have sold sex for drugs, and the steps these women take to protect themselves (Brown & Hook, 2006).

The Brown and Hook (2006) study design was a mixed method ethnographic study with 30 African-American women between the ages of 18 and 56. The instrument used in this study was the 1994 version of the National Institute on Drug Abuse (NIDA) Social Network Questionnaire. The questionnaire asked questions about "demographics, drug use, drug injection, drug use in the last 48 hours, drug treatment, sexual activity, sex for money or drugs, health, criminal offenses, and work and income" (Brown & Hook, 2006, p. 45). There were between 33% and 50% of the participants who exchanged sex for drugs or money and less than half reported ever using condoms. Thirty-seven percent did not perceive themselves to be at risk of acquiring HIV and 52% perceived to only have a 25% chance (Brown & Hook, 2006).

Practice implications for the study by Brown and Hook (2006) indicate that nurses and social workers should assess the knowledge gaps and provide accurate information about HIV and the risks regarding HIV/AIDS. By assessing the knowledge gaps, the

perceptions, and the cognitive and community barriers, African-American women can reduce the risk factors and better influence the design of effective prevention strategies (Brown & Hook, 2006). This study pertains to my study because it is not known about the sexual risk perceptions involved in the process African-American women use to negotiate condom use with their sexual partner and those who do not.

Social and Cultural Factors with Respect to Condom Use

In an exploratory, qualitative study by Jarama et al., (2007), the contextual, family, cultural, and social factors of HIV risks among African-American women living in central Virginia were explored. The factors explored in this study were family influences on the development of perceptions regarding sexual relationships and gender roles (Jarama et al., 2007). This study targeted African-American women between the ages 18 and 49 years of unknown HIV status and considered that the "sexual behaviors of African Americans are influenced by culturally determined gender norms that prescribe appropriate sexual behaviors and attitudes for men and women" (Jarama et al., 2007, p.307). Social and cultural factors are known to influence HIV perceptions, interventions, and prevention behaviors. Jarama et al., (2007) states that "relationships, gender roles, sexuality, cultural norms, and women's social status can affect sexual behaviors and enactment of protective steps to reduce risk of HIV infection" (p. 307).

Semi-structured interviews were conducted, and the data was analyzed using content analysis. The three main themes that emerged from this study were, "family influences associated with notions of sexuality, trust and control associated with gender

roles and the church and HIV prevention" (Jarama et al., 2007, p. 312). Parental communication was found to be centered on the themes of emotional support, avoiding pregnancy, trust, and women's control of sexual impulses. Protection messages were mainly reported by younger women. This may be because condom use as a protection method is seen as a method to prevent pregnancy. This may indicate the disconnection between the knowledge of HIV transmission and vulnerability (Jarama et al., 2007). This study is relevant to my study because I want to learn about family influences on sexual behavior and gender roles as I learn about the process used by African-American women in negotiating condom use with their sexual partner.

In a study by Mallory, Harris, and Stampley (2009), the aim was to "explore the relationships between social, cultural and individual factors and midlife African-American women's risk taking and protective practices related to HIV/AIDS" (p. 1251). This study used the Afrocentric Paradigm, Theory of Gender and Power, and Social Cognitive Theory as the guiding frameworks for the interview questions. The women were between the ages 40 and 64 years. Twenty-one African-American women participated in the two-part interviews and twenty African-American women participated in four focus groups (Mallory et al., 2009). The two claims that emerged from data regarding protective and risk-taking practices related to sexual transmission of HIV are taking responsibility and getting caught-up. "Taking responsibility explains protective behavior such as condom use, abstinence, monogamy, and HIV testing as three important factors: self-esteem, self-confidence, and self-reliance," and "getting caught up explains

sexual risk-taking as a function of three factors: the man shortage, reliance on men, and sexual desire" (Mallory et al., 2009, p. 1253).

This study suggested that mid-life African-American women deal with unique challenges regarding HIV prevention. These challenges and factors include "intimate partner violence, lower education levels, lower condom self-efficacy, discomfort with sexual communication, drug and alcohol abuse, ignorance of sexual partners' history, mental health issues, sexual risk-taking for the sake of a relationship, and lack of knowledge about prevention" (Mallory et al., 2009, p. 1249). This group of women has developed a high level of protective behaviors. These behaviors can provide a foundation for successful HIV interventions based on their beliefs about self, sexual desire, availability and reliance on men (Mallory et al., 2009).

This study is important to my study because it suggests that interventions should be designed to help African-American women develop higher levels of self-esteem and greater emotional and economic independence in negotiating protective sexual practices. These protective sexual practices include knowing about the process used by African-American women in negotiating condom use with their sexual partner.

Male Condom Use

A longitudinal cross-sectional qualitative study by Dancy and Berbaum (2005) provided information about condom use over a nine month period for low income African-American women who have received HIV-prevention curriculum or a health maintenance curriculum from two urban community sites. "The dependent variable is

consistent condom use and the mediating, exploratory variables are knowledge of HIV transmission, self–efficacy for low-risk HIV behavior, perceived HIV vulnerability, social norms related to sexual behavior, attitudes related to condom use, and HIV-related community behavior" (Dancy & Berbaum, 2005, p. 30). The sample size was 279 African-American women between the ages of 20 and 44 years old.

The instrument used in this study was a modified version of the AIDS Knowledge, Feelings, and Behavior Questionnaire, which includes knowledge of HIV transmission, self-efficacy low-risk HIV behavior, and perceived HIV vulnerability. The data was analyzed using logistic regression. The findings for the HIV-prevention curriculum reported consistent condom use. Three of the mediating explanatory variables, which were social norms, related to sexual behavior, self–efficacy for low-risk sexual behaviors, and HIV-related community behavior, all contributed to consistent condom use. The other variables, perceived HIV vulnerability, social norms related to sexual behavior, and attitudes related to condom use, were not effective predictors (Dancy & Berbaum, 2005). In my study, I explored how social norms and sexual behaviors affect the process used by African-American women in negotiating condom use with their sexual partner.

African-American women's sexual risk behaviors are sometimes compared with other ethnic groups as was the study by Moreno, El-Bassel, and Morrill, (2007). This study compared African-American and Latina women's "sexual HIV-risk factors, history of sexually transmitted infection, condom use, and reported knowledge and perception of

partner risk" (Moreno et al., 2007, p. 1). The women recruited to participate in this Project Connect study were between the ages of 18 and 55 years and were low-income women living in the Bronx. This was a four-year randomized clinical trial study designed to "examine the effectiveness of a theory-driven prevention intervention adapted to low-income Latina and African women and their main sexual partner" (Moreno et al., 2007, p. 5). A non-random sample of 921 African-American women and 1,397 Latina women participated in the study. Sexual high risk behavior was measured using selected questions from the Sexual Risk Behavior Questionnaire. The questions asked the women about "1) the number of sexual partners in their lifetime, 2) the number of partners during the last year, 3) ever having an STI (such as gonorrhea, syphilis, Chlamydia, or herpes" and if the participant had sex within the past 90 days, they were asked, "4) condom use (yes/no), and for those who had used one, 5) frequency of condom use (from 0 = never to 4 = every time" (Moreno et al., 2007, p. 6).

The data was analyzed using a t-test and Chi-square to compare the demographic characteristics and the sexual risk factors of HIV. The data showed that the Latina women had fewer sexual partners in their lifetime, and more African-American women perceived their main partner to be at risk for HIV. This study reported that although African-American women are more likely to use condoms with their sexual partner than Latinas, the frequency of use did not differ. The women face power imbalances that create difficulties and challenges in relationships, and there is a lack of communication skills needed for HIV protection negotiation. The limitations of this study include non-

randomization of the participants and the possibility that the Latina women gave more socially acceptable responses which minimized their risky behaviors. This study suggests that there is a need to examine how sexual relationships take place within a relationship, a social context, and a culture (Moreno et al., 2007). My study explored how sexual relationships affect the communication process used by African-American women in negotiating condom use with their sexual partner.

In a cross-sectional study conducted by Perrino, Fernandez, Bowen, and Arheart (2006), condom use attempts and condom use was examined among 305 high-risk, low-income African-American women. The participants were asked questions about sociodemographic data, questions about childhood abuse, fear of getting HIV from their main partner, current use of birth control, recent sex while under the influence of drugs or alcohol, how long the participant had been with her main partner, and dependence on main partner.

Grounded Theory was used to analyze the data in the Perrino et al., (2006) study. The women who had recently attempted to use a condom with their sexual partner were more successful in using a condom than the women who had not made an attempt. Thirty-one percent of the women who tried to get their sexual partner to use condoms in the last three months were not successful. "This finding suggests a need to better understand the processes involved in these attempts, as well as why certain women are able to achieve condom use, whereas others are not" (Perrino et al., 2006, p. 79).

The Perrino et al., (2006) study found that the sexual partners of the women who reported anger or arguments towards condom use attempts reported neither more nor less condom use with the woman. If the man believed that the request for condom use was associated with infidelity, then condom use was less likely to occur. This study did not assess each condom use attempt separately which would have "allowed for more specific conclusions about the influence of partner reactions" and would "provide initial insights into the important processes involved in condom use attempts" (Perrino et al., 2006, p. 80). This study also asserts that specific interventions should help women prepare specific responses to infidelity and sexual transmitted disease accusations and effective ways of diffusing these situations will be helpful. "Special emphasis may have to be paid to appropriately timing condom use discussions, and framing them in nonthreatening manners that stress the value of safer sex even in committed relationships" (Perrino et al., 2006, p. 80).

This study relates to my study because I gathered information to better understand the process used by African-American women in their specific responses in their attempts to negotiate condom use with their sexual partner. My study also helped me gain insight into why some women are successful in their condom negotiation process and others are not. I also explored what concepts and themes emerged during the negotiation process.

Female Condom Use

Safer sex options include the use of female condoms (FC) as a HIV prevention strategy. In an observational prospective study by Cabral et al. (2003), 616 women age

18-34 years with 87% of the women being African American and 13% identified as other, enrolled in a study to assess barriers to condom use. The seven predictor variables used were "1) having requested male condom use, 2) his having objected, 3) her having wanted a male condom used but not asking, 4) percentage of male condom use, 5) perceived control over male condom use, 6) anticipated consequences of refusing unprotected sex, and 7) physical violence" (Cabral et al., 2003, p. 38). Poisson regression was used as a model for FC use over six months and assumed that female condom use followed a Poisson distribution. In the first analysis, none of the predictors was significantly associated with FC use. In the second analysis, when male condoms (MC) were not used, two effects were found. Less FC use were associated with inconsistent or no MC use and the women who reported more control and less history of conflict with MC use were more likely to use FC (Cabral et al., 2003). The proposed study asked African-American women if they have considered using a female condom and why or why not. This led to further discussion about the ability to negotiate condom use and may help empower African-American women.

A research study published by Holmes et al. (2008) was aimed at determining prevalence of female condom use and the potential markers of using female condoms among African-American women. The Information-Motivation-Behavioral Skills model was used to determine the efficacy of increasing condom use. The sample size was 280 African-American women age 18 and older. It was hypothesized that the "prevalence of female condom use would be low among African-American women, and that socio-

demographic and life-style factors independently predict female condom use" (p. 471). A cross-sectional design was used. The participants were asked questions about "HIV/AIDS knowledge, HIV risks perception, drug and alcohol use, condom use, intent, and obstacle to use and self efficacy" (p.471). Descriptive statistics were used to examine the variables and it was determined that age, multiple sexual relationships, knowledge of female condoms, and the level of education were all potential markers for female condom use. This study is important to my study because the variables in this study may also suggest how African-American women may have difficulty in the process of negotiating condom use with their sexual partner. It can also help in planning effective interventions by designing interventions with the variables in mind.

Summary

The research studies I have discussed have cited different reasons why condom use has had limited success among African-American women. The reasons include low self-esteem, gender ratio imbalance, African-American women placing the needs of others above their own needs, engaging in risky behaviors in order to maintain relationships, social and cultural sexual norms, and age difference perceptions and beliefs about condom use. Other reasons include living conditions and arrangements as a lure to risky sexual behaviors, social and economic circumstances, trust and monogamous relationships, and knowledge gaps about HIV transmission and vulnerability. Further reasons also include perceptions regarding sexual relationships, family influences,

protective and risk taking practices, effects on self-esteem, emotional and economic independence, and gender roles.

The main points or key issues raised in the research studies support the need for my study because the studies discussed reasons condom use have limited success or are not used in relationships but does not discuss the process unmarried, heterosexual, African-American women use to negotiate condom use with their sexual partner. There is also a lack of a substantive theoretical framework for the process used by the women in negotiating condom use with their sexual partner. The literature also does not discuss how learning about the process used by the women can help nursing, educators, and researchers design interventions that can help reduce the spread of HIV.

CHAPTER III

METHODOLOGY

Grounded Theory Method

Grounded Theory is a methodology developed in the 1960s by sociologist Barney Glaser and Anselm Strauss. Grounded Theory was developed from their research about the awareness of dying patients. Grounded Theory's basic questions in theoretical sampling are what groups are needed for data collection and how are comparison groups selected? Glaser and Strauss (1967) wanted to close the gap between theory and research by improving social scientists' ability to generate theory. They believed that the skill to generate theory was to use data by taking a "different perspective on the canons derived from vigorous quantitative verification on such issues as sampling, coding, reliability, validity, indicators, frequency distributions, conceptual formulation, construction of hypotheses, and presentation of evidence" (Glaser and Strauss, 1967, p. viii). The emphasis of Grounded Theory is placed on generating theory and not verifying it. Although Grounded Theory is directed mainly towards sociologist, it can be used by any discipline studying social phenomena, especially if their data is qualitative (Glaser & Strauss, 1967).

The goal of Grounded Theory is to generate theory derived from data. It is used to "discover theory inductively from empirical data without a previously chosen guiding

framework" (Kylma et al., 1999, p. 224). Grounded Theory's aim is "to explore basic social processes and to understand the multiplicity of interactions that produces variation in that process" (Heath & Cowley, 2003, p. 41). African-American women do not follow the norm according to literature and statistics when it comes to their social processes or sexual behavior in negotiating condom use (Bowleg et al., 2004; Jarama et al., 2007; Kyomugisha, 2006; Paxton et al., 2004; Stampley et al., 2005).

According to Glasser and Strauss (1967), the interrelated jobs of theory in sociology are to: (1) enable prediction and explanation of behavior, (2) be useful in theoretical advance in sociology, (3) be usable in practical applications-prediction and explanation should be able to give the practitioner understanding and some control of situations, (4) provide a perspective on behavior-a stance to be taken toward data, and (5) guide and provide a style for research on particular areas of behavior (p. 3).

Research Plan

In Grounded Theory, the exact number of participants cannot be determined before hand; therefore, the questioning and data collection continued until data saturation was achieved (Holloway & Wheeler, 2002). The participants were a purposive sample of unmarried, heterosexual, African-American women were between the ages of 25-34 years, and were those who are key informants, who, according to Holloway and Wheeler (2002), "own special and expert knowledge about the history and subculture of a group, about interaction processes in it and cultural rules, rituals and language (p. 141).

The participants were recruited from the Oklahoma City metropolitan area and were recruited by posting flyers in shopping and housing areas, in agencies, and where African-American women live, go for health information, education, screenings, and tests (Appendix A). The main recruitment was done by snowball sampling. The participant's inclusion criteria included English-speaking, self-identified heterosexual, unmarried, African-American women between the ages of 25 and 34 years. The research criterion also included participants who could give information about the process used to negotiate condom use with their sexual partner. The exclusion criteria were those who did not speak English, did not self-identify as heterosexual, are married, are not between the ages of 25 and 34 years, and were are not able to give information about the process used to negotiate condom use with their sexual partner.

Instrumentation

The researcher was the primary instrument for this research study. A semi-structured interview guide was used to conduct the interviews and to achieve the needed data. The interview guide was revised as needed and used to gather the needed data about the process the participants use to negotiate condom use with their sexual partner.

Protection of the Participants

Informed consent included the title, purpose, and the explanation of the purpose of the study and was explained to the participants (Appendix D). Informed consent included the discussion with the participants about the potential for any psychological harm, social harm, and risks to privacy, confidentiality, or social stigma

subsequent to participation in the research study. Informed consent was an ongoing, dynamic, and changing process. This allowed the participants and the researcher opportunities to renegotiate any necessary changes to the consent (Munhall, 2007). The participants were given opportunities to ask any questions about the study and informed that they had a right to withdraw from the study at any time before or during the study. Role conflict is generated when the participants want to tell the researcher a secret or give information not relevant to the study (Munhall, 2007). Role conflict was discussed with the participants. The participants were encouraged to tell stories about the process used to negotiate condom use with their sexual partner that can be part of the research.

Potential risks and benefits may be revealed when the participants talk about the process they use to negotiate condom use with their sexual partner. Potential risks related to participation in the study included fatigue and physical or emotional discomfort during the interview. To avoid fatigue, the participants were allowed to take a break (or breaks) during the interview as needed. If the participants experienced physical or emotional discomfort regarding the interview questions, they were allowed to stop answering any of the questions at any time. The investigator provided the participants with a referral list of names and telephone numbers of professional counselors that may be used if they feel the need to discuss physical or emotional discomfort experienced during the interview (Appendix E). However, the participants were informed that Texas Woman's University does not provide medical services or financial assistance for injuries that might happen because they took part in the research.

Another possible risk to participants as a result of participation in this study was release of confidential information. Confidentiality will be protected to the extent that will be allowed by law. The interview took place in a private location agreed upon by the participants and the researcher. A number, rather than the participant's real name, was used on the audiotape and transcripts. Only the researcher and the research advisor have access to the tapes. The tapes, hard copies of the transcripts, and the computer USB drives containing the transcription text files are stored in a locked filing cabinet in the investigator's locked office. There will not be any names or other identifying information included in any resulting publications. Institutional Review Board approval was obtained from Texas Woman's University before beginning the study.

Data Collection Procedure

The participants were asked to contact the researcher, and if the inclusion criteria for the research study are met, a one-on-one interview was scheduled in a private, agreed upon location by the participant and the researcher. The interview locations were in natural settings such as their homes, agencies, or other places within the communities identified by the participants and the PI.

Data were collected from the participants using semi-structured interviews using predetermined, open-ended, guiding questions to elicit information about the process unmarried, heterosexual, African-American women use to negotiate condom use with their sexual partner (Appendix B). The in-depth interviews were tape recorded. Field

notes were kept by the researcher and were included in the data analysis. All participants were asked to complete demographic data (Appendix C).

Data Analysis Strategies

The audiotapes were transcribed and analyzed verbatim, line-by-line, and interpreted using open coding, axial coding, and selective coding. Key words, ideas, and phrases were systematically identified, coded, and categorized. Open coding uses systematic technique that identified concepts and actors. Axial coding was used to reduce and cluster the categories and to connect the concepts and actors. Selective coding was used for the detailed development, selection and integration of categories, and it was used to answer the question about what ties the data analysis together (Heath & Cowley, 2004; Tilley, 2009). This methodology was used to examine, describe, and explain data, so it can be easily understood and can be used to develop a substantive theory.

Constant comparison was used by the researcher to compare each section of the data for similarities, differences and connections, and through this process of coding, themes and categories were identified. Through this process of constant comparison, the major concepts and constructs were generated (Holloway & Wheeler, 2002). Constant comparison was used to compare the data from one interview with that of another, and the process continued until all sources of the data were compared. Initial evidence was checked for facts, and comparative studies were used to establish the generalizability of the facts. By comparing the facts for similarities and differences, categories were generated that increase generality and explanatory power (Glaser & Strauss, 2008).

According to Glaser and Strauss (1967), constant comparative analysis is used to generate two basic kinds of theory: substantive and formal. They state:

> By substantive theory we mean that developed for a substantive, or empirical, area of sociological inquiry, such as patient care, race relations, and professional education, delinquency, or research organizations. By formal theory, we mean that developed for a formal, or conceptual, area of sociological inquiry, such as stigma, deviant behavior, formal organization, socialization, status congruency, authority and power, reward systems, or social mobility. (p. 32)

A formal substantive theory was generated from the data collected from this study because I focused on the condom use negotiation process used by African-American women.

For reliability purposes, coding and categories were compared by two coders for agreement with the categories and themes. An experienced researcher was part of the research team for my study. The themes were constructed by organizing data based on the findings from the participants. Theory was constantly verified as data is analyzed by "purposeful systematic generation from the data of social research" (Glaser & Strauss, 1967, p.28).

Summary

Grounded theory is method that can be used to understand the social processes and interactions of the African-Americans women in negotiating condom use with their

sexual partner prior to sexual intercourse. Since African-American women do not follow societal social norms, this theory is useful in explaining and predicting their behavior.

The participants were a purposive sample of English-speaking, unmarried, heterosexual, African-American women between the ages of 25-34 years and recruited mainly by snowball sampling. Informed consent was obtained from the participants and continued as an ongoing, dynamic, and changing process. The participants were allowed to ask questions about the study and had the right to withdraw from the study at anytime. They were also allowed to take a break from the interview, if needed.

Data was collected using open-ended, semi-structured guiding questions. Data was analysis using constant comparison. For reliability purposes, the data was compared by two coders with an experienced researcher being part of the team. Key words and phrases were identified from the semi-structured interviews. The data was used to compare the facts for similarities and differences so categories could be generated. From this data, a substantive theory was generated.

CHAPTER IV

THE PROCESS USED BY AFRICAN-AMERICAN WOMEN TO NEGOTIATE CONDOM USE: A LITERATURE REVIEW

A Paper Presented for Publication to the Journal of Cultural Diversity

Teressa Sanders Hunter and Donna Scott Tilley

Abstract

This review of literature explores power differentials and gender ratio imbalance, risky sexual behaviors, social and cultural factors concerning condom use, and male and female condom use as a HIV prevention strategy. Black Feminist Epistemology and symbolic interactionism area theoretical perspective/philosophical framework to examine experiences and social behaviors of African-American women and can explain the findings from the literature review and to better understand processes used by African-American women in behavioral, social, and intimate interactions.

Introduction

In 1981, Acquired Immunodeficiency Syndrome (AIDS) was considered a new infectious disease in the United States. In addition to AIDS, Human Immunodeficiency Virus (HIV) has been diagnosed in every race, ethnicity, age, and socioeconomic group. African American women make up who make up 12% of the female population but

account for 66% of the new HIV infections and 52% of the AIDS cases in the U.S. (Rose et al., 2008; Stampley et al., 2005; Fleming, Lansky, Lee, & Nakashima, 2006). HIV is the leading cause of death for African American women aged 25-34, the third leading cause of death for African American women aged 35-44 years, and the fourth leading cause of death for African American women aged 45-54 (Brown & Hook, 2006; CDC, 2007B; Stampley et al., 2005). African American women are 20-23 times more likely to die from HIV/AIDS diagnosis than white women (Brown & Hook, 2006; Jemmott, Jemmott, Hutchison, Cederbaum, & O'Leary, 2008; Josephs & Abel, 2009; Rose et al., 2008; Young, Washington, Jerman, & Tak, 2007).

In the African American community, HIV and AIDS have become an epidemic. This health disparity has and is having a disproportional effect on the African American community, especially on African American women. This paper will present a review of the literature to identify the themes, variables, goals, and gaps in the literature related to HIV and AIDS among African American women.

Theoretical Perspective/Philosophical Framework

The Black Feminist Epistemology and symbolic interactionism can be used to examine experiences and social behaviors of African-American women and can be a guide and framework to explain the findings from the literature review. Epistemology is defined as the study of philosophical problems, credible knowledge or knowing, and acceptable truth (Hill Collins, 2009). According to Taylor (1998), "African-American

women advocate black feminism" and "their discourse recognizes how systems of power are configured around maintaining socially constructed categories of both race and gender" (p. 18). Patterns of thought and behavior of African-American women can be affected by socially constructed categories of race, class, and gender. It is necessary that researchers provide a forum for African-American women to be able to talk about their thoughts and experiences and that their thoughts and experiences are given credibility in understanding the rising rates of HIV among this population.

Knowledge validation has traditionally been controlled by white men and "their interests pervade the themes, paradigms, and epistemologies of traditional scholarship" (Hill Collins, 2009, p. 269). According to Hill Collins (2009), Black Feminist Epistemology is an important framework for examining the social, family, sexual politics, and economic issues faced by African-American women. These issues can be shared by the use of dialogue and this framework can provide guidance to understanding risky sexual behaviors among African-American women. Black feminist epistemology is outlined by Hill Collins (2009) as: (1) lived experience as a way of gaining and giving meaning to knowledge and wisdom, (2) using dialogue to assess knowledge claims and using connectedness rather than separation to invoke relationships, (3) ethics of caring suggesting that "personal expressiveness, emotions, and empathy are central to the knowledge validation process" [p. 281-282], and (4) the ethic of personal accountability that states women must not only dialogue but through dialogue they are accountable to their knowledge claims.

The use of dialogue can be used to assess the knowledge claims of these women. Hill Collins (2009) states "a primary epistemological assumption underlying the use of dialogue in assessing knowledge claims is that connectedness rather than separation is an essential component of the knowledge validation process" (p. 279). The dialogue will allow African-American women a feeling of connectedness and empowerment because they are given a voice to dialogue with others and to tell their stories and experiences.

Hill Collins (2009) states African-American women "encounter two distinct epistemologies, one representing elite White male interests and the other expressing Black feminist concerns" (p. 270). African-American women have often been denied the opportunity to express their concerns within the realm of credible research (Hill Collins, 2009). "Black women scholars may know that something is true – at least, by standards widely accepted among African-American women – but be unwilling or unable to legitimize our claims using prevailing scholarly norms" (Hill Collins, 2009, p. 273). African-American women need a voice to speak the truth as they see it and share their experiences.

Symbolic interactionism can be used as a guide and framework for research studies that explore human behavior and can inform the underlying assumptions about the behaviors of African-American women. Blumer (1969), who was a student of Mead, was the first person to use the term symbolic interaction (Aksan, Kisac, Aydin, & Demirbuken, 2009). The development of symbolic interactionism theory was influenced by theorists such as John Dewey, Charles Cooley, Robert Parks, and George Herbert

Mead. Symbolic interactionists may differ in respect to their point of view but they agree that the source of data is human interaction (Aksan et al., 2009). Symbolic interactionism informs underlying assumptions and focuses on the actions of individuals and is grounded on basic ideas or 'root images'. These root images refer to "human groups or societies, social interaction, objects, and the human being as an actor; together, these root images represent the way symbolic interactionism views human society and conduct" (Blumer, 1969, p. 6). Human groups or human beings interact with each other, and as part of this interaction, conceptual schemes can be identified. The interactions between individuals often occur because of the "response to one another or in relation to one another" (Blumer, 1969, p. 7) or in response to meanings set for objects, such as physical (bodily or material), social (societal), or abstract (moral principles) objects.

There are three philosophical assumptions about symbolic interactionism identified by Blumer (1969). These assumptions are: (1) human beings act toward things and people on the basis of meanings that the things have for them, (2) the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows, and (3) meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters (Blumer, 1969, p. 2).

Although human beings will act towards someone based on how they regard that person, this act is often ignored and treated as being unimportant. Social behavior is often formed in and defined by interaction with people and by society. The meanings and actions of a person involve the interpretation of behavior (Blumer, 1969).

The lives of African-American women are shaped by unpredictability, difficulty, variation, and different life courses. The link and interconnectivity between Black Feminist Epistemology and symbolic interactionism is the identity of oppression, disempowerment, lived experiences, social behavior, interaction and voices of African-American women.

Literature Review

There have been numerous studies that have investigated risky sexual behaviors among African-American women. These risky behaviors include the women not negotiating condom use during intercourse with their sexual partner. The primary objective for this review of the literature is to explore and discuss research studies that include discussions about different reasons condom use negotiation may be difficult. The following reasons found in the literature include power differentials and gender ratio imbalance, risky sexual behaviors, social and cultural factors regarding condom use, and male and female condom use as a HIV prevention strategy.

Power Differentials and Gender Ratio Imbalance

In a focus group study conducted by Ferguson, Quinn, Eng, and Sandelowski (2006), the social and cultural characteristics of campus dating, perceptions of the participant's susceptibility to HIV/AIDS, gender differences in negotiating condom use, and HIV prevention strategies were explored. There were four males and twenty-seven females who participated in the study. During the focus groups, comments from the participants included statements such as "Well, there are more females than males on this

campus" and "So it's like the males think they can have sexual relationships with many women at once" (Ferguson et al., p. 326).

The Ferguson et al. (2006) study suggested that female and male imbalance may affect the risky behaviors among African-American women. The discussion about condom use included comments about how low self-esteem and being embarrassed about negotiating condom use places women in high-risk situations. The findings from this study implied that gender ratio imbalance increased women's risk for HIV. The consequences of the gender ratio imbalance resulted in men having multiple sexual partners and women conforming to the condom preferences of men. This study shares possible reasons why African-American women are involved in risky sexual behaviors and why they may not be able to negotiate condom use with their sexual partner.

In a study conducted by Corneille et al., (2008), the effects of age on sexual risk, protective attitudes and behaviors among African-American women were discussed. The research study used a sample of 325 self-identified heterosexual, unmarried, African-American women between the ages of 18 and 61 years who were recruited from three local colleges and universities and several community-based agencies in a southeast metropolitan area. It was hypothesized that:

> 1) age will be associated with condom use after controlling for education, partner status, and relationship length, such that age increases condom use and condom use intentions will decrease with age, 2) age will be associated with condom attitudes such that as age increases positive attitudes toward condoms will

decrease, 3) age will be associated with condom negotiation efficacy and condom use efficacy such that as age increases condom negotiation efficacy and condom use efficacy will decrease, and 4) age will be associated with HIV knowledge such that as age increases HIV knowledge will decrease. (Corneille et al., 2008, p. 220-221)

The women were invited to participate in a five-week Sistas Informing Sistas about the Topic of AIDS (SISTA) social skills intervention program which is designed to reduce risky sexual behaviors.

The findings of this study assert that younger women are more likely to use condoms in past and current relationships and have intentions to use condoms in the future. Age was not associated with the number of recent partners and the perception that their partners are more favorable to condom use; however, there was reported lower condom negotiation efficacy. The women in this study also indicated that older women held stronger beliefs that men have more influence in determining condom use and have more negative attitudes towards condom use. As age of the partner increases, attitudes towards condom use are less favorable, and this suggests that partners should be included in the building of interventions.

Breny Bontempi, Eng, and Quinn (2008), examined the "effects that relationship power as a result of imbalanced sex ratios in a rural, low-income African American community has on women's sexual health behavior and decision-making" (p. 65). Five focus groups were conducted with a total of 24 women ranging in age from 18-57 years.

The women were recruited from a public housing community using snowball sampling. Discussion guided questions were used to elicit responses to questions about what is it like to be an African-American woman living in the town, racial issues and economic factors, issues that affect them, some of the difficulties of being with a man, relationships between men and women, how the men feel about using condoms, and how the women feel about condoms.

The data were analyzed using constant comparison developed by Strauss and Corbin. Open coding, axial coding, and selective coding was used. The overall preliminary theory that was developed was the "women seemed to develop strength and independence as a result of sex ratio imbalances, living in public housing and as recipients of welfare as a way to protect themselves and their children from mistreatment and abuse" (p. 69). The three sub-themes were: "1) treatment by and negotiation with male partners, 2) organizational mistreatment, and 3) development of a vicious cycle on welfare" (p. 69). This study gave the women a way of voicing how they felt about how imbalanced sex ratios affect their relationship power.

Risky Sexual Behaviors

A study by Gentry et al., (2005) examined the living conditions of low-income African-American women. This study was guided by Black Feminist Theory. The setting for this ethnographic study was in an area of Atlanta, Georgia, known as "the Rough", which is considered a high-risk community. A Health Intervention Project (HIP) study was conducted with participants who were current injection or crack cocaine drug users,

have participated in previous sexual intercourse, and were in drug treatment in the last 30 days. Research questions that guided this study asked the women about the 1) conditions and behaviors that led them to be labeled as high-risk for HIV/AIDS, 2) the strategies they used to cope with being high-risk for HIV/AIDS, and 3) their beliefs about the consequences for participating in prevention strategies (Gentry et al., 2005).

According to Gentry et al. (2005), the living conditions and arrangements of the women were categorized as street women and house women (Gentry et al., 2005). The street women were classified as absolute homeless or living on the streets. The house women were categorized as being the heads of household, the family housed, and the steady-partner housed (Gentry et al., 2005). The heads of household were the women who are financially responsible for their apartments or houses. Some of the heads of household women have drug-dealing live-in partners, and one of the participants states that she "hardly just trusts being intimate with him" (Gentry et al., 2005, p. 248). This statement reveals that the women don't always trust their sexual partner. The family housed live with a family member and continues to participate in high-risk behaviors. The steady-partner housed depends on their significant other for housing, and their partners typically do not use condoms (Gentry et al., 2005). The Gentry et al.(2005) study revealed that the women believed that their current living conditions greatly impacted their drug behavior and high-risk behavior.

A Grounded Theory methodology study was conducted by Mallory (2008) to find out from participants how they became infected with HIV. A total of ten African-

American women living in the rural southeastern United States were recruited from a previous study known to the researcher. The women were asked to discuss the events and circumstances of how they became HIV positive. The data from the transcripts were transcribed and analyzed, and it was suggested that factors that influence participation in risky behaviors were women who were in monogamous relationships and believed and trusted the men with whom they were involved. They also believed that suggesting condom use would compromise their relationship with their sexual partner.

Mallory (2008) concluded that that sexual decision making is a complex process influenced by many factors. Trust and being in a monogamous relationship are two of the factors. This study also suggests there needs to be a broader understanding of HIV transmission for this population. The "so-called women at low risk cannot be ignored, and all women should be informed about the risks of HIV and taught the skills needed to protect themselves against infection" (Mallory, 2008, p. 34). This study addressed sexual decision making, sexual relationships, trust and being in monogamous relationships.

Risky sexual behaviors, perceptions of HIV risk, and risk-reduction behaviors were addressed in a study by Brown and Hook (2006). Drug use habits and risky sexual behaviors remain an aim of HIV interventions. The Health Belief Model was selected as a framework for this study. The questions in this study asked the women about how they view their risks of acquiring HIV, how their perceptions vary depending on the type of drug use, their perceptions of HIV risk vary depending on whether or not women have

sold sex for drugs, and the steps these women take to protect themselves (Brown & Hook, 2006).

The Brown and Hook (2006) study design was a mixed method ethnographic study with 30 African-American women between the ages of 18 and 56. The instrument used in this study was the 1994 version of the National Institute on Drug Abuse (NIDA) Social Network Questionnaire. The questionnaire asked questions about "demographics, drug use, drug injection, drug use in the last 48 hours, drug treatment, sexual activity, sex for money or drugs, health, criminal offenses, and work and income" (Brown & Hook, 2006, p. 45). There were between 33% and 50% of the participants who exchanged sex for drugs or money and less than half reported ever using condoms. Thirty-seven percent did not perceive themselves to be at risk of acquiring HIV and 52% perceived to only have a 25% chance (Brown & Hook, 2006).

Practice implications for the study by Brown and Hook (2006) indicate that nurses and social workers should assess the knowledge gaps and provide accurate information about HIV and the risks regarding HIV/AIDS. By assessing the knowledge gaps, the perceptions, and the cognitive and community barriers, African-American women can reduce the risk factors and better influence the design of effective prevention strategies (Brown & Hook, 2006).

Robinson et al., (2005) conducted a quantitative study using logistic regression analysis. Risky sexual behaviors were explored using the Sexual Health Model. The aim was to focus on high risk behaviors such as inconsistent condom use and multiple

concurrent partners. Barriers to "health sexuality, sexual anatomy and functioning, positive sexuality, sexual health care, and cultural identity" and" consistent condom use, multiple concurrent partnerships, and overall sexual risk" was investigated using the model (p. 224).

The sample for this study was 163 low-income African-American women recruited from a sexual health HIV community prevention group. The hypothesis for this study was level of acculturation being associated with sexual risk. Sexual difficulties, sexual assertiveness and self-efficacy, attitudes toward condoms use, assessment of HIV risk, desire for or intended pregnancy, alcohol and drug use, domestic abuse in current or recent relationships, sexual and physical abuse, prostitution, and sexual transmitted diseases (STDs) as being positively related to sexual behaviors. Potential variables such as age, education, marital status, employment, and attending religious service were hypothesized as being negatively related to risky behaviors. The women were interviewed using 409 structured interview questions.

The association between the potential variables and risky sexual behaviors were partially supported. The variable sexual difficulties were associated with high risk behavior of concurrent partner. Positive attitudes toward condoms use were associated consistent condom use and the wanting to become pregnant was associated with inconsistent condom use and high risk sexual behavior. The hypothesis about positive relationship between alcohol and drug use, domestic abuse in current or recent relationships, sexual and physical abuse, prostitution, and sexual transmitted diseases and

risky sexual behaviors was not supported. The hypothesis about sexual difficulties, sexual assertiveness and self efficacy, attitudes toward condoms use, and assessment of HIV risky sexual behaviors was also not supported, as was the lack a linear relationship between acculturation being associated with sexual risk. Potential variables such as age, education, marital status, employment, and attending religious service, and attending religious service were also negatively related to risky sexual behaviors.

Social and Cultural Factors

In an exploratory, qualitative study by Jarama et al., (2007), the contextual, family, cultural, and social factors of HIV risks among African-American women living in central Virginia were explored. The factors explored in this study were family influences on the development of perceptions regarding sexual relationships and gender roles (Jarama et al., 2007). This study targeted African-American women between the ages 18 and 49 years of unknown HIV status and considered that the "sexual behaviors of African Americans are influenced by culturally determined gender norms that prescribe appropriate sexual behaviors and attitudes for men and women" (Jarama et al., 2007, p.307). Social and cultural factors are known to influence HIV perceptions, interventions, and prevention behaviors. Jarama et al., (2007) state "relationships, gender roles, sexuality, cultural norms, and women's social status can affect sexual behaviors and enactment of protective steps to reduce risk of HIV infection" (p. 307).

Semi-structured interviews were conducted, and data were analyzed using content analysis. The three main themes that emerged from this study were, "family influences

associated with notions of sexuality, trust and control associated with gender roles and the church and HIV prevention" (Jarama et al., 2007, p. 312). Parental communication was found to be centered on the themes of emotional support, avoiding pregnancy, trust, and women's control of sexual impulses. Protection messages were mainly reported by younger women. This may be because condom use as a protection method is seen as a method to prevent pregnancy. This may indicate the disconnection between the knowledge of HIV transmission and vulnerability (Jarama et al., 2007).

The aim of a study by Mallory et al., (2009), was to "explore the relationships between social, cultural and individual factors and midlife African-American women's risk taking and protective practices related to HIV/AIDS" (p. 1251). This study used the Afrocentric Paradigm, Theory of Gender and Power, and Social Cognitive Theory as the guiding frameworks for the interview questions. The women were between the ages 40 and 64 years. Twenty-one African-American women participated in the two-part interviews and twenty African-American women participated in four focus groups (Mallory et al., 2009). The two claims that emerged from data regarding protective and risk-taking practices related to sexual transmission of HIV are taking responsibility and getting caught-up. "Taking responsibility explains protective behavior such as condom use, abstinence, monogamy, and HIV testing as three important factors: self-esteem, self-confidence, and self-reliance," and "getting caught up explains sexual risk-taking as a function of three factors: the man shortage, reliance on men, and sexual desire" (Mallory et al., 2009, p. 1253).

This study suggested that mid-life African-American women deal with unique challenges regarding HIV prevention. These challenges and factors include "intimate partner violence, lower education levels, lower condom self-efficacy, discomfort with sexual communication, drug and alcohol abuse, ignorance of sexual partners' history, mental health issues, sexual risk-taking for the sake of a relationship, and lack of knowledge about prevention" (Mallory et al., 2009, p. 1249). This group of women has developed a high level of protective behaviors. These behaviors can provide a foundation for successful HIV interventions based on their beliefs about self, sexual desire, availability and reliance on men (Mallory et al., 2009). This study suggests that interventions should be designed to help African-American women develop higher levels of self-esteem, greater emotional and economic independence, and protective sexual practices.

Male Condom Use

A longitudinal cross-sectional qualitative study by Dancy and Berbaum (2005) provided information about condom use over a nine month period for low income African-American women who have received HIV-prevention curriculum or a health maintenance curriculum from two urban community sites. "The dependent variable is consistent condom use and the mediating, exploratory variables are knowledge of HIV transmission, self–efficacy for low-risk HIV behavior, perceived HIV vulnerability, social norms related to sexual behavior, attitudes related to condom use, and HIV-related

community behavior" (Dancy & Berbaum, 2005, p. 30). The sample size was 279 African-American women between the ages of 20 and 44 years old.

The instrument used in this study was a modified version of the AIDS Knowledge, Feelings, and Behavior Questionnaire, which includes knowledge of HIV transmission, self-efficacy low-risk HIV behavior, and perceived HIV vulnerability. The data were analyzed using logistic regression. The findings for the HIV-prevention curriculum reported consistent condom use. Three of the mediating explanatory variables, which were social norms, related to sexual behavior, self–efficacy for low-risk sexual behaviors, and HIV-related community behavior, all contributed to consistent condom use. The other variables, perceived HIV vulnerability, social norms related to sexual behavior, and attitudes related to condom use, were not effective predictors (Dancy & Berbaum, 2005).

African-American women's sexual risk behaviors are sometimes compared with other ethnic groups as was the study by Moreno et al., (2007). This study compared African-American and Latina women's "sexual HIV-risk factors, history of sexually transmitted infection, condom use, and reported knowledge and perception of partner risk" (Moreno et al., 2007, p. 1). The women recruited to participate in this Project Connect study were between the ages of 18 and 55 years and were low-income women living in the Bronx. This was a four-year randomized clinical trial study designed to "examine the effectiveness of a theory-driven prevention intervention adapted to low-income Latina and African women and their main sexual partner" (Moreno et al. 2007, p.

5). A non-random sample of 921 African-American women and 1,397 Latina women participated in the study. Sexual high risk behavior was measured using selected questions from the Sexual Risk Behavior Questionnaire. The questions asked the women about "1) the number of sexual partners in their lifetime, 2) the number of partners during the last year, 3) ever having an STI (such as gonorrhea, syphilis, Chlamydia, or herpes" and if the participant had sex within the past 90 days, they were asked, "4) condom use (yes/no), and for those who had used one, 5) frequency of condom use (from 0 = never to 4 = every time" (Moreno, 2007, p. 6).

The data were analyzed using a t-test and Chi-square to compare the demographic characteristics and the sexual risk factors of HIV. The data showed that the Latina women had fewer sexual partners in their lifetime, and more African-American women perceived their main partner to be at risk for HIV. This study reported that although African-American women are more likely to use condoms with their sexual partner than Latinas, the frequency of use did not differ. The women face power imbalances that create difficulties and challenges in relationships, and there is a lack of communication skills needed for HIV protection negotiation. The limitations of this study include non-randomization of the participants and the possibility that the Latina women gave more socially acceptable responses which minimized their risky behaviors. This study suggests that there is a need to examine how sexual relationships take place within a relationship, a social context, and a culture (Moreno et al., 2007).

A cross-sectional study by Perrino et al., (2006), examined condom use attempts and condom use among 305 high-risk, low-income African-American women. The participants were asked questions about sociodemographic data, questions about childhood abuse, fear of getting HIV from their main partner, current use of birth control, recent sex while under the influence of drugs or alcohol, how long the participant had been with her main partner, and dependence on main partner.

The women who had recently attempted to use a condom with their sexual partner were more successful in using a condom than the women who had not made an attempt. Thirty-one percent of the women who tried to get their sexual partner to use condoms in the last three months were not successful. "This finding suggests a need to better understand the processes involved in these attempts, as well as why certain women are able to achieve condom use, whereas others are not" (Perrino et al., 2006, p. 79).

The Perrino et al. (2006) study found that the sexual partners of the women who reported anger or arguments towards condom use attempts reported neither more nor less condom use with the woman. If the man believed that the request for condom use was associated with infidelity, then condom use was less likely to occur. This study did not assess each condom use attempt separately which would have "allowed for more specific conclusions about the influence of partner reactions" and would "provide initial insights into the important processes involved in condom use attempts" (Perrino et al., 2006, p. 80). The authors also assert that specific interventions should help women prepare specific responses to infidelity and sexual transmitted disease accusations and effective

ways of diffusing these situations will be helpful. "Special emphasis may have to be paid to appropriately timing condom use discussions, and framing them in nonthreatening manners that stress the value of safer sex even in committed relationships" (Perrino et al., 2006, p. 80).

Female Condom Use

Safer sex options include the use of female condoms (FC) as a HIV prevention strategy. In an observational prospective study by Cabral et al. (2003), 616 women age 18-34 years with 87% of the women being African American and 13% identified as other, enrolled in a study to assess barriers to condom use. The seven predictor variables used were "1) having requested male condom use, 2) his having objected, 3) her having wanted a male condom used but not asking, 4) percentage of male condom use, 5) perceived control over male condom use, 6) anticipated consequences of refusing unprotected sex, and 7) physical violence" (Cabral et al., 2003, p. 38). Poisson regression was used as a model for FC use over six months and assumed that female condom use followed a Poisson distribution. In the first analysis, none of the predictors was significantly associated with FC use. In the second analysis, when male condoms (MC) were not used, two effects were found. Less FC use were associated with inconsistent or no MC use and the women who reported more control and less history of conflict with MC use were more likely to use FC (Cabral et al., 2003).

A cross sectional study by Holmes et al. (2008) was aimed at determining prevalence of female condom use and the potential markers of using female condoms among African-American women. The Information-Motivation-Behavioral Skills model was used to determine the efficacy of increasing condom use. The sample size was 280 African-American women age 18 and older. It was hypothesized that the "prevalence of female condom use would be low among African-American women, and that socio-demographic and life-style factors independently predict female condom use" (p. 471). The participants were asked questions about "HIV/AIDS knowledge, HIV risks perception, drug and alcohol use, condom use, intent, and obstacle to use and self efficacy" (p.471). Descriptive statistics were used to examine the variables and it was determined that age, multiple sexual relationships, knowledge of female condoms, and the level of education were all potential markers for female condom use.

Conclusions

The research studies reviewed here have cited different reasons why condom use has had limited success among African-American women. The reasons include low self-esteem, gender ratio imbalance, African-American women placing the needs of others above their own needs, engaging in risky behaviors in order to maintain relationships, social and cultural sexual norms, and age difference perceptions and beliefs about condom use. Other reasons include living conditions and arrangements as a lure to risky sexual behaviors, social and economic circumstances, trust and monogamous

relationships, knowledge gaps about HIV transmission and vulnerability, and perceptions regarding sexual relationships and gender roles. The main points or key issues raised in the research studies support reasons condom use have had limited success or are not used in relationships.

There is a beginning effort to discuss religious influences, cultural norms, empowerment, and trust issues that can increase the cultural relevance of education and prevention. These earlier messages "failed to acknowledge how poverty, institutional racism, a biased criminal justice system, disenfranchisement, and gender inequality contribute to the disproportionate number of HIV infection cases among African American women" (Gilbert & Goddard, 2007, p. s109). Programs that are meaningful among African women with HIV and AIDS require different strategies. These strategies must include a more effective design of interventions that can help reduce the spread of HIV. Black feminist epistemology and symbolic interactionism can be used as guides for the better understanding of the process used by African-American women in negotiating condom use with their sexual partner.

CHAPTER V

THE PROCESS USED BY AFRICAN-AMERICAN WOMEN TO NEGOTIATE CONDOM USE: A GROUNDED THEORY STUDY

A Paper Presented for Publication to The Journal of African American Studies

Teressa Sanders Hunter and Donna Scott Tilley

Abstract

The purpose of this study was to explore the process unmarried, heterosexual, African-American women between the ages 25-34 years use to negotiate condom use with their sexual partner. A sample of 12 African-American women was recruited from the Oklahoma City metropolitan area. Data analysis and constant comparison was used to identify the feeling and emotions and were identified as: 1) communication skills 2) self-ownership, 3) unfamiliarity with female condoms, and 4) education about female condoms. The Theory of Open Communication and Self-worth can be used as a guide for teaching the women effective communication skills, self-worth, and familiarity with female condoms.

Background and Significance

The data are clear and continue to reveal the disparate infection with human immunodeficiency virus (HIV) among African-American women. When HIV and

acquired immune deficiency syndrome (AIDS) first appeared in the literature in the 1980's, HIV/AIDS was considered a gay white male disease (Brown, 2003; CDC, 2010B; Gilbert & Goddard, 2007; Sharpe et al., 2007). In 2008, African Americans accounted for 21,289 cases at a rate of 73.7 per 100,000 new AIDS diagnoses in the United States (CDC, 2010C).

The disparity is more dramatic for African-American women, who make up 12% of the female population but account for 66% of the new HIV infections (Rose et al., 2008). The rate of HIV infection is 22 times the rate for white women (CDC, 2007A; CDC, 2007B; CDC, 2008; Josephs & Abel, 2009; Kogan et al., 2010). HIV/AIDS is the leading cause of death among African-American women between the ages 25and 34 (CDC, 2007B; Corneille et al., 2008; Ferguson et al., 2006; Gilbert & Goddard, 2007; Hatcher et al., 2008; Josephs & Abel, 2009).

Transmission

The primary transmission route for HIV/AIDS in African-American women is high-risk heterosexual contact, followed by injection drug use (CDC, 2007C). High risk behavior includes multiple sexual partners, sex with men who have multiple sexual partners, and sex with men who have sex with men. Transmission is affected by social and cultural beliefs about condom use, which support the high risk sexual behaviors of not using a condom during sexual intercourse (Bowleg et al., 2000; Jarama et al., 2007; Kyomugisha, 2006; Paxton et al., 2004; Stampley et al., 2005). This cultural meaning

promotes opposition to condom use and increases risk of HIV/AIDS transmission for African-American women.

Transmission is also affected by African-American men's belief that condom use can cause an unnatural sensation and lack of pleasure (Timmons & Sowell, 1999). African-American men have a strong disgust for condom use compared to men from other ethnic groups, and African-American women perceive that requesting condom use may result in relationship conflict, loss of partner, and partner anger and abuse (Wolfe, 2003). Data indicates that the proper and consistent use of condoms can prevent the transmission of HIV and sexually transmitted infections (Harvey et al., 2002; Harvey et al., 2009; Robinson et al., 2005).

Transmission Factors

The transmission factors that influence the rising rates of HIV among African-American women are very complex and must be viewed in the light of this complexity. The factors that affect the rising rates of HIV includes culture, (cultural competence, culturally competent care), social constructs such as gender, social structures such as denial of education, exclusion from being paid the same for dong the same job, lack of property rights, inadequate resources and accessibility to substance abuse programs, female roles in reproduction and child care, have other sexually transmitted diseases, unprotected vaginal and anal intercourse, and experiences in domestic violence (Scott et al., 2005; CDC, 2007A).

These factors also include being unaware of their sexual partner's HIV status, having other sexually transmitted diseases, gender power and powerlessness in sexual decision making, perception of being powerless which includes "passive, lacking self-esteem, needing intimacy, and subjective to rejection and abandonment" (Scott, Gilliam, & Braxton, 2005, p 25), if they insist on condom protection (Rose, Sharpe, Raleigh, Reid, Foley, & Cleveland, 2008). Other factors have focused on lack of female-control in deciding the method of protection, social roles, property, low levels of education, injection drug use, and multiple sexual partners (Alleyne & Walarski, 2009; Scott et al., 2005). Transmission has also been affected by individual cognition, attitudes and beliefs regarding condom use (personal factors), peer norms regarding condom use (environmental factors) and perceived peer norms [behavioral factors] (Raiford et al., 2007).

Fears and Beliefs

Inconvenience, fear of retaliation, negative perceptions, and AIDS as not being perceived as a major threat or a risk factor are cited as reasons African-American women do not insist on condom use (McNair & Prater, 2004). Communication about condoms also depends on various other factors including, "the anticipated reaction from the male partner, whether the sexual relationship was casual or committed, their attitude toward condom use, and normative condom use behavior among female friends" (Ferguson et

al., 2006, p. 324). African-American women are often bonded by what is considered to be the standards of behavior toward condom use in that the woman does not initiate discussion about condom use with their sexual partner (Bowleg et al., 2000).

African-American women are also affected by a history of racism, lack of trust in healthcare, public and governmental institutions, which are deeply rooted in the sociohistorical context of slavery, institutionalized racial and economic oppression (Bowleg et al., 2004). "African-American women at high risk for HIV, often sustain the brunt of racism, discrimination, poverty, and sexual abuse" (Rose et al., 2008, p.322). This has decreased the effectiveness of changing the behaviors of African-American women.

Need for Prevention Strategies

Research-based prevention strategies must focus on prevention, must identify the strategies that will decrease the rising rates of HIV among African-American women and must go beyond the current research focus. Current strategies to curb the rising rates of HIV have focused on prevention, education, research, and community action (CDC, 2007C). There remain gaps in the literature because the current literature does not focus on the process used by unmarried, heterosexual, African-American women in negotiating condom use with their sexual partner, and the HIV disparity between African-American women and other populations is not clearly understood.

Public health and other health care agencies have attempted to control the spread of HIV, but the control has been limited in the African-American community when compared to the Caucasian and gay communities (CDC, 2010B). More research is needed to understand why current prevention techniques have had limited success among African-American women (Kyomugisha, 2006) and research should be directed towards identifying how interventions can achieve positive chances among African-American women in decreasing the rates of HIV among this population.

Purpose of the Study

The purpose of this study was to explore the process unmarried, heterosexual, African-American women between the ages 25-34 years use to negotiate condom use with their sexual partner. This study will lead to the generation of a substantive theory about this process. It is important to know about the process in order to determine effective HIV prevention strategies.

Research Question

The research question for this study was: What is the process used by unmarried, heterosexual, African-American women between the ages of 25-34 years in negotiating condom use with their sexual partners prior to sexual intercourse?

Review of the Literature

The literature presented here is relevant to this research study because it defines, establishes the relevance of the topic, and identifies gaps in the literature that this

research intends to fill. This review of the literature will includes a discussion of power differentials and gender ratio imbalance, risky sexual behaviors, social and cultural factors concerning condom use, and male and female condom use as a HIV prevention strategy.

Power Differentials and Gender Ratio Imbalance

A study conducted by Breny Bontempi et al., (2008), examined the "effects that relationship power as a result of imbalanced sex ratios in a rural, low-income African American community has on women's sexual health behavior and decision-making" (p. 65). Five focus groups were conducted with a total of 24 women ranging in age from 18-57 years. The women were recruited from a public housing community using snowball sampling. The discussion questions were used to elicit responses to questions about what is it like to be an African-American woman living in the town, questions about racial issues and economic factors, what issues affect them, what are some of the difficulties of being with a man, relationships between men and women, how men feel about using condoms, and how women feel about condoms.

The data were analyzed using the constant comparison. The preliminary theory that was that "women seemed to develop strength and independence as a result of sex ratio imbalances, living in public housing, and as recipients of welfare as a way to protect themselves and their children from mistreatment and abuse" (p. 69). The three sub-

themes were: "1) treatment by and negotiation with male partners, 2) organizational mistreatment, and 3) development of a vicious cycle on welfare" (p. 69).

Risky Sexual Behaviors

Robinson et al., (2005), conducted a quantitative study using logistic regression analysis. Risky sexual behaviors were explored using the Sexual Health Model. The aim was to focus on high risk behaviors such as inconsistent condom use and multiple concurrent partners. Barriers to "health sexuality, sexual anatomy and functioning, positive sexuality, sexual health care, and cultural identity" and "consistent condom use, multiple concurrent partnerships, and overall sexual risk" was investigated using the model (p. 224).

The sample for this study was 163 low-income African-American women who were recruited from a sexual health HIV community prevention group. The hypothesis for this study was level of acculturation being associated with sexual risk. Sexual difficulties, sexual assertiveness and self efficacy, attitudes toward condoms use, assessment of HIV risk, desire for or intended pregnancy, alcohol and drug use, domestic abuse in current or recent relationships, sexual and physical abuse, prostitution, and sexual transmitted diseases (STDs) were hypothesizes to be positively related to risky sexual behaviors. Potential variables such as age, education, marital status, employment, and attending religious service were hypothesized to be negatively related to risky behaviors. The women were interviewed using 409 structured interview questions.

The association between the potential variables and risky sexual behaviors was partially supported. The variable sexual difficulties were associated with high risk behavior of concurrent partner. Positive attitudes toward condoms use were associated with consistent condom use and the wanting to become pregnant variable was associated with inconsistent condom use and high risk sexual behavior. The hypothesis about positive relationship between alcohol and drug use, domestic abuse in current or recent relationships, sexual and physical abuse, prostitution, and sexual transmitted diseases and risky sexual behaviors was not supported. The hypothesis about sexual difficulties, sexual assertiveness and self efficacy, attitudes toward condoms use, and assessment of HIV risky sexual behaviors was not supported. A lack a linear relationship between acculturation being associated with sexual risk was noted. Potential variables such as age, education, marital status, employment, and attending religious service, and attending religious service were also negatively related to risky sexual behaviors.

Social and Cultural Factors with Respect to Condom Use: Male Condom Use

A longitudinal, cross-sectional, qualitative study by Dancy and Berbaum (2005) provided information about condom use over a nine month period for low income African-American women who received a HIV-prevention curriculum or a health maintenance curriculum from two urban community sites. "The dependent variable is consistent condom use and the mediating, exploratory variables are knowledge of HIV transmission, self–efficacy for low-risk HIV behavior, perceived HIV vulnerability,

social norms related to sexual behavior, attitudes related to condom use, and HIV-related community behavior" (Dancy & Berbaum, 2005, p. 30). The sample size was 279 African-American women between the ages of 20 and 44 years.

The instrument used in this study was a modified version of the AIDS Knowledge, Feelings, and Behavior Questionnaire, which includes knowledge of HIV transmission, self-efficacy low-risk HIV behavior, and perceived HIV vulnerability. The data was analyzed using logistic regression. The findings for the HIV-prevention curriculum reported consistent condom use. Three of the mediating explanatory variables, social norms related to sexual behavior, self –efficacy for low-risk sexual behaviors, and HIV-related community behavior, contributed to consistent condom use. The other variables, perceived HIV vulnerability, social norms related to sexual behavior, and attitudes related to condom use, were not effective predictors (Dancy & Berbaum, 2005).

Social and Cultural Factors with Respect to Condom Use: Female Condom Use

A research study published by Holmes et al. (2008) was aimed at determining prevalence of female condom use and the potential markers of using female condoms among African-American women. The Information-Motivation-Behavioral Skills model was used to determine the efficacy of increasing condom use. The sample size was 280 African-American women age 18 and older. It was hypothesized that the "prevalence of female condom use would be low among African-American women, and that socio-demographic and life-style factors independently predict female condom use" (p. 471). A

cross-sectional design was used. The participants were asked questions about "HIV/AIDS knowledge, HIV risk perception, drug and alcohol use, condom use, intent, and obstacle to use and self efficacy" (p.471). Descriptive statistics were used to examine the variables and it was determined that age, multiple sexual relationships, knowledge of female condoms, and the level of education were all potential markers for female condom use.

Need for Research

The research studies discussed have cited different reasons why condom use has had limited success among African-American women. The reasons include low self-esteem, gender power and ratio imbalance, African-American women placing the needs of others above their own needs, engaging in risky behaviors in order to maintain relationships, social and cultural sexual norms, and age difference perceptions and beliefs about condom use. Other reasons include living conditions and arrangements as a lure to risky sexual behaviors, social and economic circumstances, trust and monogamous relationships, knowledge gaps about HIV transmission and vulnerability, and perceptions regarding sexual relationships and gender roles.

The main points or key issues raised in the research studies support the need for the current study because the studies discussed reasons condom use has limited success or are not used in relationships but does not discuss the process unmarried, heterosexual, African-American women use to negotiate condom use with their sexual partners. The extant literature does not discuss how learning about the process can help nurses,

educators, and researchers design interventions that can empower unmarried, heterosexual, African-American women in developing healthy and mutually respectable. There is also a lack of a substantive theoretical framework for the process used by the women in negotiating condom use with their sexual partner.

Methodology

Grounded Theory is a methodology developed in the 1960s by sociologist Barney Glaser and Anselm Strauss. Grounded Theory's aim is "to explore basic social processes and to understand the multiplicity of interactions that produces variation in that process" (Heath & Cowley, 2004, p. 41). African-American women do not follow the norm according to literature and statistics when it comes to their social processes or sexual behavior in negotiating condom use (Bowleg et al., 2004; Jarama et al., 2007; Kyomugisha, 2006; Paxton et al., 2004; Stampley et al., 2005).

According to Glasser and Strauss (1967), the interrelated jobs of theory in sociology are to:

> 1) enable prediction and explanation of behavior, (2) be useful in theoretical advance in sociology, (3) be usable in practical applications-prediction and explanation should be able to give the practitioner understanding and some control of situations, (4) provide a perspective on behavior-a stance to be taken toward data, and (5) guide and provide a style for research on particular areas of behavior (p. 3).

The data were analyzed to predict, speculate, explain, and understand the reported behavior of the African-American women in negotiating condom use with their sexual partner.

Grounded Theory is also a methodology that is useful when little is know about the topic. There is very little known about the process unmarried, heterosexual, African-American women use to negotiate condom use with their sexual partner. It is also important to my study because it "provides us with relevant prediction, explanations, interpretation, and applications of social behaviors" (Glaser & Strauss, 1967, p. 1).

Sample

In Grounded Theory, the exact number of participants cannot be determined before hand; therefore, the questioning and data collection continued until data saturation was achieved (Holloway & Wheeler, 2002). Flyers were posted in the Oklahoma City metropolitan area. The flyers were posted in housing areas, in agencies, and where African-American women live, go for health information, education, screenings, and tests. The participants were mainly recruited using the snowball effect. The participants were asked to complete demographic data at the beginning of the study. The demographics for the participants are listed below.

Table 1

Demographic Data

Age	Education	Employment	Monthly Income	Number of children
25-33 years	< High school: 1 High school: 2 Undergraduate: 6 Masters: 3	Employed: 3 Unemployed: 9	0-$599: 5 $600-$999: 2 $1,000-$2,999: 4 $3,000-$4,999: 1	None: 4 One: 2 Two: 1 Three: 4 ≥ Four: 1

Twelve participants were interviewed for this study which were a purposive sample of unmarried, heterosexual, African-American women who are between the ages of 25-34 years, and who are key informants, and who, according to Holloway and Wheeler (2002), "own special and expert knowledge about the history and subculture of a group, about interaction processes in it and cultural rules, rituals and language (p. 141). The inclusion criteria include English-speaking, self-identified heterosexual, unmarried, African-American women between the ages of 25 and 34 years.

Data Collection Procedures

Informed consent included the title, purpose, and the explanation of the purpose of the study and was explained to the participants. Informed consent also included the discussion with the participants about the potential for any psychological harm, social harm, and risks to privacy, confidentiality, or social stigma subsequent to participation in this research study. The participants were asked to contact the researcher, and if the

inclusion criteria for the research study are met, a one-on-one interview was scheduled in a private, agreed upon location by the participant and the researcher. The interview locations were in natural settings such as their homes, agencies, or other places within the communities identified. Institutional Review Board approval was obtained from Texas Woman's University before beginning the study.

Data were collected from the participants using semi-structured interviews using predetermined, open-ended, guiding questions to elicit information about the process unmarried, heterosexual, African-American women use to negotiate condom use with their sexual partner. The in-depth interviews were tape recorded. Field notes were kept by the researcher and included in the data analysis.

Methodological Rigor

Methodological rigor was established using trustworthiness and authenticity. The researcher asked questions about the truth value or the truth about the findings in order establish trustworthiness and authenticity of a study and about the ability to apply the findings to others of the same context and consistency. Credibility, transferability, dependability, and confirmability were discussed as part of trustworthiness.

Credibility was achieved by engaging the researcher in reading and reflecting on the data collected, which included the field notes, interview transcriptions, documents, and tapes (Holloway & Wheeler, 2002; Wolf, 2007). Member checks was also achieved by meeting with the participants and sharing with them the summary of the study and by

asking the participants to assess the summary for accuracy and validation and/or whether the summary is a true and fair representation of what was said by the participants and analyzed by the researcher (Holloway & Wheeler, 2002; Wolf, 2007). This was also used to establish confirmability.

Transferability is established by being able to transfer the negotiation process used by the participants and the findings in this study to similar participants or situations in other similar situations. An audit trail was established to demonstrate dependability by keeping field notes and interview transcripts and used to establish consistency and accuracy of the meaning of the data collected. As the researcher, I reported the findings analyzed from the data collected and not on feelings or perceived notions.

As the researcher, preconceptions and my relationship with the participants were reflected upon and my reaction to the participants' accounts and actions was monitored. In establishing authenticity, fairness and reasonability with the participants was established by being aware of any differences or conflicts in values and beliefs. Authenticity allows the participants to understand their worlds and gain insight about their risky sexual behaviors (Holloway & Wheeler, 2002).

Findings and Discussion

Taped interviews were transcribed by the principle investigator (PI) and transcripts were reviewed for accuracy and corrected as needed. The constant comparative method was used to analyze the data. The analysis began with open coding

or the identifying of codes, and categorizing of the codes. The data was coded using three levels of codes, which is the process of "breaking down and conceptualizing the data" (Holloway & Wheeler, 2002, p. 158). Data were reviewed line-by-line to identify the major concepts, categories, and actors.

These concepts were applied as the data was analyzed and there was a focused on the meanings of how the participants see themselves, interpret the reported behavior and the social interactions according to the process used by the participants in negotiating condom use with their partners. How African-American women negotiate condom use with their sexual partner is a process that can be assigned meaning through the analysis of data collected. "By focusing on what is going on in a particular social context, symbolic interactionism allows for the identification of social, emotional, or cognitive change as it emerges" (Munhall, 2007, p. 242). The dialogue with the women gave voice to their shared and expressive use of reasoning that is used in negotiating condom use with their sexual partner. The participants were open and willing to share their sexual experiences. The race and ethnicity of the PI and the status as registered nurse may have impacted the participant's willingness to share their stories.

The major concepts and constructs were generated and constant comparison was used to compare the data from one interview with that of another, and the process continued until all sources of the data was compared.

Using open coding, the major concepts were identified:

Table 2

Open Coding - Major Concepts

Negotiation	Female condoms	What a nurse can do to help
Protection Prevention Communication Trust Self-esteem Self-respect Loving yourself Worthy Secure	Never tried it Never considered it Afraid of losing it Interested in knowing more Looks uncomfortable Need to know how to use it Does not appeal	Helpful hints Negotiation process Communication Programs Feedback Survey Explain

Using axial coding, the following categories and connections between the categories and actors that emerged from the data when the female negotiate condom use with her sexual partner are listed below:

Table 3

Axial Coding - Negotiating Condon Use - Categories and Connections

Communication	Self-ownership	Self-worth
Direct Adamant Open Effective Timely Assertive Effective		
"To let him know about protection that needs to be used." "I take the direct way about it."	"Because I want to protect myself." "If they say no, I do not have sex with them."	"Worthy to protect myself and in turn, protect my partner." "Loving yourself" and "putting yourself first."

The following categories and connections between the categories and actors emerged
from the data when the females were asked about using female condoms:

Table 4:

Axial Coding - Female Condom Use - Categories and Connections

More education needed	Afraid of using it	Need to know how to use it	Never tried it	Have not considered it	Does not appeal
"Tell me a little bit more about the condom and how it protects you."	"I'm afraid of not properly using it" and "using it wrong."	"I don't even know how to use those."	"I've heard of them but I've never tried it."	"I've never even considered a female condom."	"It just looks uncomfortable and maybe it's because of that."

The following categories and connections between the categories and actors emerged from the data when the females were asked what the nurse can do to help:

Table 5:

Axial Coding - What the Nurse can do to Help - Categories and Connections

Give helpful hints	Teach and explain negotiation process	Communicate with the women	Teaching through classes and programs	Communication needs	Explanations needed
"Just sit down like we're sitting down talking."	"So I think educating women...very basic information."	"A nurse could pretty much say anything because she knows your body...stuff that's not good."	"Honestly, I would like to see more sex education taking place in churches."	"Make sure that everybody hears the message about condom negotiation or safer sexual practices."	"I didn't know how to use it."

During the selective coding process, the following theoretical ideas and themes developed:

Table 6:

Selective Coding - Theoretical Ideas and Themes

Communication with sexual partner	Self-ownership	Self-worth
"It's part of the conversation when you start dating."	"I do it to protect my own; not only myself but my partner from unwanted sexually transmitted diseases or pregnancies or HIV and AIDS."	"I feel better if we use a condom because I want to protect myself."
"A lot of women are not taught to be assertive and communicate with their sexual partner about sex and condom."	"Loving yourself..."putting yourself first."	"My health is important to me."
Unfamiliarity with female condoms	More education needed	Need to be taught communication skills (by the nurse)
"I don't know how to use it and I haven't had anyone to actually teach me how to use it."	"To teach them how to assertively communicate condom negotiation with their sexual partner."	"It may be difficult because a lot of women are not taught communication skills."
"Me not properly using it even though they have instructions for it but I'm afraid of not using it right."	"Need more education on the female condom."	"So some of these skills have to be learned; start by saying okay, I want to use a condom."

The feeling and emotions identified from the analysis of the data were 1) self-ownership, 2) self-worth, 3) unfamiliarity with female condoms, 4) need more education about female condoms, 5) open communication with sexual partner, and 6) need to be taught communication skills.

Conclusions

The process used by the participants in this research study focused on communication and self-worth and self-ownership. It was also noted that women felt that they needed to learn to take more control of the prevention and protection of themselves and their partner, to have more education about female condoms, and to learn better communication skills. This process will allow the women to be more empowered in the condom-use negotiation process with their sexual partner.

The substantive theory developed from this study is the Theory of Open Communication and Self- Worth.

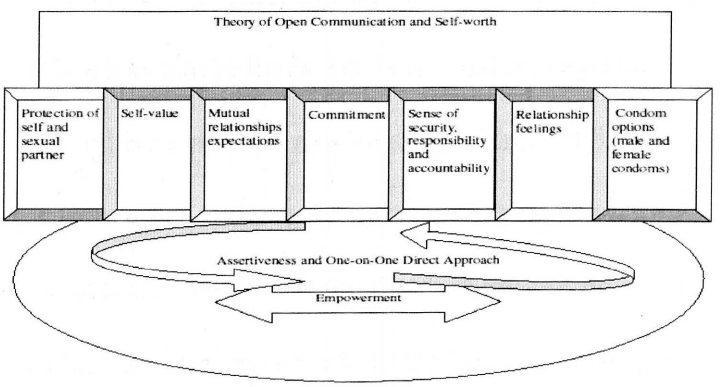

Figure 1. *The Theory of Open Communication and Self-Worth*

This theory can be used as a guide for teaching African-American women how to negotiate condom use with their partner prior to sexual intercourse and can teach the women how to 1) be assertive and effective in the discussion process, 2) put themselves first in relationships, and 3) become more familiar with female condoms, which can empower the female. The dynamics and the process of how African-American women negotiate condom use in sexual relationships is a crucial aspect for HIV prevention.

Implications for Practice and Recommendations for Future Research

Understanding the dynamics of HIV transmission in African-American women is significant to nursing practice, education, and research because of the care involved, the unpredictable progression, and the increases in the numbers of HIV cases impacting the healthcare system. It is important to know how the condom negotiation process and sexuality influence sexual behavior and this must be addressed by nursing practice, education, and research in order to decrease the risky sexual behaviors among African-American women. Nurses need to understand the dynamics of how African-American women negotiate condom use, which can add to the body of nursing knowledge by designing relevant interventions based on this negotiation process. The condom use negotiation process in relationships is an issue for HIV prevention and is an important aspect for prevention especially to nursing.

Future research on the process used to negotiate condom use among African-American women should include questions about religiosity, about race and ethnicity of sexual partner and if this affects the condom negotiation process and the learned behavior in negotiating condom use and how this behavior was learned. It is also important to learn more about the participant's willingness to speak freely and how education about condom negotiation would best be delivered to this population. Future research should also include questions about whether a non-nurse or a nurse who is not African American can be effective in the delivery of education regarding condom use. HIV research must

continue to focus on the process of condom negotiation since this is an identified method of decreasing transmission rates and a significant approach to empowerment of African-American women.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Overview

This study was designed to examine the process used by African-American women in negotiating condom use by their sexual partner prior to sexual intercourse. The goal is to learn about the negotiation process in order to design effective HIV interventions and prevention strategies that can empower the women. The semi-structured interviews asked questions that afforded the opportunity to ask additional questions that lead to gaining more information. This interview process was an effective way of discussing the situations that arise when the women were communicating with their partner about condom use.

Open coding, axial coding and selective coding was used to analyze the data with constant comparison being used as an ongoing process. Categories and actors were identified using open coding (Appendix F). Major concepts, categories and actors were discovered using axial coding (Appendix G). Theoretical idea and themes emerged using selective coding (Appendix H). The theoretical codes used were causes, conditions, consequences, and turning points. It is recommended that the information learned from the interviews will be used to influence the planning of effective ways of communicating with sexual partners about condom use.

Discussion of Findings

The overall themes found in the data analysis were open communication and self-worth. The women talked about condom negotiation as a means of communication, protection, self-esteem, and self-worth. When asked about the female condom, the prevailing theme was it was considered "foreign" and they used words such as "never tried it", "afraid of losing it", and "interested in knowing more". They felt that the nurse should do more with teaching about and explaining the negotiation process, along with teaching them how to communicate with their sexual partner in negotiating condom use. The women made it known that they know what can happen when involved in risky behaviors but felt that it is critical that they be taught the process of effectively communicating with their sexual partner.

The findings from this is important because it gave the women the opportunity to be part of the solution to the rising rates of HIV and what is important to them and did not focus only on gender power, gender ratio imbalance, risky sexual behaviors, and social and cultural factors. This makes my study different from other published studies because the women were given validation to their experiences and their knowledge.

This study indicates the need for more relevance to be given to the women in designing effective interventions that will decrease the raging HIV rates among this population. These women were given a voice for their thoughts and experiences. This dialog gave meaning to their knowledge and wisdom and validation to them as human beings.

Methodological Rigor

The measures used to establish scientific methodological rigor in qualitative research are trustworthiness and authenticity. In order establish trustworthiness and authenticity of a study, the inquirer must ask questions about the truth value or the truth about the findings, applicability or the ability to apply the findings with others of the same context and consistency. Trustworthiness and authenticity is also established if the study can be replicated with the same or similar participants and context, and the neutrality or the findings of the study is determined by the participants and conditions of the study is determined by what the inquirer wants to have as an outcome (Lincoln & Guba, 1985). Credibility, transferability, dependability, and confirmability will be discussed as part of trustworthiness

Credibility is the most important concept in establishing trustworthiness and is achieved by engaging the researcher in reading and reflecting on the data collected, which includes the field notes, interview transcriptions, documents, and tapes (Holloway & Wheeler, 2002; Wolf, 2007). Referential adequacy was demonstrated with the use of unobtrusive materials such as brochures and pamphlets to test the credibility and relevance of the findings (Wolf, 2007). Member checks was also achieved by meeting with the participants and sharing with them the summary of the study. Member checks are used to allow the participants to check the data, interpretations, and conclusions for credibility (Lincoln & Guba, 1985). The participants were asked to assess the summary for accuracy and validation and/or whether the summary is a true and fair representation

of what was said by the participants and analyzed by the researcher (Holloway & Wheeler, 2002; Wolf, 2007).

Transferability was part of the methodological rigor of this study by being able to transfer the negotiation process used by the participants and the findings in this study to similar participants or situations in other similar situations. Dependability was demonstrated by establishing an audit trail in which the data such as field notes, personal notes, interview transcriptions, documents, tapes, and coding schemes will be reviewed by the research advisor for the study (Holloway & Wheeler, 2002; Wolf, 2007). This process also helped in establishing consistency and accuracy of the meaning of the data collected. An audit trail was used to trace the collection of the data to the original sources as part of ascertaining confirmability of the study (Wolf, 2007). As the researcher, I reported the findings as derived from the data by reporting the conclusions accurately and not on feelings or perceived notions.

Thick description is part of the audit trail, and is a "detailed description of the process, context and people in the research inclusive of the meaning and intentions of the participants and the research's conceptual developments" (Holloway & Wheeler, 2002, p. 262). The readers of the research will be able to feel that they are part of the research, be able to see the social action through the perspective of the participants, and transfer the insights gained to other research studies (Holloway & Wheeler, 2002). As the researcher, I reflected on my preconceptions, monitored my relationship with the participants, and monitored my reaction to the participants' accounts and actions. The reflexivity of the

study permited me to reflect on my actions, feelings, and any conflicts experienced during the research which allowed me to keep an ongoing self-critical account of the research process (Holloway & Wheeler, 2002).

Authenticity must also be part of the methodological rigor. Authenticity consists of fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity (Holloway & Wheeler, 2002). I was fair and reasonable with the participants by being aware of any differences or conflicts in values and beliefs. I continued to obtain informed consent from the participants on an ongoing basis during the research.

Ontological authenticity of the research was established by helping the participants and the readers of the research to understand their social values, cultural worlds and self situations. By understanding the social values, cultural worlds and self situations, the participants can improve the way they understand other people, themselves and the condom use negotiation process, thereby establishing educative authenticity. As the participants began to understand other people, themselves, and the condom use negotiation process, their decisions not to participate in risky behaviors such as not having sexual intercourse without a condom can be enhanced, which is part of catalytic authenticity. The participants can be empowered through the research by allowing the African-American women to discuss the process used to negotiate condom use with their sexual partner, thus establishing tactical authenticity. Authenticity allows the participants

to understand their worlds and gain insight about their risky sexual behaviors (Holloway & Wheeler, 2002).

Conclusions

With the continued rising rates of HIV among African-American women, it is safe to say that something should be done to stop this rate disparity. This research study is a beginning to decreasing the dramatic rates of HIV among African-American women. The disparate infection is revealed in the data that states that African-American women make up 12% of the population and 66% of the new HIV infections. The current prevention techniques have had limited success, so in order to influence change in this disparity, we must seek to know and understand the process the women use to negotiate condom use with their sexual partner. By understanding this process, interventions can be designed that contain effective prevention strategies and can empower the women.

This research has shown that the interventions need to include the voices of the women who are affected by this disease that is destroying their lives. The women have made it clear in their own voices that more effective communication strategies need to be taught, the communication with their sexual partner should be open, assertive, and even aggressive. They also said that self-worth and self-ownership must be part of the conversation. The Theory of Open Communication and Self-worth (Figure 1) can be used as strategy to decrease the rising rates of HIV among African-American women and can add to what is already known because it gives a different perspective to designing effective interventions that can reduce the HIV rates among this population.

Recommendations for Further Research

There is more research to be done to curb the rising rates of HIV among African-American women and we must continue to extend this study. There are more variables that need to be considered that may affect the process of the women to negotiate condom use with their sexual partner. One variable is the learned behavior in negotiating condom use and how this behavior was learned. Another variable is religion. There is a belief by some African Americans that the discussion of homosexuality, sex outside of marriage, drug use, and HIV and AIDS should not be discussed in African American communities, especially in some churches. The variable of race and ethnicity of sexual partner and if this affects the condom negotiation process should also be part of the research discussion.

Summary

The purpose of this research study was to explore the process unmarried, heterosexual, African-American women between the ages of 25-34 years use to negotiate condom use with their sexual partner. The interpretation of the findings and the findings in context with other studies include suggestions that this study can offer effective HIV prevention strategies for African-American women.

The research studies cited have focused on relationship power, imbalanced sex ratios, high risk behaviors of not using condoms and how age, education, marital status, employment (or unemployment), and religion affect these behaviors. Social and cultural factors are also discussed with respect to male and female condom use. Male condom use

was affected by such variables as social norms, self-efficacy, and HIV-related community behavior.

It is already known that the primary route of transmission is through IV drug use and risky sexual behaviors such as having multiple sexual partners, sex with men who have sex with men, and sex with men who have multiple sexual partners. Another transmission issue is the belief by African-American men that condom use causes unnatural sensations.

Transmission factors that affect the rising rates of HIV among African-American women include culture, social constructs of gender, social structures, and lack of self property rights, inadequate resources, and experiences in domestic violence. The women are often taught not to ask about the number of other women their sexual partner may have, not to ask questions the HIV status of the man, and not carry condoms because of the fear of being called loose or wanting to have sex. The use of female condoms were predicted by socio-demographic and life- style factors. The studies indicated that age, multiple sexual partners, knowledge of female condoms, and level of education.

Condom use is affected by fears and beliefs. These fears include possible retaliation from the sexual partner and the belief that HIV is a white gay male disease. African-American women are also bonded by what is considered to be standards of behavior. These behaviors are affected by cultural beliefs and deeply rooted in the history racism and lack of trust in the healthcare system and persons who are part of the institution of healthcare.

The findings and conclusions discussed here indicate the need to implement strategies that are inclusive of the voices of the African-American women. The strategies must include effective condom use communication strategies and feelings of self-worth, which are strategies that will empower the women and help to develop healthy and mutually respectable relationships.

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Appendix A

RECRUITMENT FLYER

TEXAS WOMAN'S UNIVERSITY

REQUEST FOR RESEARCH PARTICIPANTS

Process Used to Negotiate Condom Use Among African-American Women:

A Grounded Theory Study

Investigator: Teressa Hunter, RN, BS, MS ------ 405-570-4908

Texas Woman's University Doctoral Student

Explanation and Purpose of the Research

You are being asked to participate in a research study. The study will occur in Oklahoma City metropolitan area. The purpose of this study is to explore the process unmarried, heterosexual, African-American women between the ages 25-34 use to negotiate condom use with their sexual partner. This study will provide the research needed to understand the process used to negotiate condom use with their sexual partner and interventions can be designed that can empower unmarried, heterosexual, African-American women to be proactive in negotiating condom use. Your total time in the study is approximately one hour and fifteen minutes.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. You will be given $10 as compensation for your time. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request.

Volunteering for the Study

If you would like to volunteer for a one hour interview for this study, please call

Teressa Hunter, RN

at 405-570-4908

Appendix B

INTERVIEW QUESTIONS

INTERVIEW QUESTIONS

1) **Do you negotiate condom use with your sexual partner? Why, Why not?**

a) Describe the experience.

b) How did you feel?

c) What did you do?

2) **What kinds of things make this negotiation difficult, easy?**

a) What are your thoughts about it?

3) **What should I know about why it's difficult to negotiate condom use?**

a) What aspects of the experience stand out for you?

b) How has the experience affected you?

c) What changes have you made in your life since the experience?

4) **Have you considered using a female condom?**

Why, Why not?

5) **How could a nurse help you learn this process of negotiating condom use?**

APPENDIX C

DEMOGRAPHIC DATA INSTRUMENT

DEMOGRAPHIC DATA INSTRUMENT

Age: _____

Years of education:

Less than high school degree _____
At least high school degree _____
Undergraduate _____
Graduate
Masters _____
PhD/EdD _____

Current employment status:

Employed _____
Unemployed _____

Monthly income:

$0-$599 _____
$600-$999 _____

$1,000-$2,999 _____

$3,000-$ 4,999 _____

More than $5,000 _____

Marital status:

Single, never married _____

Divorced _____

Number of Children:

None _____

One _____

Two _____

Three _____

≥ 4 _____

Appendix D

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

The Process used by African-American Women to Negotiate Condom Use: A Grounded Theory Study

Investigator: Teressa Hunter, RN, BS, MS ---------- 405-570-4908
Dissertation Chair: Donna Tilley, PhD ---------- 940-898-2425

Explanation and Purpose of the Research

You are being asked to participate in a research study for Teressa Hunter at Texas Woman's
University. This study is being conducted for my dissertation. The purpose of this research is to explore the process single heterosexual African-American women use to negotiate condom use with their sexual partner. The purpose of the audiotaping is to provide a transcription of the information discussed in the interview and to assure the accuracy of the reporting of the information. Your maximum total time in the study is approximately one hour.

Potential Risks

Potential risks related to your participation in the study include fatigue, emotional discomfort, embarrassment, or release of confidential information during your interview. To avoid fatigue, you may take a break (or breaks) during the interview as needed. If you experience emotional discomfort regarding the interview questions, you may stop answering any of the questions at any time. The investigator will provide you with a referral list of names and telephone numbers that you may use if you feel as though you need to discuss the emotional discomfort with a professional. Confidentiality will be protected to the extent that will be allowed by law.

The interview will take place in a private location agreed upon by you and the researcher. A code name, rather than your real name, will be used on the audiotape and transcription. Only the investigator, her advisor, and the transcriber will have access to the tapes. The tapes, hard copies of the transcriptions, and the computer USB drives containing the transcription text files will be stored in a locked filling cabinet in the investigators office. The tapes and transcription USB drives will be kept indefinitely and will be used to add to

the body of research in understanding the increasing rates of HIV among African-American women. It is anticipated that the results of this study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

The researchers will try to prevent any problem that could happen because of the research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for inquiries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The PI will provide a $10 incentive; no checks or gift cards will be used. At the completion of the study a summary of the results can be mailed to you upon request.*

Questions Regarding the Study

If you have any questions about the research study you may ask the researchers; their telephone numbers are at the top of this form. If you have questions about your rights as a participant in this research of the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored programs at 940-898-3378 or via e-mail at IRB@twu.edu. You will be given a copy of this signed and dated consent form to keep.

_____

Signature of Participant Date

*If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

_____

_____

Appendix E

COUNSELING SERVICES

COUNSELING SERVICES

Challenge Counseling Center ---------- 4401 N. Classen Blvd. -- 405-702- 6677

Christian Clinic for Counseling ---------- 3508 NW 50th, OKC – 405-942-8888

Compassionate Care ---------- 3012 Pioneer Ave, OKC – 405-601-0986

Hope Counseling Services, Inc. ---------- 4411 Highline Blvd., OKC – 405-942-4740

North Care ---------- 6300 N. Classen Blvd., OKC – 405-858-2700

Psychiatric Associates, Inc. ---------- 801 N. Air Depot Blvd., OKC – 405-733-9516

Appendix F

OPEN CODING

Open Coding

Major concepts, categories, and actors

Participant #1	Participant #2	Participant #3
Negotiating male condoms	**Negotiating male condoms**	**Negotiating male condoms**
I do it to protect my own; not only myself but my partner from unwanted sexually transmitted diseases or pregnancies or HIV and AIDS	To let them know about protection that needs to be used	Because I want to protect myself.
…if they say no, then I do not have sex with them	About wearing condoms and having sex and disease and stuff you can get … HIV, chlamydia, gonorrhea, syphilis, trichomoniasis	To prevent pregnancy and to prevent STDs
I tell them I don't want to have sex without a condom	I am an open person. I can kind of talk to him about it very easily.	It was already implied that protection would be used, especially do to the fact that I am not on birth control and again primarily I do want to prevent pregnancy
I think that the direct approach is the best approach…if we are going to do this we need a condom or something	Try to get him alone	Condoms were the best method
Do not wait until the heat of the moment	So he know the idea on how to put them on and not put it on backwards …	What makes negotiating condoms difficult? Can be when you run into issues of trust
Discuss before the heat of the moment	He said it's a different feeling when you're wearing a condom…takes a lot of the sex drive out	…if condoms use aren't a part of the plan or talked about in the relationship
…me coming to them with a direct approach	It was difficult for me to talk to him about it	…because you know he may be paying bills or taking care of kids that

		aren't his … and the may not want to move out on that financial support
I take the direct way about it	Really the conversation that I had. I kind of made it easy within myself	Condom use are talked about before you have sex
The directness helped it be easy for me	I kind of made it easy within myself	It's part of the conversation when you start dating someone
The fact that it was something that we kind of had to talk about	Just like I don't think about it being embarrassing … It's a good thing that people need to start wearing condoms	Women, some women being economically dependant upon a man to provide financial support, so that may be a issue
Okay, even though you're inexperienced you still have to kind of talk about it	I'm open within myself so it's kind of easy for me …	It also may be difficult because a lot of women are not taught to be assertive and communicate to their partner about sex and condoms
I just trusted him	I caught the disease and it made me feel like okay, this is for real	So some of these skills have to be learned, start by saying okay, I want to use a condom
I've gotten a lot older , got a lot wiser	I can't even trust that one partner	I feel better if we used a condom because I want to protect myself. A lot of women, we don't know how to say that. Since it has to be learned
Talk to their partner Whether it's a letter, maybe email, text or whatever you feel comfortable that you can get your answers out		Just talking about it. Effective communication skills and how to do it.
	It still doesn't convenience them to use a condom until they experience a disease of their own	Again, how to be assertive, using I messages. Taking ownership of your feeling when it comes to communicating your

		partner's wants, your needs to your sexual partner
	I think me talking about it because that nurse probably never experienced having a disease	We should be taught effective communication skills in grade school
		To teach them how to assertively communicate condom negotiation with their sexual partner
		Also talks about self esteem
		Loving yourself…putting yourself first
		I would say for the process of negotiating condom use, a woman really has to be secure, confident within herself
		Worthy to protect herself and in turn protect her partner
		A lot of men are apprehensive about condom use and that could lead to potentially losing that person
		Loving yourself. Putting you first
		Again knowing how to say it. Learning how to say it rather
		Knowing how to use a condom effectively because a lot of women don't know how
Female condoms	**Female condoms**	**Female condoms**
I don't know how to use it and I haven't had anyone to	I don't even know how to use those. But I never	I have and I've tried and it didn't go so well.

actually teach me how to use it.	experienced it before	
I've seen pictures of them		I guess I was kind of put off by the feeling. By how big it was
I don't know how to insert it		I didn't like myself personally, the idea of something that big being in my vagina
I'm open to any type of barrier		I tried it one time. It was too weird for me
There's nothing wrong with a little extra protection		...they're not as popular as the male condom
		...they are more expensive
		...so a lot of women don't know that there is a female condom out there and some women do
What a nurse could do	**What a nurse could do**	**What a nurse could do**
One-on-one approach	She can show me how to use it	Is just make sure protection is talked about
Just sit down like we're sitting down and talking	Tell me a little bit more about the condom and how it protects you	Make sure that everybody hears the message about condom negotiation or safer sexual practices
...just explain to them	See how it works	
One-on-one approach	Group meetings	
They just say how you do it but they didn't really go into details	She could talk to them about condoms	
Need more education on the female condom		
Participant #4	Participant #5	Participant #6
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Prevent STD and unexpected pregnancies. Just try practice safe sex	It takes away from the feeling	Talk to him. Tell him to use a condom
We just had a discussion about what our expectations were and what our goals	Talking to your partner about it	'Talk to partner at the beginning of the relationship'

were		
And we just come to a mutual agreement	Start doing more talking to him.	'Feels comfortable talking to partner'
…what type of relationship it is.	Communication	Not have sex with him 'without a condom'
Trust level	Setting him down and tell him I need to talk to him about condom but when I first did it I was embarrassed because I didn't have no one there to talk to me, like a mother figure I had to learn on my own	By talking to him. Tell him to use protection. If not, then I would not have sex with him
I think a sense of security … or take responsibility to be accountability for his actions	I kept on getting STD from that one person and he wouldn't be truthful with me…	Some don't like using condoms
I think that the type of communication that we have		No sex 'if the sexual partner does not use a condom'
Very trusting relationship		Some dudes don't want to use condoms
… no he has mentioned to me before that it would be irresponsible not to use protection		Not to have sex until I'm married, unless they have a condom
I think that if he wasn't such a good listener, and communicator, it would probably have made it difficult, because it makes me feel uneasy talking to him about it		
First I think you have to listen to someone. I think you have to get an understanding of what that person desires and wants and how it fits into your		

life…		
Sometimes your values and your opinion		
I think some people feel uncomfortable with asking their companions to use protection for a lot of reasons That person might be superior to them		
…abusive relationship or if an individual is always put down. They can be physically abuse, emotionally abused		
… about being assertive		
… or having good role model		
But at the same time we can teach a young lady to think		
I think just learning how to be a good communicator or just how to express your feelings		
…mentor us about certain things		
It's hard to say they need resources because there's resources out there but everyone doesn't know about it		
Female condoms	**Female condoms**	**Female condoms**
I thought about it but I don't think I really considered using it. Because it's something unknown…	(Have you considered using a female condom) Yes	No. I don't know. I've heard of them but I've never tried. I've wanted to try but I've never tried it
I would be afraid to use a female condom because it's something new and I'm not	Don't know how	

sure how effective that it is. So I don't think I would try deviate from using male condoms.		
But I wouldn't use it as my only protection	(Need someone to teach more about female condoms) Yes	
What a nurse could do	**What a nurse could do**	**What a nurse could do**
Education	Set down to talk to their patients about it, and show them how to use it	Tell me and show me
Clarity on the information	Use pamphlets and you could sit down and talk to them and stress STDs and AIDS that's going around	Call a meeting
Misconceptions about certain STDs and how you get them. Just like HIV		
So I think educating women …very basic information		
So just the facts and truth about certain diseases		
Honestly, I would like to see more sex education taking place in churches. Of course schools…		
I believe they should show children how to use condoms		
Practicing abstinence		
I think people should be more realistic and give options and not just say don't have sex		
Sex education at a young age		
…and communicated about sexual health		
They don't have knowledge, they didn't		

have discipline		
Having protection. Having direct access to it		
Participant # 7	Participant # 8 -	Participant # 9
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Yes	Protection from HIV or STDs	To keep, to stay safe and to keep down the spread of diseases AIDs, syphilis, hepatitis, Chlamydia, trichomoniasis, anything you get with sexual contact
Because he usually don't want to use one …	Takes away the sensation …feeling	I just tell him, I like using a rubber. I mean if they don't they don't, using a rubber, then we don't have sex
I'm not sure why he doesn't want to use one but that's usually the case	Actually it was comforting because it made me feel like he trusted me. At the same token, I wasn't so trust worthy. Kind of made me uncomfortable too.	I usually have them myself
I don't proceed. If they don't want to use one then I don't	It made me feel like he may have trusted me a little bit	My health is important to me. It didn't make me feel bad about bringing it up I mean I was glad about bringing it up because you never know what people got and they've not going to tell you
When they arrive if we are going to have sex or something, that's when we usually talk about it	They feel like you're committed to just them then you don't need protection. You should just be able to trust one another	I brought it up then
(Reasons given by the sexual partner) Well because of the feeling. Feel different or doesn't feel comfortable	Safe sex partners, we will only be having sex with each other unprotected. If we have sex outside of our relationship then it will	First he said why did we have to use it

	be protected	
I had some bad experiences where they didn't want to use one. There was an altercation but just, I went on from there	I think it's more like I said a trust issue. They pretty much more trust the male. That's if he's telling them the truth	Some men are I
Verbal altercation Difference of opinion		I figure it should be something you're willing to talk about anyway
Like I was really more worried about my health and my safety		You're not ready for kids
Being female. Kind of leery about when they don't want to use one		I learned about protection at school
Putting a lot of wear and tear on my body. Then sexually transmitted diseases		Yeah. If they have classes that teach about protection
They think if you've been going with them for a while, you're supposed to stop using condoms. Causes a block in the relationship		Just tell them, look it's about benefits
No. I've been trying to figure out ways to make it (negotiation) easier for a while now. I haven't found out yet		Anybody who wants to be healthy and who cares about your well being then they ought to be willing to go the extra step with you
There's no halfway point between using it or not using it They just have to go with your first mind		You don't have to tell me but I'm going to want you to use protection because I don't want …
(Do you rely on the male to have the condom?) No, I have my own		It don't affect me t all to bring up using protection Doesn't really affect me at all
Make sure I use protection because I don't know what		If you go with this man, this man sleep with you and you

people are doing. So I have to be safe for myself and use protection		not protecting yourself with none of them, you're either going to come up with something you don't want or get pregnant
Find one that fits you comfortably, enjoy yourself or not come at me with that		Because that's your body. If you don't protect yourself from any of that happening
Female condoms	**Female condoms**	**Female condoms**
Oh, yeah. I thought about it. I never tried it before. I've seem them before but never tried one	Brought to me by other females. Been brought up to me. ...but partner, ex-partners that I've had in the past brought it up to me.	Yeah, he did (have objections) but it wasn't nothing he could do about it
But I'm scary of losing it. Me not properly using it even though they have instructions for it but I'm afraid of not using it right	I'm interested in knowing more about it	
I'm afraid of not properly using it. Using it wrong	A friend showed me how to use them	
(do you need instructions?) Yes		
What a nurse could do	**What a nurse could do**	**What a nurse could do**
Just the basics. STDs or having a baby. That's the big thing	I don't know maybe giving some helpful hints	Maybe talking to them on how to bring up the subject or I don't even know. Tell them how to go about
	How to come to them with negotiation far as using condoms	People in the community ought to have more classes and more programs to where women, especially now a days...
	Something with feedback that won't be so negative to them	Doing a survey, getting people's input People in the community need to know about it
	Right, they give us brochures to read and	

	everything, but no one sits down and have a conversation with use 0ne-on-one	
	Reaching out through the parents	
	Seminar maybe would help	
	Low poverty places	
	They have mobile place that come around now and again	
	Teaches say a lot If they have more pictures to show	
Participant # 10	Participant #11	Participant # 12
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Protecting myself. Too many diseases	There's no negotiating. That's (condoms) the best thing going	..and there are several different types of diseases going around, gonorrhea, Chlamydia, HIV
HIV, AIDs, STD's. Try to prevent that	S it wasn't much of a struggle. Once he found out I was adamant about using a condom then we proceeded from there	Just any type of STD and I felt it's very important to be safe
Ask questions…	I have condoms as well	In the beginning, I suggested that we're going to always use condoms
Usually telling their sexual experiences if they used condoms or not	I felt like it (condom negotiation) should be customary	I felt good because I was able to assert myself Let him know condoms are going to be part of this relationship
That there's people out there that don't even think about condoms	Where's the rubber?	(If condoms are refused) We wouldn't have had sex
Nobody ever talked to me	I had some that said I don't like using rubbers	Difficult because he feels as that I probably don't care for him or accept him or trust him… not to have sex without a condom

Respect you	It didn't feel as good. They irritate me	If they talk about it at the beginning Get the expectations first
To know that I would like to use protection. I don't have no shame in my game	I would let them know during the talking phase	Let them know what you expect
	I think that would make negotiation easier or if you have protection on hand instead of going out	I think that at the beginning we should have had that understanding but have to continuously talk about iy
	If you have it on hand, accessible, I think the negotiation would be more prosperous	
	If you don't want to use a condom. Then okay, fine we're not going to have sex. That's the bottom line. You can't negotiate it with me.	
	Not when it's going on but before then	
	Be straight forward. Why wouldn't you want to use a condom?	
	You can't coerce me We already talked about it or whatever	
	Assertive. Exactly. Aggressive even. Be adamant about it.	
	Even get mad if you have to because men can be persuasive…	
	I feel like the message that should be put out there…	
Female condoms	**Female condoms**	**Female condoms**
Actually, no but I will	No, I haven't. I don't know why. I just look uncomfortable and maybe it's because of that.	I never personally considered using one Cause I heard from some females that have used it

		has fallen out
...like how to use it	I've never even considered a female condom. It's either a ale condom or no sex	
But I didn't know how to use it	I've seen a couple of videos	
	Yeah, I've been talked to about it	
	But I don't know. It never appealed to me	
	There's no negotiation you either use it or go on to the next one...	
	I say use scare tactics because I don't think they're getting it	
What a nurse could do	**What a nurse could do**	**What a nurse could do**
A nurse could pretty much say anything because she knows your body... stuff that's not good	You know you're going to be sexually active, keep condoms on you	When I first started having sex they explained to me the importance of use of condoms
Advertise condom use	Don't take no for an answer	Also tell me about the different types of diseases
...want to know about their own protection		Gave me brochures. They gave me enough information and pamphlets so I could educate myself
Explain		A guy has asked me to put on a condom and I really didn't know which way so having that in a nursing session where they show you how to do it properly that also help me
If you're having sex you need to know, what you need to do in order to protect yourself		...how to think quicker on their feet Once you say no, you should get yourself out of the situation
People are getting different		

diseases everyday and dying everyday…		
(Go) to malls		
Flyers		

Appendix G

AXIAL CODING

Axial Coding

Major concepts, categories, and actors

Participant #1	Participant #2	Participant #3
Negotiating male condoms	**Negotiating male condoms**	**Negotiating male condoms**
I do it to protect my own; not only myself but my partner from unwanted sexually transmitted diseases or pregnancies or HIV and AIDS	To let them know about protection that needs to be used	Because I want to protect myself.
…if they say no, then I do not have sex with them	About wearing condoms and having sex and disease and stuff you can get … HIV, chlamydia, gonorrhea, syphilis, tricomonous	To prevent pregnancy and to prevent STDs
I tell them I don't want to have sex without a condom	I am an open person. I can kind of talk to him about it very easily.	It was already implied that protection would be used, especially do to the fact that I am not on birth control and again primarily I do want to prevent pregnancy
I think that the direct approach is the best approach…if we are going to do this we need a condom or something	Try to get him alone	Condoms were the best method
Do not wait until the heat of the moment	So he know the idea on how to put them on and not put it on backwards …	What makes negotiating condoms difficult? Can be when you run into issues of trust
Discuss before the heat of the moment	He said it's a different feeling when you're wearing a condom…takes a lot of the sex drive out	…if condoms use aren't a part of the plan or talked about in the relationship
…me coming to them with a direct approach	It was difficult for me to talk to him about it	…because you know he may be paying bills or taking care of kids that aren't his … and the may not want to move out on

		that financial support
I take the direct way about it	Really the conversation that I had. I kind of made it easy within myself	Condom use are talked about before you have sex
The directness helped it be easy for me	I kind of made it easy within myself	It's part of the conversation when you start dating someone
The fact that it was something that we kind of had to talk about	Just like I don't think about it being embarrassing … It's a good thing that people need to start wearing condoms	Women, some women being economically dependant upon a man to provide financial support, so that may be a issue
Okay, even though you're inexperienced you still have to kind of talk about it	I'm open within myself so it's kind of easy for me …	It also may be difficult because a lot of women are not taught to be assertive and communicate to their partner about sex and condoms
I just trusted him	I caught the disease and it made me feel like okay, this is for real	So some of these skills have to be learned, start by saying okay, I want to use a condom
I've gotten a lot older , got a lot wiser	I can't even trust that one partner	I feel better if we used a condom because I want to protect myself. A lot of women, we don't know how to say that. Since it has to be learned
Talk to their partner Whether it's a letter, maybe email, text or whatever you feel comfortable that you can get your answers out		Just talking about it. Effective communication skills and how to do it.
	It still doesn't convenience them to use a condom until they experience a disease of their own	Again, how to be assertive, using I messages. Taking ownership of your feeling when it comes to communicating your partner's wants, your needs to your sexual partner

	I think me talking about it because that nurse probably never experienced having a disease	We should be taught effective communication skills in grade school
		To teach them how to assertively communicate condom negotiation with their sexual partner
		Also talks about self esteem
		Loving yourself…putting yourself first
		I would say for the process of negotiating condom use, a woman really has to be secure, confident within herself
		Worthy to protect herself and in turn protect her partner
		A lot of men are apprehensive about condom use and that could lead to potentially losing that person
		Loving yourself. Putting you first
		Again knowing how to say it. Learning how to say it rather
		Knowing how to use a condom effectively because a lot of women don't know how
Female condoms	**Female condoms**	**Female condoms**
I don't know how to use it and I haven't had anyone to actually teach me how to use it.	I don't even know how to use those. But I never experienced it before	I have and I've tried and it didn't go so well.
I've seen pictures of them		I guess I was kind of put off

		by the feeling. By how big it was
I don't know how to insert it		I didn't like myself personally, the idea of something that big being in my vagina
I'm open to any type of barrier		I tried it one time. It was too weird for me
There's nothing wrong with a little extra protection		...they're not as popular as the male condom
		...they are more expensive
		...so a lot of women don't know that there is a female condom out there and some women do
What a nurse could do	**What a nurse could do**	**What a nurse could do**
One-on-one approach	She can show me how to use it	Is just make sure protection is talked about
Just sit down like we're sitting down and talking	Tell me a little bit more about the condom and how it protects you	Make sure that everybody hears the message about condom negotiation or safer sexual practices
...just explain to them	See how it works	
One-on-one approach	Group meetings	
They just say how you do it but they didn't really go into details	She could talk to them about condoms	
Need more education on the female condom		
Participant #4	Participant #5	Participant #6
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Prevent STD and unexpected pregnancies. Just try practice safe sex	It takes away from the feeling	Talk to him. Tell him to use a condom
We just had a discussion about what our expectations were and what our goals were	Talking to your partner about it	'Talk to partner at the beginning of the relationship'
And we just come to a	Start doing more talking to	'Feels comfortable talking

mutual agreement	him.	to partner'
…what type of relationship it is.	Communication	Not have sex with him 'without a condom'
Trust level	Setting him down and tell him I need to talk to him about condom but when I first did it I was embarrassed because I didn't have no one there to talk to me, like a mother figure I had to learn on my own	By talking to him. Tell him to use protection. If not, then I would not have sex with him
I think a sense of security … or take responsibility to be accountability for his actions	I kept on getting STD from that one person and he wouldn't be truthful with me…	Some don't like using condoms
I think that the type of communication that we have		No sex 'if the sexual partner does not use a condom'
Very trusting relationship		Some dudes don't want to use condoms
… no he has mentioned to me before that it would be irresponsible not to use protection		Not to have sex until I'm married, unless they have a condom
I think that if he wasn't such a good listener, and communicator, it would probably have made it difficult, because it makes me feel uneasy talking to him about it		
First I think you have to listen to someone. I think you have to get an understanding of what that person desires and wants and how it fits into your life…		
Sometimes your values and		

your opinion		
I think some people feel uncomfortable with asking their companions to use protection for a lot of reasons That person might be superior to them		
…abusive relationship or if an individual is always put down. They can be physically abuse, emotionally abused		
… about being assertive		
… or having good role model		
But at the same time we can teach a young lady to think		
I think just learning how to be a good communicator or just how to express your feelings		
…mentor us about certain things		
It's hard to say they need resources because there's resources out there but everyone doesn't know about it		
Female condoms	**Female condoms**	**Female condoms**
I thought about it but I don't think I really considered using it. Because it's something unknown…	(Have you considered using a female condom) Yes	No. I don't know. I've heard of them but I've never tried. I've wanted to try but I've never tried it
I would be afraid to use a female condom because it's something new and I'm not sure how effective that it is. So I don't think I would try	Don't know how	

deviate from using male condoms.		
But I wouldn't use it as my only protection	(Need someone to teach more about female condoms) Yes	
What a nurse could do	**What a nurse could do**	**What a nurse could do**
Education	Set down to talk to their patients about it, and show them how to use it	Tell me and show me
Clarity on the information	By pamphlets and you could sit down and talk to them and stress STDs and AIDs that's going around	Call a meeting
Misconceptions about certain STDs and how you get them. Just like HIV		
So I think educating women …very basic information		
So just the facts and truth about certain diseases		
Honestly, I would like to see more sex education taking place in churches. Of course schools…		
I believe they should show children how to use condoms		
Practicing abstinence		
I think people should be more realistic and give options and not just say don't have sex		
Sex education at a young age		
…and communicated about sexual health		
They don't have knowledge, they didn't have discipline		
Having protection. Having		

direct access to it		
Participant # 7	Participant # 8 -	Participant # 9
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Yes	Protection from HIV or STDs	To keep, to stay safe and to keep down the spread of diseases AIDs, syphilis, hepatitis, Chlamydia, trichomoniasis, anything you get with sexual contact
Because he usually don't want to use one …	Takes away the sensation …feeling	I just tell him, I like using a rubber. I mean if they don't like , using a rubber, then we don't have sex
I'm not sure why he doesn't want to use one but that's usually the case	Actually it was comforting because it made me feel like he trusted me. At the same token, I wasn't so trust worthy. Kind of made me uncomfortable too.	I usually have them myself
I don't proceed. If they don't want to use one then I don't	It made me feel like he may have trusted me a little bit	My health is important to me. It didn't make me feel bad about bringing it up I mean I was glad about bringing it up because you never know what people got and they've not going to tell you
When they arrive if we are going to have sex or something, that's when we usually talk about it	They feel like you're committed to just them then you don't need protection. You should just be able to trust one another	I brought it up then
(Reasons given by the sexual partner) Well because of the feeling. Feel different or doesn't feel comfortable	Safe sex partners, we will only be having sex with each other unprotected. If we have sex outside of our relationship then it will be protected	First he said why did we have to use it
I had some bad experiences	I think it's more like I said a	

where they didn't want to use one. There was an altercation but just, I went on from there	trust issue. They pretty much more trust the male. That's if he's telling them the truth	
Verbal altercation Difference of opinion		I figure it should be something you're willing to talk about anyway
Like I was really more worried about my health and my safety		You're not ready for kids
Being female. Kind of leery about when they don't want to use one		I learned about protection at school
Putting a lot of wear and tear on my body. Then sexually transmitted diseases		Yeah. If they have classes that teach about protection
They think if you've been going with them for a while, you're supposed to stop using condoms. Causes a block in the relationship		Just tell them, look it's about benefits
No. I've been trying to figure out ways to make it (negotiation) easier for a while now. I haven't found out yet		Anybody who wants to be healthy and who cares about your well being then they ought to be willing to go the extra step with you
There's no halfway point between using it or not using it They just have to go with your first mind		You don't have to tell me but I'm going to want you to use protection because I don't want …
(Do you rely on the male to have the condom?) No, I have my own		It don't affect me t all to bring up using protection Doesn't really affect me at all
Make sure I use protection because I don't know what people are doing. So I have to be safe for		If you go with this man, this man sleep with you and you not protecting yourself with none of them, you're either

myself and use protection		going to come up with something you don't want or get pregnant
Find one that fits you comfortably, enjoy yourself or not come at me with that		Because that's your body. If you don't protect yourself from any of that happening
Female condoms	**Female condoms**	**Female condoms**
Oh, yeah. I thought about it. I never tried it before. I've seem them before but never tried one	Brought to me by other females. Been brought up to me. …but partner, ex-partners that I've had in the past brought it up to me.	Yeah, he did (have objections) but it wasn't nothing he could do about it
But I'm scary of losing it. Me not properly using it even though they have instructions for it but I'm afraid of not using it right	I'm interested in knowing more about it	
I'm afraid of not properly using it. Using it wrong	A friend showed me how to use them	
(do you need instructions?) Yes		
What a nurse could do	**What a nurse could do**	**What a nurse could do**
Just the basics. STDs or having a baby. That's the big thing	I don't know maybe giving some helpful hints	Maybe talking to them on how to bring up the subject or I don't even know. Tell them how to go about
	How to come to them with negotiation far as using condoms	People in the community ought to have more classes and more programs to where women, especially now a day…
	Something with feedback that won't be so negative to them	Doing a survey, getting people's input People in the community need to know about it
	Right, they give us brochures to read and everything, but no one sits down and have a	

	conversation with use one-on-one	
	Reaching out through the parents	
	Seminar maybe would help	
	Low poverty places	
	They have mobile place that come around now and again	
	Teaches say a lot If they have more pictures to show	
Participant # 10	Participant #11	Participant # 12
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Protecting myself. Too many diseases	There's no negotiating. That's (condoms) the best thing going	..and there are several different types of diseases going around, gonorrhea, Chlamydia, HIV
HIV, AIDs, STD's. Try to prevent that	S it wasn't much of a struggle. Once he found out I was adamant about using a condom then we proceeded from there	Just any type of STD and I felt it's very important to be safe
Ask questions…	I have condoms as well	In the beginning, I suggested that we're going to always use condoms
Usually telling their sexual experiences if they used condoms or not	I felt like it (condom negotiation) should be customary	I felt good because I was able to assert myself Let him know condoms are going to be part of this relationship
That there's people out there that don't even think about condoms	Where's the rubber?	(If condoms are refused) We wouldn't have had sex
Nobody ever talked to me	I had some that said I don't like using rubbers	Difficult because he feels as that I probably don't care for him or accept him or trust him… not to have sex without a condom
Respect you	It didn't feel as good. They irritate me	If they talk about it at the beginning

		Get the expectations first
To know that I would like to use protection. I don't have no shame in my game	I would let them know during the talking phase	Let them know what you expect
	I think that would make negotiation easier or if you have protection on hand instead of going out	I think that at the beginning we should have had that understanding but have to continuously talk about it
	If you have it on hand, accessible, I think the negotiation would be more prosperous	
	If you don't want to use a condom. Then okay, fine we're not going to have sex. That's the bottom line. You can't negotiate it with me.	
	Not when it's going on but before then	
	Be straight forward. Why wouldn't you want to use a condom?	
	You can't coerce me We already talked about it or whatever	
	Assertive. Exactly. Aggressive even. Be adamant about it.	
	Even get mad if you have to because men can be persuasive…	
	I feel like the message that should be put out there…	
Female condoms	**Female condoms**	**Female condoms**
Actually, no but I will	No, I haven't. I don't know why. I just look uncomfortable and maybe it's because of that.	I never personally considered using one Cause I heard from some females that have used it has fallen out
…like how to use it	I've never even considered	

	a female condom. It's either a male condom or no sex	
But I didn't know how to use it	I've seen a couple of videos	
	Yeah, I've been talked to about it	
	But I don't know. It never appealed to me	
	There's no negotiation you either use it or go on to the next one…	
	I say use scare tactics because I don't think they're getting it	
What a nurse could do	**What a nurse could do**	**What a nurse could do**
A nurse could pretty much say anything because she knows your body… stuff that's not good	You know you're going to be sexually active, keep condoms on you	When I first started having sex they explained to me the importance of use of condoms
Advertise condom use	Don't take no for an answer	Also tell me about the different types of diseases
…want to know about their own protection		Gave me brochures. They gave me enough information and pamphlets so I could educate myself
Explain		A guy has asked me to put on a condom and I really didn't know which way so having that in a nursing session where they show you how to do it properly that also help me
If you're having sex you need to know, what you need to do in order to protect yourself		…how to think quicker on their feet Once you say no, you should get yourself out of the situation
People are getting different diseases everyday and dying everyday…		

(Go) to malls		
Flyers		

Appendix H

SELECTIVE CODING

Selective Coding

Theoretical Ideas and Themes
(The theoretical codes used were causes, conditions, consequences, and turning points)

Participant #1	Participant #2	Participant #3
Negotiating male condoms	**Negotiating male condoms**	**Negotiating male condoms**
I do it to protect my own; not only myself but my partner from unwanted sexually transmitted diseases or pregnancies or HIV and AIDS	To let them know about protection that needs to be used	Because I want to protect myself.
…if they say no, then I do not have sex with them	About wearing condoms and having sex and disease and stuff you can get … HIV, chlamydia, gonorrhea, syphilis, trichomoniasis	To prevent pregnancy and to prevent STDs
I tell them I don't want to have sex without a condom	I am an open person. I can kind of talk to him about it very easily.	It was already implied that protection would be used, especially do to the fact that I am not on birth control and again primarily I do want to prevent pregnancy
I think that the direct approach is the best approach…if we are going to do this we need a condom or something	Try to get him alone	Condoms were the best method
Do not wait until the heat of the moment	So he know the idea on how to put them on and not put it on backwards …	What makes negotiating condoms difficult? Can be when you run into issues of trust
Discuss before the heat of the moment	He said it's a different feeling when you're wearing a condom…takes a lot of the sex drive out	…if condoms use aren't a part of the plan or talked about in the relationship
…me coming to them with	It was difficult for me to	…because you know he

a direct approach	talk to him about it	may be paying bills or taking care of kids that aren't his … and the may not want to move out on that financial support
I take the direct way about it	Really the conversation that I had. I kind of made it easy within myself	Condom use are talked about before you have sex
The directness helped it be easy for me	I kind of made it easy within myself	It's part of the conversation when you start dating someone
The fact that it was something that we kind of had to talk about	Just like I don't think about it being embarrassing … It's a good thing that people need to start wearing condoms	Women, some women being economically dependant upon a man to provide financial support, so that may be a issue
Okay, even though you're inexperienced you still have to kind of talk about it	I'm open within myself so it's kind of easy for me …	It also may be difficult because a lot of women are not taught to be assertive and communicate to their partner about sex and condoms
I just trusted him	I caught the disease and it made me feel like okay, this is for real	So some of these skills have to be learned, start by saying okay, I want to use a condom
I've gotten a lot older , got a lot wiser	I can't even trust that one partner	I feel better if we used a condom because I want to protect myself. A lot of women, we don't know how to say that. Since it has to be learned
Talk to their partner Whether it's a letter, maybe email, text or whatever you feel comfortable that you can get your answers out		Just talking about it. Effective communication skills and how to do it.
	It still doesn't convenience them to use a condom until they experience a disease of	Again, how to be assertive, using I messages. Taking ownership of your feeling

	their own	when it comes to communicating your partner's wants, your needs to your sexual partner
	I think me talking about it because that nurse probably never experienced having a disease	We should be taught effective communication skills in grade school
		To teach them how to assertively communicate condom negotiation with their sexual partner
		Also talks about self esteem
		Loving yourself…putting yourself first
		I would say for the process of negotiating condom use, a woman really has to be secure, confident within herself
		Worthy to protect herself and in turn protect her partner
		A lot of men are apprehensive about condom use and that could lead to potentially losing that person
		Loving yourself. Putting you first
		Again knowing how to say it. Learning how to say it rather
		Knowing how to use a condom effectively because a lot of women don't know how
Female condoms	**Female condoms**	**Female condoms**
I don't know how to use it	I don't even know how to	I have and I've tried and it

and I haven't had anyone to actually teach me how to use it.	use those. But I never experienced it before	didn't go so well.
I've seen pictures of them		I guess I was kind of put off by the feeling. By how big it was
I don't know how to insert it		I didn't like myself personally, the idea of something that big being in my vagina
I'm open to any type of barrier		I tried it one time. It was too weird for me
There's nothing wrong with a little extra protection		…they're not as popular as the male condom
		…they are more expensive
		…so a lot of women don't know that there is a female condom out there and some women do
What a nurse could do	**What a nurse could do**	**What a nurse could do**
One-on-one approach	She can show me how to use it	Is just make sure protection is talked about
Just sit down like we're sitting down and talking	Tell me a little bit more about the condom and how it protects you	Make sure that everybody hears the message about condom negotiation or safer sexual practices
…just explain to them	See how it works	
One-on-one approach	Group meetings	
They just say how you do it but they didn't really go into details	She could talk to them about condoms	
Need more education on the female condom		
Participant #4	Participant #5	Participant #6
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Prevent STD and unexpected pregnancies. Just try practice safe sex	It takes away from the feeling	Talk to him. Tell him to use a condom
We just had a discussion about what our expectations	Talking to your partner about it	'Talk to partner at the beginning of the

were and what our goals were		relationship'
And we just come to a mutual agreement	Start doing more talking to him.	'Feels comfortable talking to partner'
...what type of relationship it is.	Communication	Not have sex with him 'without a condom'
Trust level	Setting him down and tell him I need to talk to him about condom but when I first did it I was embarrassed because I didn't have no one there to talk to me, like a mother figure I had to learn on my own	By talking to him. Tell him to use protection. If not, then I would not have sex with him
I think a sense of security ... or take responsibility to be accountability for his actions	I kept on getting STD from that one person and he wouldn't be truthful with me...	Some don't like using condoms
I think that the type of communication that we have		No sex 'if the sexual partner does not use a condom'
Very trusting relationship		Some dudes don't want to use condoms.
... no he has mentioned to me before that it would be irresponsible not to use protection		Not to have sex until I'm married, unless they have a condom
I think that if he wasn't such a good listener, and communicator, it would probably have made it difficult, because it makes me feel uneasy talking to him about it		
First I think you have to listen to someone. I think you have to get an understanding of what that person desires and wants		

and how it fits into your life…		
Sometimes your values and your opinion		
I think some people feel uncomfortable with asking their companions to use protection for a lot of reasons That person might be superior to them		
…abusive relationship or if an individual is always put down. They can be physically abuse, emotionally abused		
… about being assertive		
… or having good role model		
But at the same time we can teach a young lady to think		
I think just learning how to be a good communicator or just how to express your feelings		
…mentor us about certain things		
It's hard to say they need resources because there's resources out there but everyone doesn't know about it		
Female condoms	**Female condoms**	**Female condoms**
I thought about it but I don't think I really considered using it. Because it's something unknown…	(Have you considered using a female condom) Yes	No. I don't know. I've heard of them but I've never tried. I've wanted to try but I've never tried it
I would be afraid to use a female condom because it's	Don't know how	

something new and I'm not sure how effective that it is. So I don't think I would try deviate from using male condoms.		
But I wouldn't use it as my only protection	(Need someone to teach more about female condoms) Yes	
What a nurse could do	**What a nurse could do**	**What a nurse could do**
Education	Set down to talk to their patients about it, and show them how to use it	Tell me and show me
Clarity on the information	By pamphlets and you could sit down and talk to them and stress STDs and AIDs that's going around	Call a meeting
Misconceptions about certain STDs and how you get them. Just like HIV		
So I think educating women …very basic information		
So just the facts and truth about certain diseases		
Honestly, I would like to see more sex education taking place in churches. Of course schools…		
I believe they should show children how to use condoms		
Practicing abstinence		
I think people should be more realistic and give options and not just say don't have sex		
Sex education at a young age		
…and communicated about sexual health		
They don't have		

knowledge, they didn't have discipline		
Having protection. Having direct access to it		
Participant # 7	Participant # 8 -	Participant # 9
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Yes	Protection from HIV or STDs	To keep, to stay safe and to keep down the spread of diseases AIDs, syphilis, hepatitis, Chlamydia, trichomoniasis, anything you get with sexual contact
Because he usually don't want to use one …	Takes away the sensation …feeling	I just tell him, I like using a rubber. I mean if they don't they don't, using a rubber, then we don't have sex
I'm not sure why he doesn't want to use one but that's usually the case	Actually it was comforting because it made me feel like he trusted me. At the same token, I wasn't so trust worthy. Kind of made me uncomfortable too.	I usually have them myself
I don't proceed. If they don't want to use one then I don't	It made me feel like he may have trusted me a little bit	My health is important to me. It didn't make me feel bad about bringing it up I mean I was glad about bringing it up because you never know what people got and they've not going to tell you
When they arrive if we are going to have sex or something, that's when we usually talk about it	They feel like you're committed to just them then you don't need protection. You should just be able to trust one another	I brought it up then
(Reasons given by the sexual partner) Well because of the feeling. Feel different or doesn't feel	Safe sex partners, we will only be having sex with each other unprotected. If we have s4ex outside of	First he said why did we have to use it

comfortable	our relationship then it will be protected	
I had some bad experiences where they didn't want to use one. There was an altercation but just, I went on from there	I think it's more like I said a trust issue. They pretty much more trust the male. That's if he's telling them the truth	Some men are I
Verbal altercation Difference of opinion		I figure it should be something you're willing to talk about anyway
Like I was really more worried about my health and my safety		You're not ready for kids
Being female. Kind of leery about when they don't want to use one		I learned about protection at school
Putting a lot of wear and tear on my body. Then sexually transmitted diseases		Yeah. If they have classes that teach about protection
They think if you've been going with them for a while, you're supposed to stop using condoms. Causes a block in the relationship		Just tell them, look it's about benefits
No. I've been trying to figure out ways to make it (negotiation) easier for a while now. I haven't found out yet		Anybody who wants to be healthy and who cares about your well being then they ought to be willing to go the extra step with you
There's no halfway point between using it or not using it They just have to go with your first mind		You don't have to tell me but I'm going to want you to use protection because I don't want …
(Do you rely on the male to have the condom?) No, I have my own		It don't affect me t all to bring up using protection Doesn't really affect me at all
Make sure I use protection		If you go with this man, this

because I don't know what people are doing. So I have to be safe for myself and use protection		man sleep with you and you not protecting yourself with none of them, you're either going to come up with something you don't want or get pregnant
Find one that fits you comfortably, enjoy yourself or not come at me with that		Because that's your body. If you don't protect yourself from any of that happening
Female condoms	**Female condoms**	**Female condoms**
Oh, yeah. I thought about it. I never tried it before. I've seem them before but never tried one	Brought to me by other females. Been brought up to me. …but partner, ex-partners that I've had in the past brought it up to me.	Yeah, he did (have objections) but it wasn't nothing he could do about it
But I'm scary of losing it. Me not properly using it even though they have instructions for it but I'm afraid of not using it right	I'm interested in knowing more about it	
I'm afraid of not properly using it. Using it wrong	A friend showed me how to use them	
(do you need instructions?) Yes		
What a nurse could do	**What a nurse could do**	**What a nurse could do**
Just the basics. STDs or having a baby. That's the big thing	I don't know maybe giving some helpful hints	Maybe talking to them on how to bring up the subject or I don't even know. Tell them how to go about
	How to come to them with negotiation far as using condoms	People in the community ought to have more classes and more programs to where women, especially now a days…
	Something with feedback that won't be so negative to them	Doing a survey, getting people's input People in the community need to know about it
	Right, they give us	

	brochures to read and everything, but no one sits down and have a conversation with use 0ne-on-one	
	Reaching out through the parents	
	Seminar maybe would help	
	Low poverty places	
	They have mobile place that come around now and again	
	Teaches say a lot If they have more pictures to show	
Participant # 10	Participant #11	Participant # 12
Negotiating condom use	**Negotiating condom use**	**Negotiating condom use**
Protecting myself. Too many diseases	There's no negotiating. That's (condoms) the best thing going	..and there are several different types of diseases going around, gonorrhea, Chlamydia, HIV
HIV, AIDs, STD's. Try to prevent that	It wasn't much of a struggle. Once he found out I was adamant about using a condom then we proceeded from there	Just any type of STD and I felt it's very important to be safe
Ask questions…	I have condoms as well	In the beginning, I suggested that we're going to always use condoms
Usually telling their sexual experiences if they used condoms or not	I felt like it (condom negotiation) should be customary	I felt good because I was able to assert myself Let him know condoms are going to be part of this relationship
That there's people out there that don't even think about condoms	Where's the rubber?	(If condoms are refused) We wouldn't have had sex
Nobody ever talked to me	I had some that said I don't like using rubbers	Difficult because he feels as that I probably don't care for him or accept him or trust him… not to have sex

		without a condom
Respect you	It didn't feel as good. They irritate me	If they talk about it at the beginning Get the expectations first
To know that I would like to use protection. I don't have no shame in my game	I would let them know during the talking phase	Let them know what you expect
	I think that would make negotiation easier or if you have protection on hand instead of going out	I think that at the beginning we should have had that understanding but have to continuously talk about iy
	If you have it on hand, accessible, I think the negotiation would be more prosperous	
	If you don't want to use a condom. Then okay, fine we're not going to have sex. That's the bottom line. You can't negotiate it with me.	
	Not when it's going on but before then	
	Be straight forward. Why wouldn't you want to use a condom?	
	You can't coerce me We already talked about it or whatever	
	Assertive. Exactly. Aggressive even. Be adamant about it.	
	Even get mad if you have to because men can be persuasive…	
	I feel like the message that should be put out there…	
Female condoms	**Female condoms**	**Female condoms**
Actually, no but I will	No, I haven't. I don't know why. I just look uncomfortable and	I never personally considered using one Cause I heard from some

	maybe it's because of that.	females that have used it has fallen out
...like how to use it	I've never even considered a female condom. It's either a ale condom or no sex	
But I didn't know how to use it	I've seen a couple of videos	
	Yeah, I've been talked to about it	
	But I don't know. It never appealed to me	
	There's no negotiation you either use it or go on to the next one...	
	I say use scare tactics because I don't think they're getting it	
What a nurse could do	**What a nurse could do**	**What a nurse could do**
A nurse could pretty much say anything because she knows your body... stuff that's not good	You know you're going to be sexually active, keep condoms on you	When I first started having sex they explained to me the importance of use of condoms
Advertise condom use	Don't take no for an answer	Also tell me about the different types of diseases
...want to know about their own protection		Gave me brochures. They gave me enough information and pamphlets so I could educate myself
Explain		A guy has asked me to put on a condom and I really didn't know which way so having that in a nursing session where they show you how to do it properly that also help me
If you're having sex you need to know, what you need to do in order to protect yourself		...how to think quicker on their feet Once you say no, you should get yourself out of the situation

People are getting different diseases everyday and dying everyday…		
(Go) to malls		
Flyers		

Appendix I
TABLES

Table 1

Demographic Data Instrument

Age	Education	Employment	Monthly Income	Number of Children
25-33 years	< High school: 1 High school: 2 Undergraduate: 6 Masters: 3	Employed: 3 Unemployed: 9	0-$599: 5 $600-$999: 2 $1,000-$2,999: 4 $3,000-$4,999: 1	None: 4 One: 2 Two: 1 Three: 4 ≥ Four: 1

Table 2

Open Coding - Major Concepts

Negotiation	Female condoms	What a nurse can do to help
Protection	Never tried it	Helpful hints
Prevention	Never considered it	Negotiation process
Communication	Afraid of losing it	Communication
Trust	Interested in knowing more	Programs
Self-esteem	Looks uncomfortable	Feedback
Self-respect	Need to know how to use it	Survey
Loving yourself	Does not appeal	Explain
Worthy		
Secure		

Table 3

Axial Coding - Negotiating Condon Use - Categories and Connections

Communication	Self-ownership	Self-worth
Direct Adamant Open Effective Timely Assertive Effective		
"To let him know about protection that needs to be used." "I take the direct way about it."	"Because I want to protect myself." "If they say no, I do not have sex with them."	"Worthy to protect myself and in turn, protect my partner." "Loving yourself" and "putting yourself first."

Table 4:

Axial Coding - Female Condom Use - Categories and Connections

More education needed	Afraid of using it	Need to know how to use it	Never tried it	Have not considered it	Does not appeal
"Tell me a little bit more about the condom and how it protects you."	"I'm afraid of not properly using it" and "using it wrong."	"I don't even know how to use those."	"I've heard of them but I've never tried."	"I've never even considered a female condom."	"It just looks uncomfortable and maybe it's because of that."

Table 5:

Axial Coding - What the Nurse can do to Help - Categories and Connections

Give helpful hints	Teach and explain negotiation process	Communicate with the women	Teaching through classes and programs	Communication needs	Explanations needed
"Just sit down like we're sitting down talking."	"So I think educating women...very basic information."	"A nurse could pretty much cay anything because she knows your body...stuff that's not good."	"Honestly, I would like to see more sex education taking place in churches."	"Make sure that everybody hears the message about condom negotiation or safer sexual practices."	"I didn't know how to use it."

Table 6:

Selective Coding - Theoretical Ideas and Themes

Communication with sexual partner	Self-ownership	Self-worth
"It's part of the conversation when you start dating."	"I do it to protect my own; not only myself but my partner from unwanted sexually transmitted diseases or pregnancies or HIV and AIDS."	"I feel better if we use a condom because I want to protect myself."
"A lot of women are not taught to be assertive and communicate with their sexual partner about sex and condom."	"Loving yourself…"putting yourself first."	"My health is important to me."
Unfamiliarity with female condoms	More education needed	Need to be taught communication skills (by the nurse)
"I don't know how to use it and I haven't had anyone to actually teach me how to use it."	"To teach them how to assertively communicate condom negotiation with their sexual partner."	"It may be difficult because a lot of women are not taught communication skills."
"Me not properly using it even though they have instructions for it but I'm afraid of not using it right."	"Need more education on the female condom."	"So some of these skills have to be learned; start by saying okay, I want to use a condom."

Appendix J

LIST OF FIGURES

Figure 1

Theory of Open Communication and Self-Worth