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**Abstract:** This review of the literature identifies themes, variable, goals, and gaps in the literature related to HIV and AIDS among African American women. Black Feminist Epistemology and symbolic interactionism are used as a theoretical perspective and philosophical framework to examine experiences and social behaviors of African-American women and to guide and framework to explain the findings from the literature. This theoretical perspective/philosophical framework can also be used in understanding processes used by African-American women in behavioral, social, and intimate interactions.

**Key Words:** African-American Women, HIV/AIDS, Power Differentials, Gender Ratio Imbalance, Risky Sexual Behaviors, Cultural Factors, Condoms

# A GROUNDED THEORY STUDY OF THE PROCESS USED TO NEGOTIATE CONDOM USE AMONG AFRICAN-AMERICAN WOMEN: REVIEW OF THE LITERATURE

## Introduction

In 1981, Acquired Immunodeficiency Syndrome (AIDS) was considered a new infectious disease in the United States. Along with AIDS, Human Immunodeficiency Virus (HIV) has been diagnosed in every race, ethnicity, age, and socioeconomic group. African American women 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, Mallory & Gabrielson, 2005; Nakashima & Fleming, 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; Centers for Disease Control and Prevention [CDC], 2007; CDC, 2009; Stampley, Mallory, & Gabrielson, 2005). African American women are 22 times more likely to die from HIV/AIDS diagnosis than white women (Brown & Hook, 2006; Morbidity & Mortality Weekly Report, 2006).

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 AND PHILOSOPHICAL FRAMEWORK

Black feminist epistemology and symbolic interactionism can be used to examine experiences and social behaviors of African-American women and form a framework to explain the findings from the literature. Epistemology is the study of philosophical problems, credible knowledge or knowing, and acceptable truth (Hill Collins, 2009). Patterns of Black feminist thought and behavior of African-American women are affected by socially constructed categories of race, class, and gender (Taylor, 1998). It is necessary that researchers provide a forum for African-American

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women to talk about their thoughts and experiences and credibly contribute to understanding the rising rates of HIV among this population.

### **Black Feminist Epistemology**

Knowledge validation has traditionally been controlled by white men who "interests pervade the themes, paradigms, and epistemologies of traditional scholarship" (Hill Collins, 2009, p. 269). Black feminist epistemology is an important framework for examining the social, family, sexual politics, and economic issues faced by African-American women (Hill Collins, 2009). These issues can be examined through the use of dialogue and the framework can provide guidance to understanding risky sexual behaviors among African-American women. Black feminist epistemology is outlined in four categories or domains: (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 (Hill Collins, 2009). Dialogue can be used to assess the knowledge claims of African American women as part of the validation process. Dialogue supports a feeling of connectedness and empowerment because women are given a voice with which to dialogue with others and to tell their stories and experiences (Hill Collins, 2009).

Hill Collins (2009) states African-American women encounter two distinct epistemologies; one that represents elite White male interests, the other Black feminist concerns. Black women scholars may know that something is true by standards accepted among African-American women but may be unwilling or unable to legitimize their claims using the prevailing scholarly norms (Hill Collins, 2009). African-American women need a voice with which to speak the truth as they see it and share their experiences.

### **Symbolic Interactionism**

Symbolic interactionism can be used as a guide and framework for research that explores human behavior and can inform the underlying assumptions about the behaviors of African-American women. 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). Persons who ascribe to symbolic interactionism may differ in their point of view but agree that the source of data is human interaction (Aksan et al., 2009). Symbolic interactionism informs underlying assumptions, 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 are identified. The interactions between individuals often occur in response to relationships or meanings set for

objects, such as physical (bodily or material), social (societal), or abstract (moral principles) objects (Blumer, 1969).

Three philosophical assumptions about symbolic interactionism are identified by Blumer (1969):

(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)

Essentially, human beings will act towards someone based on how they regard that person, although this may be ignored and treated as unimportant. Social behavior is often formed in and defined by interaction with people and 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 are the identity of oppression, disempowerment, lived experiences, social behavior, interaction and voices of African-American women.

### **LITERATURE REVIEW**

Numerous studies have investigated risky sexual behaviors among African-American women, including non-negotiation of condom use during intercourse with their sexual partner (Breny Botempi, Eng, & Quinn, 2008; Cabral, Posner, Macaluso, Artz, Johnson, & Pulley, 2003; Dancy & Berbaum, 2005; Holmes, Ogungbade, Ward, Garrison, Peters, Kalichman, Lahai-Momoh, & Essien, 2008; Mallory & Stampley, 2009; Moreno, El-Bassel, & Morrill, 2007; Perrino, Fernandez, Bowen, & Arheart, 2006). 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 not occur. 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 with four males and twenty-seven females, 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 (Ferguson, Quinn, Eng, & Sandelowski, 2006). 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 risky sexual behavior and consequently 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.

The effects of age on sexual risk, protective attitudes and behaviors among African-American women were studied using a sample of 325 self-identified heterosexual, unmarried, African-American women between the ages of 18 and 61 years recruited from three local colleges and universities and several community-based agencies in a southeast metropolitan area (Corneille, Zyzniewski, & Belgrave (2008). The intervention was to participate in a five-week *Sistas Informing Sistas* about the Topic of AIDS (SISTA) social skills program 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), conducted focus groups to examine the relationship power, imbalanced sex ratios and their effect on women's sexual health behavior and decision-making. Five focus groups were conducted with a total of 24 African American women aged 18-57 years. The women were recruited from a low income, rural 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.

Data analysis was conducted using the constant comparison method developed by Strauss and Corbin (1998). Open coding, axial coding, and selective coding were used. The authors' preliminary theory was that 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 Botempi, Eng, & Quinn, 2008, 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" (Breny Botempi, Eng, & Quinn, 2008, 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

An ethnographic study by Gentry, Elifson, and Sterk (2005) examined the living conditions of low-income African-American women and was guided by Black Feminist Theory. The setting 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, family housed, and 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 had drug-dealing live-in partners, and one of the participants stated that she "hardly just trusts being intimate with him" (Gentry et al., 2005, p. 248). This statement reveals that the women do not always trust their sexual partner. Women who are family housed live with a family member and continue to participate in high-risk behaviors. The steady-partner housed women depend on their significant other for housing, and their partners typically do not use condoms (Gentry et al., 2005). The study revealed that the women believed that their current living conditions greatly impacted their drug behavior and high-risk behavior (Gentry et al., 2005).

A grounded theory methodology study was conducted by Mallory (2008) to learn 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 regarding how they became HIV positive. 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 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 mixed

method ethnographic study with 30 African-American women between the ages of 18 and 56 (Brown & Hook, 2006). The questions in this study were about how women 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 instrument used in this study was the 1994 version of the National Institute on Drug Abuse (NIDA) Social Network Questionnaire. The questionnaire elicited information 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). Between 33% and 50% of the participants 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).

Brown and Hook (2006) identified that nurses and social workers should assess knowledge gaps of patients and provide accurate information about HIV and 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, Scheltema, and Cherry (2005) conducted a quantitative study of risky sexual behaviors among 163 low-income African-American women recruited from a sexual health HIV community prevention group. The Sexual Health Model was used to focus on the specific aim of exploring 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" (p.224) and consistent condom use, multiple concurrent partnerships, and overall sexual risk were investigated using the model.

The authors hypothesized that the level of acculturation would be 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 hypothesized to be 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 of sexual difficulties was associated with high risk behavior of multiple concurrent partners. Positive attitudes toward condoms use were associated with consistent condom use. The desire 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 not supported, nor was a linear relationship between acculturation and sexual risk. Potential variables such as age, education, marital status, employment, and attending religious service, and attending religious service were negatively related to risky sexual behaviors.

### Social and Cultural Factors

In an exploratory, qualitative study of the contextual, family, cultural, and social factors of HIV risks among African-American women living in central Virginia were explored (Jarama, Belgrave, Bradford, Young, & Honnold, 2007). 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 the influence of gender norms on sexual attitude (Jarama et al., 2007). Social and cultural factors are known to influence HIV perceptions, protective interventions, prevention behaviors, and social status among women (Jarama et al., 2007).

Semi-structured interviews were conducted, and data subject to content analysis. Three main themes emerged from this study: 1) family influences associated with notions of sexuality, 2) trust and control associated with gender roles and the church, and 3) HIV prevention (Jarama et al., 2007). 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 (Jarama et al., 2007). This may indicate the disconnection between the knowledge of HIV transmission and vulnerability (Jarama et al., 2007).

The aim of a study by Mallory, Harris, and Stampley (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). The study used the Afrocentric Paradigm, Theory of Gender and Power, and Social Cognitive Theory as 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 the data regarding protective and risk-taking practices related to sexual transmission of HIV were Taking Responsibility and Getting Caught-up. Taking Responsibility was characterized by protective behavior such as condom use, abstinence, monogamy, and HIV testing as a function of the three factors of self-esteem, self-confidence, and self-reliance. Getting Caught-up was characterized by sexual risk-taking as a function of three factors of the man shortage, reliance on men, and sexual desire" (Mallory, et al., 2009).

This study suggested that mid-life African-American women deal with unique challenges regarding HIV prevention, developing a high level of protective behaviors (Mallory, et al., 2009). Challenges 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). Protective behaviors can provide a foundation for successful HIV interventions based on women's 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.

### **Women's Reports of Male Condom Use as an HIV Prevention Strategy**

A longitudinal cross-sectional qualitative study with 279 African American women age 20 to 44 years 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 (Dancy & Berbaum, 2005). The dependent variable of consistent condom use was mediated by the variables of knowledge about 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).

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 (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). African-American women's sexual risk behaviors are sometimes compared with other ethnic groups as in the prevention intervention study comparing African-American and Latina women's sexual HIV-risk factors, history of sexually transmitted infections, condom use, and reported knowledge and perception of partner risk (Moreno, El-Bassel, & Morrill, 2007). The women were aged 18 to 55 years, of low-income, and living in the Bronx. The four-year randomized clinical trial study examined the effect of a culturally adapted theory-driven prevention intervention with a non-random sample of low-income Latina (n=1,397) and African American women (n=921) and their main sexual partner (Moreno et al. 2007). Sexual high risk behavior was measured using selected questions from the Sexual Risk Behavior Questionnaire. The women were asked 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. Latina women had fewer sexual partners in their lifetime, and more African-American women perceived their main partner to be at risk for HIV (Moreno, 2007). Though 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 with 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 examined condom use attempts and condom use among 305 high-risk, low-income African-American women (Perrino, Fernandez, Bowen, & Arheart, 2006). Participant questions elicited information about socio-demographic data, history of 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.

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, yet 31% 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 to negotiate condom use, why some women are able to negotiate condom use, and why others are not (Perrino et al., 2006).

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 assert that specific interventions should help women prepare specific responses to accusations of infidelity and sexually transmitted disease along with effective ways of diffusing these situations will be helpful. Emphasis may have to be placed on effectively timing discussion about condom use and framing those discussion in a nonthreatening way that stresses the value of safer sex even in committed relationships (Perrino et al., 2006).

### **Female Condom Use as an HIV Prevention Strategy**

Safer sex options include the use of female condoms (FC) as a HIV prevention strategy. In an observational prospective study, 616 women aged 18 to 34 years en-

rolled in a study to assess barriers to condom use (Cabral et al., 2003). Eighty seven percent of the participants self-identified as African American and 15% self-identified as other. Seven predictor variables 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 was 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 with 280 African American women aged 18 years or older was aimed at determining prevalence of female condom use and the potential markers of using female condoms among African-American women (Holmes et al., (2008). The Information-Motivation-Behavioral Skills model was used to determine the efficacy of increasing condom use. It was hypothesized that the female condom use would be low among African-American women, and that socio-demographic and life-style factors would independently predict female condom use (Holmes et al., 2008). The participants were asked questions about their knowledge of HIV/AIDS, HIV risk perception, drug and alcohol use, condom use, intent, obstacles to using female condoms, and self-efficacy. 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, partially supporting the original hypotheses.

#### LITERATURE REVIEW CONCLUSIONS

The research reviewed here has revealed different reasons why condom use has been limited among African-American women. The reasons include low self-esteem, gender ratio imbalance, placing the needs of others above their own needs, engaging in risky behaviors in order to maintain relationships, 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 support reasons condom use have limited use or non-use in relationships.

There is a beginning effort to discuss social and 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 infec-

tion 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 processes used by African-American women to negotiate condom use with sexual partners.

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