Georgia State University
ScholarWorks @ Georgia State University

African-American Studies Theses | Department of African-American Studies

5-7-2011

An Exploratory Study: Perceptions of Power Dynamics and Sexual Decision-Making among College-Age African American Women

LaTisha Oliver
Georgia State University

Follow this and additional works at: http://scholarworks.gsu.edu/aas_theses

Part of the African American Studies Commons

Recommended Citation
Oliver, LaTisha, "An Exploratory Study: Perceptions of Power Dynamics and Sexual Decision-Making among College-Age African American Women" (2011). *African-American Studies Theses.* Paper 7.

This Thesis is brought to you for free and open access by the Department of African-American Studies at ScholarWorks @ Georgia State University. It has been accepted for inclusion in African-American Studies Theses by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

AN EXPLORATORY STUDY: PERCEPTIONS OF POWER DYNAMICS AND SEXUAL DECISION-MAKING AMONG COLLEGE-AGE AFRICAN AMERICAN WOMEN

by

LATISHA D. OLIVER

Under the Direction of Sarita Davis

ABSTRACT

This qualitative grounded study explores power dynamics and its influence on sexual decision-making amongst college-age African American women. The film *All of Us* was shown to eighteen African American women to understand how they perceive power dynamics and sexual decision-making. Taking place at Georgia State University's main campus in Atlanta, focus groups and one on one interviews were implemented. Much of the research being conducted theorize that the risk factors regarding HIV infection are related to risky sexual decision-making and lack of consistent condom use; however this study concluded that there is a relationship between sexual decision-making and gendered power dynamics.

INDEX WORDS: Power dynamics, Sexual decision making, HIV, African American, Women

AN EXPLORATORY STUDY: PERCEPTIONS OF POWER DYNAMICS AND SEXUAL DECISION-MAKING AMONG COLLEGE-AGE AFRICAN AMERICAN WOMEN

by

LATISHA D. OLIVER

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2011

Copyright by

LaTisha Dione Oliver

2011

AN EXPLORATORY STUDY: PERCEPTIONS OF POWER DYNAMICS AND SEXUAL DECISION-MAKING AMONG COLLEGE-AGE AFRICAN AMERICAN WOMEN

by

LATISHA D. OLIVER

Committee Chair: Sarita Davis

Committee: Mary Anne Adams

Patricia Dixon

Electronic Version Approved:

Office of Graduate Studies

College of Arts and Sciences

Georgia State University

May 2011

DEDICATION

I dedicate this to entire family especially my sisters, brothers, parents/step-parent, and in-laws, as well as, my love Tyrone for helping me every step of the way. Thank you for always believing in me.

ACKNOWLEDGEMENTS

I would like to express acknowledgement to all of the professors in the African American Studies Department at Georgia State University, especially Dr. Sarita Davis for her constant push and Dr. Layli Maparyan for helping me reach Africa. As well as to all of the women who participated in the study. Thank you for sharing your story.

TABLE OF CONTENTS

CHAPTER Page

ACKNOWLEDGEMENT…….....vii

1. INTRODUCTION……...1

Background……..... 2

Problem Statement…….. 5

Purpose……6

Significance of the Study…….....7

Nature of the Study…….....8

Hypothesis/Research Questions……...8

Framework, Theory, or Concept Relevant to Africana People.……...9

Definitions..……....10

Assumptions……...11

Scope, Limitations, and Delimitations…….. 11

Summary……... 11

2. LITERATURE REVIEW….....13

Title Searches…… 13

Historical Overview……...…….….. 14

Articles, Research Documents, Journals Researched……..... 15

Current Findings……...……... ……17

Summary……...…….23

3. METHODOLOGY……24

Research Method and Design Appropriateness…….25

Population Sampling and Data Collection Procedures and Rationale…….. 27

Data Analysis…….31

Validity Internal and External……....33

Summary……35

4. FINDINGS…….……36

Demographics……37

Data Analysis…….39

Summary……54

5. CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS……56

Discussions and Conclusions…….56

Implications……62

Recommendations for Future Research…….64

Summary……66

REFERENCES……..……67

APPENDIX A.……..……73

APPENDIX B.……..……76

APPENDIX C.……..……80

APPENDIX D.……..……81

APPENDIX E.……..……82

LIST OF TABLES

Figure 1: Grounded Theory...……...…….43

Table 1: Assigned Codes and Respondent's Statement…….44

CHAPTER 1: INTRODUCTION

The Centers for Disease Control and Prevention (CDC) state that African Americans account for nearly half of those living with human immunodeficiency virus (HIV) in the United States of America (2006). According to the CDC (2006), millions of HIV positive people are living within the United States and at least 20% are unaware of their status. With a history that began in parts of West Central Africa, HIV has been cited as initially surfacing over one hundred years ago amongst these nations (WebMD, 2011). The first known reported cases surfaced in the United States in California around 1981 amongst men who have sex with men and has rapidly spread since then (WebMD, 2011). The most vulnerable populations today continue to be men who have sex with men and also those of African descent.

For those infected, African American men and women both have higher rates when compared to other ethnic groups. African American men have rates that are almost three and six times as high as White and Hispanic males respectively, while African American women have rates that are nearly fifteen and four times as high when compared to White and Hispanic females correspondingly (CDC, 2008). It has been estimated from the data available at the CDC (2006) that one out of every thirty Black women will be diagnosed with HIV in their lifetime.

Globally, HIV is prominent in nations of Africa. Nearly 70% of those infected with HIV are from the southern region of Africa and nearly 60% are women (Avert, 2009). This trend is consistent for Black women throughout the continent as women in most African nations account for more than half of those infected with HIV (Avert, 2009). Issues such as violence against women and cultural dynamics continue to influence HIV infection among women in the nations of Africa. Moreover, new HIV infections amongst young women aged 15-24 account for 26% of

all new infections globally (Global AIDS Report, 2010). Women and children continue to be the group that is currently being impacted by HIV.

Although rates of infection have been steadily the same for many ethnic groups, the CDC has noted that there has been an increase in those diagnosed with HIV within the African American community over the last five years. For African American men and women from 2005-2008 rates have increased by nearly 12%; which is the largest increase of any other ethnic group (CDC, 2006). Much of the research that is being conducted theorizes that the risk factors regarding HIV infection are related to risky sexual decision-making and do not examine power dynamics. This study seeks to examine the relationship between sexual decision-making and gendered power dynamics.

Within this first chapter, sexual decision-making, power dynamics, and African American women are analyzed. The background section describes the presence of HIV amongst African American women and the epidemic's effect on the African American community, as well as, the problem. The purpose of the study and its significance is also explored within the American community. Additionally, in chapter one the nature of the study, the hypothesis, and the theoretical framework are provided. A summary of the definitions, assumptions, and the scope and limitations are also discussed.

Background

According to the CDC (2006), "the rate of new HIV infection for Black (African American) women was nearly 15 times as high as that of White women and nearly 4 times that of Hispanic/Latina women." This data illustrates the growing epidemic that is almost exclusive to African American women; the only other group with higher rates of human immunodeficiency virus (HIV) infection is African American men who have sex with men. As these rates of HIV

infection amongst African American women are increasing, mortality rates are also increasing. The CDC (2008) stated that complications due to AIDs are, “the leading cause of death for black women (including African American women) aged 25–34 years” (p. 1). This number one killer continues to impact African American women throughout their lifetime; it is both the third and fourth leading cause of death for African American women ages 35-54, only being surpassed by heart disease and cancer (CDC, 2008). In 2008 the CDC postulates that, “high-risk heterosexual contact was the source of 80% of these newly diagnosed infections” for African American women.

According to Harvey (2002), many of the factors that influence HIV infection were listed as being unaware of your partner’s status, high risk sexual behavior, and the highest rated risk factor being the woman’s biological makeup. In a comparison of gender rates, women have higher rates of sexually transmitted infections; for example, Chlamydia rates are almost three times greater for women than men. According to the CDC (2010) at least 25% of these Chlamydia infections come from heterosexual sex. African American women also have higher rates of other sexually transmitted infections and diseases. When compared to other ethnic groups it has been reported that African American women have higher rates of sexually transmitted infections and illness (CDC, 2010).

Moreover, African Americans make up approximately twelve percent of the population in the United States, but make up more than half of the new HIV infections (CDC, 2006). A large portion, more than 50%, of African Americans reside in the southern portion of the United States and many live in urban areas where infection rates of other sexual transmitted infections and diseases, such as Syphilis (446.6 per 100,000 persons) and Gonorrhea (170.5 per 100,000 persons), are reported to be very high (CDC, 2010). The state of Georgia has the third highest

numerical concentration of African Americans in the United States (Bureau of the Census, 2010). In Georgia, approximately 66% of those living with HIV are African American (CDC, 2010). Overall, the state of Georgia increased from 7th in 2007 to 6th by 2008 in the nation for those living with acquired immune deficiency syndrome (AIDS), the final stage of HIV, and 3rd for HIV rates when compared to other southern states (CDC, 2010). In 2008, the state of Georgia reportedly had 2,926 new HIV infections (McKinley-Beach, 2011). When compared to other ethnic groups, African American women residing in Georgia account for a majority of newly infected persons.

According to Leisha McKinley-Beach, “African-American women make up 83 percent of newly diagnosed female HIV cases in Georgia.” Metropolitan Atlanta is also deeply impacted by HIV rates, “DeKalb County’s 2010 Status of Health Report shows that in 2007, DeKalb had the second-highest rate of individuals living with HIV/AIDS among Georgia’s 18 public health districts. Fulton County had the highest rate" (McKinley-Beach). Furthermore, Leisha McKinley-Beach states that although, men, white and African American, account for a significant amount of the cases of people who are infected, African American women continue to grow at shocking rates. The high rates of HIV infections have lead the CDC to collaborate with other groups to initiate prevention and awareness campaigns in African American communities throughout the United States, such as the Act Against AIDS Campaign.

Within the African American community, researchers have attempted to understand why individuals knowingly place themselves at risk for contracting human immunodeficiency virus (HIV) during their sexual decision-making processes, however, many of the researchers have overlooked other dimensions, such as, perceived risk from a cultural perspective (Foreman, 2003). Other researchers have also sought to analyze power dynamics; power dynamics are

unique amongst minority groups such as African Americans because of the history of chattel slavery. Some researchers concluded that those who possess sexual power influence sexual decision-making greater than those who do not (Pulerwitz, 2000). In order to understand these cultural power dynamics in regards to sexual decision-making, a qualitative theoretical framework was necessary. This framework allowed perspectives from different aspects to be considered.

Problem Statement

Much of the research that is currently being conducted identifies the increase in human immunodeficiency virus (HIV) rates amongst African American women as being the result of factors such as lack of consistent condom utilization and has moved beyond injection drug use as the primary mode of transmission (Harvey, 2002). However, other dimensions such as culture, power dynamics, and gender have not been critically engaged in the research being conducted (Pulerwitz, 2000). Ultimately, research on HIV and African American women has been conducted in a very limited scope; more emphasis is needed on culture and sexual decision-making, which continue to be a relevant, but not deeply explored area.

Some studies have been able to argue that inequalities such as racism and poverty have a profound impact on high rates of HIV amongst women of color, which illustrates the need for utilizing an intersectional framework (Pulerwitz, 2000). This intersectional approach is critical because African American men and women have a different gender dynamic than other ethnic groups in the United States of America (Foreman, 2003). Using an intersectional approach to culture and sexual decision-making among African American women would add to the body of knowledge and explain how both gender and power influence risky sexual behavior.

Purpose

The purpose of the study was to examine how power dynamics influence sexual decision-making amongst college-age African American women. A qualitative grounded study using a Grounded Theory approach to analyze the intersectionality of gender, race, and risk was conducted. Twenty-one college-age African American women who were students at Georgia State University in Atlanta, Georgia were recruited; however only eighteen could attend. Demographic information such as age, year in school, permanent/home zip code, and current relationship status was collected before students participated in the study. An opportunity to attend a focus group session was expressed in undergraduate African American Studies courses, through online social networks, and through flyers disseminated in local residence halls. The students were solicited from Georgia State University's main campus in upper and lower division African American Studies courses and included a range of majors and minors.

A screening questionnaire was distributed to all students explaining the purpose of the study and asking about their interest in participation (Please refer to Appendix B). Students who meet the eligibility criteria and expressed an interest were contacted later for follow-up. The researcher contacted students who were eligible and who were interested via the contact information provided on the screening form. The researcher explained the study, risks, as well as, benefits and secured consent (Please refer to Appendix A). The researcher continued recruitment until 21 participants had been secured, but only 18 were able to attend.

Next, the researcher scheduled 3 focus groups of 5-7 participants who viewed the 2008 documentary *All of Us* and completed a brief questionnaire about power dynamics. *All of Us,* follows the lives of two HIV positive women living in New York, NY. Both ladies, Tara and Chevelle, were former drug users who were surrounded by city issues such as extreme poverty

and sexual abuse. This documentary provided insight into understanding HIV from a cultural perspective. It illustrated the similarities in sexual decision-making amongst African American women across socio-economic class and educational backgrounds. This documentary explored both the cultural aspect, as well as, the gendered power dynamics in regards to sexual decision.

Significance of the Study

This study is important because it incorporated the use of intersectionality research methods in understanding sexual decision-making amongst African American women. Intersectionality is an analysis that incorporates elements such as race, gender, sexuality, and socio-economic class into its analysis stemming from Black Feminist Theory (Collins, 2000). African American women have higher rates of HIV infection than any other ethnic group and most are contracted during heterosexual intercourse. Since women are becoming infected by men, a research study that critically examines gender and power was necessary; that intersectional approach is what this study provided.

Furthermore, the intersectionality of race, class, and gender is a concept that is rarely used outside of the social sciences for public health research such as those evaluating the influence of human immunodeficiency virus (HIV). Intersectionality, as a framework, stems from social science disciplines such as Women's Studies and African American Studies. This intersectionality approach therefore provided critical insight ranging from a social framework to a public health issue.

Finally, this research contributes to the existing body of knowledge for current and future research engaged in analyzing HIV risks among African American women. It may increase other research that integrates intersectionality into their studies on African American women and HIV. It contributed to the participants becoming engaged in research that helped them to become the

leaders of their own personal health; there was also an increase in personal HIV prevention strategies among the participants in the study.

Nature of the Study

The research study analyzed the influence of power dynamics and gender amongst African American women about their sexual decision-making process by using a qualitative research method. The nature of the study was to provide a synopsis of the research design, as well as, what distinguished grounded theory from other research designs that could have been implemented for the study. Grounded theory is essential because it provided room for African American women to actively engage in the research. Through active participation in the research, the African American women participating in the study were able to give perspectives into gender and power dynamics. A theoretical study achieved this in two ways: the participants defined power dynamics and sexual decision-making through a cultural perspective and the respondents felt empowered and wanted to participate through this feeling of inclusion. This section concludes with the argument for the utilization of grounded theory in comparison to other methodologies.

For African Americans, research has always been a double edged sword. In many studies African Americans have served as the object of experiments rather than the subject of research, which has led to their objectification. Through grounded theory the participants are able to guide the research and their concerns with the research topic can be addressed.

Hypothesis/Research Questions

The research question provided insight into power and gender dynamics amongst African American women when it comes to sexual decision-making. In order to build upon the responses provided by the participants, one question guided the study. The question offered insight into

both power dynamics and its influence on sexual decision-making amongst college-age African American women. The primary question is:

1. Tell me about the sexual decision-making power dynamics that you notice in the scenes from the film *All of Us.*

This question sought to understand how African American women understand sexual risks and if power dynamics influence factors such as consistent condom usage and partner status knowledge. Much of the data that has been collected has shown that the increase of HIV rates amongst African American women is stemming from lack of consistent condom use, while other researchers argue that their partners influence their sexual behavior.

Framework, Theory, or Concept Relevant to Africana People

There exists a long tumultuous history of research being conducted within African American communities. In works such as *Medical Apartheid*, medical research has been linked to abuse and has lead to cultural mistrust amongst African Americans. This is evident through events such as the Mississippi Appendectomies, which was brought to the forefront by activist Fannie Lou Hamer. In Mississippi, many African American women were the victims of forced appendectomies, some never knowing that they had the procedure until years later. The Tuskegee Experiment, where the researchers failed to tell its participants the true nature of the study, also brought to the forefront the issue of ethical research needing to be conducted within African American communities. Therefore, it is imperative that the research being conducted within African American communities is for African Americans' well-being and not for the purpose of objectification. Therefore, to accomplish this, the framework Black Feminist Theory was utilized for this research. Black Feminist Theory addresses the scope of intersectionality that

was conducted within this study and allowed for a cross-sectional approach that is often times missing from the current research.

Definitions

Power: Relationship power amongst heterosexual African Americans in regards to sexual decision-making. There is no consensus on the definition of relationship power (Pulerwitz, 2000). Power is a ubiquitous term, one expressed at many levels (e.g. societal organizational, interpersonal, individual), which may help explain the difficulty of finding a universally accepted definition (Yoder & Kahn, 1992).

African American: Those who are of sub-Saharan African descent whose ethic origins are in the United States of America.

Perceived Risk: Risk of contracting HIV.

Risky Sexual Behavior: Lack of consistent condom use and lack of knowing partner's current HIV status.

Sexual Decision-making: Ideas that influence judgment during intercourse.

HIV: the human immunodeficiency virus. It is the virus that can lead to **a**cquired **i**mmune **d**eficiency **s**yndrome, or AIDS. There are two types of HIV; HIV-1 and HIV-2. In the United States, unless otherwise noted, the term "HIV" primarily refers to HIV-1. Both types of HIV damage a person's body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases (CDC. 2010).

AIDS: Acquired Immune Deficiency Syndrome, or AIDS. AIDS is the late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers (CDC, 2010).

Assumptions

Due to the sensitivity of the topic it is assumed that some of the answers collected during the research may not have been the exact answers the respondents would have provided under more private circumstances. Furthermore it is also assumed that some of the answers, responses, may not have been entirely true due to the participants' fear of stigma, being judged, or being labeled by the other participants or the researcher. It is also assumed that since the participants were college students that they may have had more general HIV knowledge than to those who have never been to institutions of higher learning.

Scope, Limitations, and Delimitations

The scope of the sexual risk study was to analyze power dynamics amongst college-age African American women during their sexual decision-making process. There were some limitations present in the study. These will be discussed further in later chapters. One limitation was the location of the population being recruited for the study, as well as, the size of the population being recruited. Due to the small sample size, application of the research to the general African American community cannot be aptly applied. Also, since the participants are college students it cannot be applied generally to individuals who are not pursuing some form of higher learning. Also, since the participants were recruited from a college campus some of the participants may be aware of some HIV prevention strategies.

Chapter Summary

The first chapter presented the need for analyzing HIV rates amongst African American women. As discussed throughout the chapter, the research that has been conducted does not include the cultural power dynamics and gender within the African American community (Kyomugisha, 2006). This research is significant because it connects the need to use an

intersectional approach in public health research. Kyomugisha (2006) stated, that "public health messages and other HIV prevention programs have had limited success in African American communities compared to other communities, such as Caucasian and gay communities" (p. 38). Other researchers have posited that minorities such as African Americans have non-traditional gender roles and argue that women assert their relationship power (Harvey, 2002).

Furthermore, although African Americans comprise only 12-13% of the United States population nearly half of the AIDS related deaths were African American men and women (Kyomugisha, 2006). The purpose of this research, therefore, is to increase the understanding of perceived gender-related power structures that influence heterosexual African American women's sexual decision-making. Moreover, the literature that has been published on HIV within the African American community is going to be discussed. A literature review illustrated the importance of an analysis of the intersectionality of women, cultural power dynamics, as well as gender. All of these dynamics will be further discussed in chapter 2.

CHAPTER 2: LITERATURE REVIEW

The purpose of chapter two is to examine the gaps present in the literature on power dynamics amongst African American women during their sexual decision-making processes. This chapter will explore the various title searches utilized, the articles reviewed, any research documents or journals explored as well as the historical overview and current findings on power dynamics amongst African American women during their sexual decision-making processes.

The Centers for Disease Control and Prevention state that nearly 80% of the newly diagnosed cases amongst African American women are contracted through heterosexual contact. According to the CDC a shift has occurred from injection drug use being the primary mode of infection for African American women, to high risk heterosexual contact being the primary mode of infection (2010). Through a review of the current research, various studies have found that African American women have higher rates of HIV due to a myriad of factors stemming from improper condom usage to high-risk heterosexual contact. Researchers also argue that African American women "knowingly place themselves at risk" for contracting HIV contrary to present research, which has found inconsistent condom usage, gender imbalances, and socio-economic status to be primary determinants. This study however, proposed that African American women are not "knowingly" placing themselves at risk, but they are more at risk because of three critical intersecting aspects: race, gender, and power.

Title Searches

During the literature review process, key terms such as African American, women, and HIV were consistently utilized in the search and currently much of the research cited inconsistent condom use as being the most common primary factor for contraction. Condom negotiation amongst women of color seems to be the overarching theme, suggesting that inconsistent

condom usage is a direct result of their partner's decisions too; not solely the woman's. However, a dimension such as perceived power dynamics and its influence on sexual decision-making has not been critically evaluated in studies examining HIV infection amongst women of color.

Historical Overview

In terms of prevalence of HIV infection, a grim picture emerges when understanding the impact of this pandemic. According to the UNAIDS global statistics from 2010, there are at least 33 million people living with HIV/AIDS throughout the world, many of whom are residing in countries in Africa and Asia. Countries such as Nigeria and India have millions of people living with the HIV virus. Furthermore, from its prevalence trend this virus is not solely restricted to developing nations such as those found in Africa and Asia. As of 2005, the United States of America ranks tenth in the world for the amount of those living with HIV (CIA World Fact Book, 2005). This is in stark contrast to other nations around the world that resemble the United States ethnically and socially; such as Canada which ranks 61st and the United Kingdom who ranks 64th. The United States has a much higher prevalence rate than many other westernized nations. In the United States of America HIV prevalence rates are steadily increasing amongst men and women of color in the southern portion of the country. States such as Georgia and South Carolina have staggering rates of those infected by HIV and those infected are disproportionally represented. According to the CDC more than half of those living with HIV in the American South are members of the African American community, which closely resembles those affected worldwide.

In terms of progression, AIDS, which is the last stage of HIV, rates are also very high in the southern portion of the United States. The state of Georgia ranks high among those living

with both HIV and AIDS, and 8th in the country for AIDS cases being reported (Kaiser Permanente, 2008). Furthermore, rates of HIV infection have increased over the past decade in Georgia, whereas other states have witnessed a decrease in rates. The capital of Georgia, Atlanta, is profoundly affected by HIV/AIDS. In terms of prevalence the city of Atlanta ranks 8th when compared to any other metropolitan area in the United States. Atlanta has more than eight-thousand people living with AIDS and hundreds more are reported annually. African Americans are deeply impacted by those living with AIDS/HIV in the city of Atlanta. In the state of Georgia African Americans make up nearly 30% of the state population and approximately 65% of the state's capital population, but account for more than half of those infected with HIV.

Articles, Research Documents, Journals Researched

The Drug Epidemic

The previous research during the early stages of HIV infection amongst women of color found one's socio-economic status and injection of drugs as determinates of infection. It was originally argued that African American women contracted HIV from infected blood during unclean needle exchanges (Wingood & DiClemente, 1998) . With the drug epidemic of the 1980s being rampant in African Americans communities this hypothesis was once a realistic insight into HIV infection rates. During the early years of the epidemic, heterosexual contraction only "represented a small number from .5 to 5% from 1981-1989" (Fullilove, Fullilove, Haynes, & Gross, 1990, p. 47).

HIV infection rates amongst African American women have been attributed to many factors, however, much of the "blame was placed on the crack epidemic increasing risky sexual behavior, exchange of sex for money" (Fullilove et al., 1990). Researchers Wingood and DiClemente (1998) stated that of the cases of African American women infected with HIV

during the 1990s at least “41% are attributed to injection drug users” (p. 30). The statistics during 1994 were still bleak as it was “the fourth leading cause of death among women 25-44 years of age” (Wingood et al., 1998, p. 29). Cole (2005) argues that since the beginning of the AIDS crisis until 2003 at least half of the reported HIV infections among African American women were the result of the use of contaminated needles during drug exchanges and having unprotected heterosexual intercourse with partners who were also using contaminated needles.

According to researcher Foreman (2003), a deeper look into the sexual risk behavior of African American women who are not drug users or disadvantaged economically or socially is necessary in order to provide insight into all African American women. It was also argued by Wingood et al. (1998) that other factors in the African American community, such as having unprotected heterosexual intercourse, was increasing as the primary mode of HIV transmission when compared to any other mode during the 1990s.

Level of Knowledge

Some studies have argued that a decreased level of HIV prevention knowledge can lead to an increase in HIV infection rates. Researchers Braithwaite et al. (1998) argued that high levels of HIV prevention knowledge ideally can decrease unsafe sexual practices within the African American community, such as unprotected sex, but there is limited research on the topic. Other researchers, such as Alleyne and Gaston (2010), argue that dimensions such as gender-ratio imbalances within the African American community can affect students attending universities and that this particular dimension has not been critically investigated in relation to level of HIV knowledge.

Researchers Alleyne and Gaston (2010) argue “that African American women are disproportionately affected by HIV/AIDS because there is a discrepancy attributed to the

relationship between preventive behavior and the perception of risk," as well as, level of knowledge (p. 136). There are also cultural elements that influence sexual decision-making within the African American community that must also be explored in regards to perceived risk (Alleyne & Gaston 2010). In terms of exposure, students that are currently in college are vulnerable to HIV exposure due to factors such as alcohol consumption and engagement in other risky sexual behavior that may influence sexual decision-making regardless of level of knowledge. (Davis, Sloan, MacMaster, & Kilbourne, 2007; Lewis, Melton, Succop, & Rosenthal, 2000; Opt & Loffredo, 2004).

Current Findings

Sexual Decision-making

Some of the literature further argues that the power of condom negotiation, as well as, power in sexual decision-making is the most critical determinants of HIV infection rates. According to researchers Harvey and Bird (2004) they stated in their article, "if a woman wants to use male condoms, she must get her partner to use them" (p. 2). There have been many studies that argue that women who have more sexual power in their relationships can better negotiate condom usage; this can be applied to African American women. Those who report to have power in their relationships have sexual decision-making power as well and will engage in healthy sexual practices such as condom usage (Harvey & Bird, 2004). Furthermore Bird and Harvey (2004) posit that researchers such as Wingood and DiClemente (1998) argue that there is a relationship between African American women who do not posses sexual decision-making power and lack of condom negotiation.

There are also other factors listed that have been associated with lack of power in negotiating condom usage. Harvey and Bird (2004) postulate that fear of their partner's reaction

can influence condom negotiation amongst women. Harvey and Bird (2004) also argue that some "studies suggest that some African American women perceive that they cannot insist on condom use because they have insufficient power in their relationships (e.g., Fullilove, Fullilove, Haynes, & Gross, 1990; Weinstock, Lindan, Bolan, Kegeles, & Hearst, 1993; Wingood, Hunter-Gamble & DiClemente, 1993)" (p. 3). However, Bird and Harvey (2004) argue that these studies need a cultural evaluation and state that this research may be an overstatement among women of color, such as African American women. It has been argued through many studies that women of color, specifically African American women, are assertive in their sexual decision-making processing this includes condom negotiation and utilization (Bird & Harvey, 2004).

In addition, researchers Amaro and Raj (2000) argue that studies that evaluate women and sexual decision-making power do not provide a cultural analysis and that these sexual decisions are connected to interlocking systems of oppression such as racism and sexism. However, in regards to understanding power and its effect on sexual decision-making, other studies have argued that relationship power, not interpersonal power, is a better determinate of condom utilization. These researchers are fundamentally hypothesizing that those who negotiate condom usage hold the power in their sexual relationships and their overall sexual health. Through a cultural framework researcher Foreman (2003) argues that sexual decision-making encompasses a multitude of different elements ranging from people, thoughts, and even personal definitions of sex.

Foreman (2003) further postulates that, women who do not posses sexual decision-making power may not be able to communicate effectively with their partners about sexual risks and that these gender imbalances among African American men and women can be attributed to a myriad of dimensions, such as, reliance on traditional Western gender roles that encourage

males being the sole economic providers, lack of socio-political networks, gender ratio-imbalances, and gendered threats of sexual violence against women. Often times these dimensions would place African American women at a disadvantage and increase their level of risk for HIV infection.

Bowleg, Belgrave, and Reisen (2000) suggest that women of color who are in monogamous relationships do not usually see themselves at risk for contracting HIV and may not take steps to protect themselves due to traditional gender roles. Corneille, Zyzniewski, and Belgrave (2008) primarily argue women, including those who are not married, are still affected by gender roles and lack of sexual decision-making power still exists amongst women of color. Although it is argued that African American women do not have traditional gender roles, they do still have gender ratio imbalances that influence sexual decision-making processes (Corneille, Zyzniewski, and Belgrave, 2008).

Power

In terms of power amongst African American women during their sexual decision-making processes, power can be defined in many ways. Sexual decision-making power dynamics amongst African American women influence HIV infection rates. By making power dynamics the center of analysis when understanding sexual decision-making, a new perspective can be initiated that provides insight into how African American women perceive their level of risk for contracting HIV. This dynamic [power dynamics and its influence on sexual decision-making] should be better explored when analyzing HIV infection rates for African American women. Powerlessness has dire effects for a group that is often times mistreated and kept out of the power spheres on all social and political levels.

Furthermore, power exists in many different spheres, some stemming from domination to equality, and also to roles that one has in one's social or familial life (Pinderhughes, 1989). For minorities, specifically African American women, issues of power can be connected to many aspects. For those who are not in control or do not posses power, they seek power or control in other ways including engaging in risky sexual behavior, this can be attributed to the search for relationships that provide protection from dominating forces (Pinderhughes, 1989).

For African American women, some researchers theorize that power in their sexual decision-making processes can be linked to their ability to control certain aspects of their relationships. According to Harvey and Bird (2004), "participants believed that women's sense of power in their relationships came from (1) knowing what they want and having autonomy and control; (2) the quality of their relationships; (3) having resources to provide for their families; and (4) physical attractiveness and sexual factors" (p. 2). However many studies did not have a cultural center for understanding the responses of their participants. In an effort to shy away from research that has focused on behavior modification, rather than dialogue on systematic oppression, let us allow for new studies to focus on understanding power dynamics and sexual decision-making from a cultural focus.

Female Condom Efficacy

As explored in previous sections, condom negotiation is one of the primary factors in understanding risks in HIV exposure. According to the literature, the reliance on male condoms forfeits power from the female to the male partner in sexual decision-making. Although there is limited literature on understanding female condom use amongst African American women in college settings, there has been some research about their use and attitudes associated with their use on adolescent African American females, inner city African American women, and women

in African nations such as Nigeria (Latka, M.H., Kapadia, F., Fortin, P, 2008; Meekers, D., Richter, K, 2005). These studies have found a correlation between female condom use and power dynamics.

Globally male condoms are more popular, widespread, and readily accessible, but their use relies primarily on the male partner, whereas the benefits of using a female condom are not expounded upon (Okunlola, Morhason-Bello, Owonikoko, & Adekunle, 2006, p. 353). The female condom has an extensive history; made available during the 1980s, its main goal was to provide women with the ability to have control over their sexual decision-making processes (Hoffman et al., 2004; Deniand, 1997; Okunlola, Morhason-Bello, Owonikoko, & Adekunle, 2006). Available in both polyurethane and latex, it can serve as an alternative to male condoms for sexual intercourse, yet it provides the woman the freedom to be spontaneous and safe from unplanned pregnancies, STIs, and STDs. Overall the female condom "has gained some popularity in over 70 countries including the USA, Zimbabwe, and Ghana" (Okunlola, et al., 2006, p. 353). It also serves as the only female-initiated method of protection against HIV and STIs (Napierala, Kang, Chipato, Padian, & van der Straten, 2008).

There are also concerns associated with female condom use such as the fear of partner's refusal, its higher cost when compared to male condoms and lack of knowledge on how to properly use the condom. However, some studies do argue that female condoms can play a major role in increasing female power during sexual decision-making and may be useful in countries that are male dominated. It can increase sexual decision-making power amongst women by boosting "bargaining power in achieving safer sex" (Okunlola et al., 2006, p. 355). Furthermore, one study also found that since male condoms are controlled more so by male partners there is a

need to amplify the knowledge of the effectiveness of female condoms amongst African American women in urban areas to better negotiate safer sex (Holmes et al., 2008).

Black Feminist Theory

Sexual decision-making and power dynamics are organically unique amongst minority groups such as African Americans because of a shared history of chattel slavery. Ultimately, research on HIV and African American women has been conducted in a very limited scope, omitting the correlation of culture and sexual decision-making from the research. In order to understand HIV infection rates and sexual decision-making, a theoretical framework such as Black Feminist Theory is required. Black Feminist Theory is a theoretical framework that is similar to Feminism, yet it is more culturally based in its approach. Black Feminist Theory can be used to analyze intersecting identities, such as race, gender, and sexuality when trying to understand a particular segment of people. Black Feminist Theory seeks to place women of color within the center of the research being conducted; it promotes the utilization of a cultural perspective for understanding the organic lived experiences of women.

Through its definition, it is evident that Black Feminist Theory is able to encompass a variety of intersecting identities. It contains a cultural historical background rooted in community activism and engages in several different aspects of African American identity. It also promotes gender equality and incorporates the use of male perspectives, not to be confused with patriarchy, into its definition. This is not always evident for theoretical frameworks such as Feminism, which lacks a cultural component. Feminism, unlike Black Feminist Theory, does not seek to place an emphasis on the lived experiences of women of color. Black Feminist Theory, however, does not omit the relevancy of culture and digs deeper in understanding those who are often times “othered,” regardless of perceived segmented positions of power experienced by

African American men. The inclusion of this relevancy is why Black Feminist Theory has been selected for this study. Although it is evident that other researchers have included a cultural framework, few of them use a framework that stemmed from the lived experiences of African American women. Therefore, this study seeks to add to the literature on the experiences of African American woman from their perspective with the utilization of a framework that is also Afro-Feminist.

Chapter Summary

Although there are many interlocking systems and dimensions that influence sexual decision-making, the most critical aspect that would help to understand African American women is missing within the literature. It is evident through the literature that a critical framework that engages in the voices of African American women is integral to understanding how African American women understand level of sexual risks. Whereas Bowleg, Belgrave, and Reisen (2000) argue that although other researchers incorporate a critical analysis of power dynamics, most researchers do not include a cultural framework in their analysis. Furthermore, through the use of a cultural framework that derives organically from the lived experiences of African Americans, one can hope to gain significant insight into understanding power dynamics and level of HIV risks amongst African American women.

CHAPTER 3: METHODOLOGY

This chapter outlined the methodology selected for this research study. The research method and design appropriateness will be explored. The population, sampling, and data collection procedures as well as the rationale will be illustrated as well. Both internal and external validity will be discussed and the data analysis will be identified. The chapter summary will conclude the argument for a Grounded Theory study in order to assist in the understanding of perceived power dynamics and sexual decision-making amongst African American women.

The purpose of this study was to examine perceived power dynamics amongst African American women during the sexual decision-making process of 18 self-ascribed African American heterosexual college-age female students who were enrolled at Georgia State University in Atlanta, Georgia. As illustrated in chapter two there have been a limited number of research studies that analyze power dynamics in African American heterosexual relationships from a gendered perspective while utilizing a cultural theoretical framework. As illustrated throughout the literature the perspectives or opinions of African American women have been displayed through a limited measure within much of the research. Nonetheless, this particular research sought to add to the research explored in the literature review.

This study hoped to illuminate the lived experiences of African American women and provide critical insight into their perceived power dynamics of their sexual decision-making processes. Moreover, chapter three will begin with the delineation of the format for the research study. It will also explain why a qualitative research method was applied to the study, as well as, argue why Grounded Theory proved to be the most effective theory in understanding African American women and their sexual decision-making as it related to perceived power dynamics. This chapter will explain and explore the design appropriateness of the research study. Chapter

three will also contain a discussion of the reasoning for the population selected for the study, sampling, the data collection procedures including explaining the utilization of a focus group, as well as, the rationale. There will also be an exploration of both internal and external validity plus reliability. Finally, this chapter will then conclude with a discussion of the data analysis.

Research Method and Design Appropriateness

As explored in the second chapter, a cultural theoretical framework that engages in the lived experiences of college-age African American women currently enrolled in higher educational settings is absent from the literature on the influence that power dynamics has on sexual decision-making. A variety of assorted methods were considered for the study however a qualitative approach was selected because it allowed for more participatory research. While there are qualitative studies on HIV and African American women, many do not focus on perceived power dynamics and sexual decision-making. Furthermore, the use of a qualitative method encouraged them to be more proactive about their sexual health after learning the multiple ways of infection. A qualitative method helped to humanize the participants in a way that gave a voice of empowerment to the African American women respondent who participated in the study; a voice that is sometimes silenced in research.

Contrastingly, this is dissimilar to quantitative research, which can occasionally transform the voices of African American women solely into numerical figures. Although both quantitative and qualitative have their benefits, this study provided a texture and a voice to the data, not generalize the responses elicited from the participants. Additionally, qualitative studies seek to understand the participant in his or her own natural setting, allowing for authenticity to the research (Creswell, 2007). What's more, qualitative studies utilize a theoretical lens, which was imperative to the nature of this particular study in order to truly understand the organic lived

experiences of African American women (Creswell, 2007). Qualitative studies also seek to understand the data in multiple ways. Interpretive inquiry is a method utilized in quantitative studies it allows for the participants in a study to actively deduce the data as well (Creswell, 2007). All of these elements were emphatically employed in this study and they adequately demonstrated why a qualitative method was the most effective for this research. For this study Black Feminist Theory was applied as a framework; participants were involved through focus groups to help guide the study. The study was conducted on Georgia State University's main campus, which is where the participants spent a lot of their leisure and academic time.

Furthermore, this study utilized a qualitative analysis using a Grounded Theory approach to analyze the intersectionality of gender, race, and risk for HIV contraction. As explored in the literature, Grounded Theory is not consistently utilized within studies on African American women and HIV; of the studies analyzed in the literature review none of them utilized Ground Theory as a primary analysis. Although there are other approaches to qualitative research, Grounded Theory was selected for a myriad of reasons. A Narrative would not have allowed for insight into a particular segment or group as it only explores the lived experiences of a single individual. Moreover, neither Phenomenology nor Ethnography was able to provide a critical theory to explicate the HIV epidemic amongst African American women.

Contrastingly Grounded Theory, a theory that examines multifaceted experiences, was selected for the reason that it would allow for significant insight into the complexities of HIV infection rates amongst African American women. Also Grounded Theory is best used when little is known about the area of research. Therefore, Grounded Theory was the qualitative method best suited for this type of research study because the particular segment of people

designated for the study helped to create the voices of African American women and established a theory for understanding severe HIV rates amongst the African American community.

Population Sampling and Data Collection Procedures and Rationale

Twenty-one college-aged African American women who were students at Georgia State University in Atlanta, Georgia were recruited, but only eighteen participated. Atlanta, Georgia was ideal for many reasons specifically since, "African American women are disproportionately affected by HIV/AIDS, particularly in the Southeast of the United States" (Corneille et al., 2008, p. 217). At least 66% of those infected with HIV living in the state of Georgia are African America. African American women have high rates of HIV infection in the south and this trend has been steadily escalating for many years and beginning as far back as the 1990s (Wingood & DiClemente, 1998). Additionally as it was demonstrated in the literature review, college students are at a high risk of contracting HIV due to their engagement in risky sexual behavior and many other factors such as gender ratio-imbalances (Harvey & Bird, 2004) Also, Georgia State had an African American student population of 36%; roughly 20% of which are women between the ages of 18-24, Georgia State University was an ideal site for the study (GSU, 2009).

The participants were recruited utilizing simple stratified sampling based on ethnicity, gender, then age. Those selected were able to provide some insight into sexual decision-making amongst college-age African American women because they were members of the group being explored. Therefore it was imperative for participants to meet certain basic criteria before being selected for participation in the study. Any potential participant had to ascribe themselves as being African American, a woman, and they had to be college-age, they must have had at least one heterosexual sexual experience, and must have been in at least one monogamous heterosexual relationship. The researcher collected the demographics which included background

information such as age, year in school, permanent/home zip code, and current relationship status before students participated in the study. An opportunity to participate in the study was given in selected undergraduate courses within the African American Studies Department during the spring semester of 2011.

The students were solicited from Georgia State University's main campus in upper and lower division African American Studies courses. Flyers were posted in the African American Studies Department, local residence halls, and the main library. Electronic email messages were sent and verbal announcements in designated courses were made after contacting various professors in the African American Studies Department. A screening survey was distributed to all students explaining the purpose of the study and asking about their interest in participation. Students who met the eligibility criteria and expressed an interest were contacted by the researcher for follow-up (Please refer to Appendix B). The researcher contacted only students who were eligible and who were interested via the contact information provided on the screening form. The researcher explained the study, risks, benefits and secured consent. The researcher continued recruitment until 21 participants had been secured, however only 18 of the 21 recruited participants were able to participate.

The research took place in three phases. First, the researcher scheduled and conducted three focus group sessions of six participants, including the participants from the interviews. All of these participants completed and signed a consent and confidentiality form during the focus groups and during the interviews. The signed consent and confidentiality ensured privacy for any participants. The researcher answered any questions or concerns pertaining to the study. The consent and confidentiality form was immediately collected thereafter and they were provided with a copy. Respondents were allowed to leave the study for any reason if they chose not to

participate. During the focus group sessions, students were allowed to explain their perceptions of the scenes they viewed. Any themes that were present were also recorded in the one on one interview sessions for the participants to expound upon. After the focus groups the researcher scheduled and conducted interviews with three respondents that participated for the focus groups. The interviews were conducted by the researcher one on one. The three participants were asked additional questions to identify themes focusing on power dynamics and sexual decision-making. The individual interviews were not expected to last more than one hour and they did not exceed that time limit. Thirdly, the data collected from the focus groups and interviews were further analyzed with the assistance of designated scholars on power dynamics and sexual decision-making amongst African American women.

During the focus groups participants were asked to participate in a brief questionnaire examining perceived power dynamics and sexual decision-making after viewing three specific scenes from the 2008 film *All of Us,* directed and produced by Emily Abt, which is approximately twenty-five minutes in length. *All of Us* is a documentary that follows the lives of two HIV positive women residing in the Bronx borough located in New York, NY. Both ladies, Tara and Chevelle, were former drug users who were surrounded by a complex system of oppression and dire circumstances, consistently combating barriers such as extreme poverty and sexual violence and abuse. Dr. Mehret Mandefro is an Ethiopian Harvard trained medical physician and is the central character and the narrator of the film.

There were three scenes selected. The first scene showed Dr. Mandefro asking Tara and Steven who is in control of sexual decisions in their relationship. The second scene showed Dr. Mandefro attending a community center with Tara. This scene included a roundtable discussion about sexual decisions and power dynamics with women within the community. It also showed

Dr. Mandefro facilitating her own roundtable discussion about power dynamics and sexual decision making among her friends, which she called the truth circle. The last scene showed Dr. Mandefro grappled with similar relationship issues as her patients such as monogamy and disclosure. These scenes were selected to provide insight into understanding HIV from a cultural perspective and it illustrated the similarities in sexual decision-making amongst African American women across socio-economic class and educational backgrounds. These scenes explored both the cultural aspect as well as the gendered power dynamics in regards to sexual decision.

In order to understand how power dynamics influence sexual decision-making and how that may influence HIV rates a brief questionnaire was utilized. The brief questionnaire contained this primary question to guide the discussion (Please refer to Appendix C).

1. Tell me about the sexual decision-making power dynamics that you notice in the scenes from the film *All of Us.*

They will also be asked these probing questions in the focus group sessions.

1. Who is in control of the sexual decisions, such as condom use, in the film?
2. Do you think most African American women encounter this control, or lack of control, in their sexual decisions? If so, how?
3. Why do you think African American women defer to African American men when making sexual decisions?
4. Do you think African American women are disproportionately affected by who makes decisions regarding their sexual health? If so, how?

The focus group was selected because it enhanced respondent participation. The focus groups took place in reserved study rooms in the library on Georgia State University's main

downtown campus. Due to its structure, focus groups helped to facilitate more group discussion (Berg, 2001). Since sexual health is a sensitive topic a small focus group, groups containing seven participants or less, provided a comfortable space for participants to speak freely amongst others about their opinions. Furthermore, contrary to quantitative studies, qualitative studies do not gauge its relevancy by numerical standards; therefore a small sample size of 18 was sufficient.

For a deeper understanding of power dynamics and its relationship to sexual decision-making interview sessions were utilized for this study. The interview sessions, "allow people to convey to others a situation from their own perspective and in their own words" (Kvale, 1996). Therefore, interviews were used to gain a deeper understanding from the viewpoint of an individual African American woman. The following questions were asked during the interview sessions (Please refer to Appendix D):

1. In general, do you think African American women are more likely to defer to African American men regarding sexual decision-making? Explain.
2. Can you tell me about a time in your life when you were not in control of sexual decisions, such as condom use? If so, explain.
3. If not, how did you manage to avoid these issues?

Data Analysis

The data from the interviews and focus groups was analyzed using open, axial, and selective coding. The responses during the focus groups and interviews were transcribed, compiled and sorted into different categories in order to assign different codes. Different themes began to emerge from the data during this initial open coding process. Two other assistants with a background in consultation, focus group facilitation and non-profit experience were recruited

for the analysis and all three researchers compared with each other the different categories they created. This process was repeated and compared until no further themes emerged. The initial comments from the focus group sessions helped to contextualize the themes that formed. These responses from the focus group sessions helped to create main categories; however the one-on-one interviews aided in providing concrete examples from African American women. The interviews were also able to add more depth to the themes as well as understand perceptions of individual versus collective risks.

The analysis began with open coding extracted from the participants responses from the primary and probing questions asked during the focus group and interview sessions.

1. Tell me about the sexual decision-making power dynamics that you notice in the scenes from the film *All of Us.*
2. Who is in control of the sexual decisions, such as condom use, in the film?
3. Do you think most African American women encounter this control or lack of control in their sexual decisions? If so, how?
4. Why do you think African American women defer to African American men when making sexual decisions?
5. Do you think African American women are disproportionately affected by who makes decisions regarding their sexual health? If so, how?

During the one-on-one-interview sessions further questions were posed to the participants:

1. In general, do you think African American women are more likely to defer to African American men regarding sexual decision-making? Explain.
2. Can you tell me about a time in your life when you were not in control of sexual decisions, such as condom use? If so, explain.

3. If not, how did you manage to avoid these issues?

Responses from this question were piled into multiple categories to understand perceived risks and power dynamics. Perceived risk is significant in understanding HIV rates amongst African American women as explored in the literature review. Power is also an important element amongst African American women being able to make their own sexual decisions. Followed by this was axial coding in which new ideas were pulled from the codes created in open coding. Factors such as frequency and inclusiveness will be utilized in sorting. During axial coding the data was segmented into three components which sought to understand phenomenon, casual conditions, context, intervening conditions, action strategies, and consequences. Lastly selective coding was utilized in which power and perceived risks were the primary coded; this also utilized theoretical sampling.

Validity Internal and External

Although it is difficult to compute reliability in qualitative studies there are some ways in which to ensure some validity controls. In Grounded Theory, validity can be accounted for in various ways. The most common ways to ensure validity would be through checks and balances. The checks and balances would make certain that the study is indeed measuring what it is proposed to measure. These measures could contain many ways to establish internal and external validity, such as, accurate note taking and taped sessions. Construct validity was also accounted for by ensuring that participants understood the definition of power dynamics as being those in control of condom use. The participants were provided this definition in each session.

Internal Validity

To ensure accuracy of the data collected and to account for internal validity for the study various measures were applied. In order to account for internal validity note taking was utilized

during the course of the entire study to provide internal validity. This included not taking in a journal during the focus group and one-on-one interview sessions in which every thought of the study was recorded and kept by the researcher for the duration of the research. In order to ensure the privacy and confidentiality of participants the journal will only be seen by the researcher and primary investigators. The journal is a way to provide a review, if deemed necessary, of the various steps being taken for the study. To also account for internal validity the researcher remain unbiased in any thoughts or opinions exchanged in the study to encourage accurate responses from participants during the focus group sessions. Therefore, internal validity was accounted for in those steps.

External Validity

According to researcher William M.K. Trochim (2006), external validity can also be defined as being able to generalize. Moreover, external validity can be generalized to future studies and any assumptions proven in the study can be applied to other similar research studies (Trochim, 2006). Although external validity cannot be truly accounted for in the study because the participants for the study are not representative of the entire population at large, certain measures were applied in order to ensure some external validity.

Reliability

Reliability was controlled for in this study as a way to provide consistency of the results. William M.K. Trochim (2006) defines reliability as being established through the consistency and the dependability of the measures of the study. Errors for reliability were accounted for in the data analysis process by imploring two other researchers during the coding processes. Codes, or themes, were compared and discussed by all three researchers in order to provide accurate, reliable, results.

Chapter Summary

This chapter outlined the methodology for the study. Through the small focus group sessions, participants were able to speak freely about their particular experiences and opinions about perceived power dynamics and sexual decision-making after viewing selected scenes from the documentary *All of Us*. Through the use of a qualitative process that utilized Grounded Theory as its primary method, insight was gained into the lived experiences of African American women who may be at risk for contracting HIV. As posited in this chapter, Grounded Theory, a research method not often utilized in studies on HIV and African American women, helped to add to the body of literature on HIV risk among African American because of its innovation and cultural relevancy.

Through the responses of the women in the study an analysis was conducted through a cultural lens allowing for the researcher and the participants to guide the responses extracted in the data collection and a voice was formed. This voice was a collective voice allowing for an understanding of this particular segment of African American women. The use of Grounded Theory is imperative in understanding the lived experiences of women of color, specifically African American women. For the women who participated, their voices helped to add to research on HIV and college-age African American women in a collegiate setting. These findings will be expounded upon in chapter four.

CHAPTER 4: FINDINGS

This chapter outlines the findings from this research study. The codes, or themes, that emerged from the participant's responses are explored, analyzed, and presented. The chapter concludes with an analysis of how perceived power dynamics influenced sexual decision making among the African American women in the study. This chapter will begin with the demographics of the participants that were recruited for the study, the data collection and analysis, and will conclude with the chapter summary.

The purpose of this study was to examine and explore how power dynamics influence sexual decision-making amongst college-age African American women. As illustrated in the literature review, much of the research conducted cites lack of education and inconsistent condom use as primary factors for contracting HIV. However, this qualitative research study sought to understand the influence that power dynamics have on sexual decision-making through the use of focus groups and interviews. The primary research question that guided the focus group sessions and the one-on-one interviews was:

1. Tell me about the sexual decision-making processes that you notice in the scenes from the film *All of Us.*

Probing questions were posed during the focus groups and the interview sessions. During the focus groups these additional questions were raised to the participants:

1. Who is in control of the sexual decisions, such as condom use, in the film?
2. Do you think most African American women encounter this control or lack of control in their sexual decisions? If so, how?
3. Why do you think African American women defer to African American men when making sexual decisions?

4. Do you think African American women are disproportionately affected by who makes decisions regarding their sexual health? If so, how?

During the one-on-one-interview sessions further questions were posed to the participants:

1. In general, do you think African American women are more likely to defer to African American men regarding sexual decision-making? Explain.
2. Can you tell me about a time in your life when you were not in control of sexual decisions, such as condom use? If so, explain.
3. If not, how did you manage to avoid these issues?

All of these questions were significant and aided in understanding the lived experiences of African American women and helped to provide authenticity to the research as well as helping to understand their individual perceptions surrounding power and sexual decision-making.

As stated in chapter three, Grounded Theory was used for the study, and this qualitative approach helped in understanding any new themes that emerged from the study. Focus groups and face to face interviews were facilitated in the main library as well as in the graduate lab of the Department of African American Studies at Georgia State University. During each of the sessions the researcher kept a journal to record any recurring codes and all of the sessions, focus group and interview, were recorded and transcribed. The identities of the participants were not disclosed and pseudonyms were used for the study in order to ensure confidentiality. The data analysis resulted in many different codes that evolved into themes with interlocking categories, which were later broken down into the primary theories of power and sexual decision-making.

Demographics

The participants ranged in demographic backgrounds (please refer to Appendix F). The typical participant in the study was 24, a senior, and had a family income of $72,500.00-

$100,000.00. The ages ranged from 20-32, the socio-economic status ranged from $0-$100,000 and most were upperclassmen. The participants in the study met all of the criteria.

Twenty-one African American women were recruited overall for the study. Eighteen of the twenty-one women were able to attend one of the three focus group sessions and each group had six to seven people. Additionally three women were individually interviewed; one woman was interviewed after each focus group session. They all identified as being African American, although two participants did cite having at least one parent from West Africa or the Caribbean. All of the women attended Georgia State University. Students ranged from being in their first year of college to non-traditional.

The relationship status of the students varied, eleven of the participants were currently single. The other seven participants cited as being in committed monogamous relationships, which spanned from three months to fourteen years of commitment. When asked if they have been sexually active in the past twelve months, only four of the participants checked no and the other fourteen notated yes. The participants also reported on having children or not, five of the participants said they had children, but thirteen notated that they did not have children.

Thirteen of the participants listed the state of Georgia as being their home state. All of the participants who cited Georgia were from the Metropolitan Atlanta Area and included places such as Decatur, Mableton, Lawrenceville and Norcross with the most frequent area listed being Decatur. The other participants' home states were listed throughout the Northeast, Midwest, and South in places such as New York, Oklahoma, Illinois, Kentucky, and South Carolina.

Socio-economic status was also collected from all eighteen participants. All of the participants were asked to notate their parents or guardians' educational and professional background as well as their estimated financial earnings to the best of their ability. The most

common profession for a parent or guardian was education or accounting. The average level of education for the parent or guardian was listed as having some college or higher.

The parent or guardian's income was also collected, which ranged from $0 to $72,000-$100,000. When asked what their parents or guardians did for a living they listed a variety of professions ranging from clerical workers, accountants, supervisors, engineers, educators, as well as clergymen and women. Lastly, when asked how they supported themselves financially, participants listed working part-time in sales, teaching dance classes, student loans, and familial support.

Data Analysis

The data analysis procedures for Grounded Theory were utilized when examining the data received from the research (Please refer to Table 1). Open, axial, and selective coding was used to analyze the data received from the focus groups and subsequent face to face one on one interviews. Open coding was the first step in analyzing the data. During the "open coding phase, the researcher examines the text for salient categories of information supported by the text" (Creswell, 2007). Open coding was used as an initial step to help identify themes and to begin to understand any phenomena or theory that may emerge from the sessions.

The following seven themes emerged from the initial open coding process (Please refer to Figure 1). These themes are sacrifice, binding, gender roles, satiation, relinquishing power, culture, and awareness. Three of the seven codes, themes, had sub-categories. Sacrifice had the sub-category of control whereas binding had the sub-category of restricting, and satiation had the subcategory of entitlement:

1. Sacrifice
    a. Control

2. Binding
    a. Restricting
3. Gender Roles
4. Satiation
    a. Entitlement
5. Relinquishing Power
6. Culture
7. Awareness

The following themes emerged from the axial coding process, Gender Roles, Awareness, and Culture. The categories were not renamed in this step, but were instead condensed and bridged into three major categories. The categories of Sacrifice and Binding were linked into the category of Gender Roles. However, the categories of Satiation and Relinquishing of Power were linked into Culture. The rationale for the combining and condensing for the codes was to understand the links that each category has to each other.

As mentioned earlier, some of the women in the study stated that they learned how to relentlessly satiate their men and how to relinquish their powers from their maternal figures, which bridges with cultural backgrounds. However, many of the participants also cited how they as African American women are willing to sacrifice their health due to these binding pre-ascribed gender roles. Awareness was kept as an independent category because it encompasses the responses from African American women who are aware of their risk and those who are not. According to Kyomugishi, (2006) “although many African American women at risk of HIV may be aware of their risk of HIV and may actually be worried about the possibility of being infected by their partners, they believe they have no control over the situation” (p. 46):

1. Gender Roles
2. Awareness
3. Culture

These three categories were then restructured in order to link them to the overarching theme of power dynamics in sexual decision-making among African American women. Lastly, selective coding was used to link all of the codes together. Selective coding is the final step in Grounded Theory research and is a way to generate "propositions (or hypotheses) or statements that interrelate the categories in the coding paradigm" (Creswell, 2007, p. 161).

During the selective coding process two statements were generated. The first statement was Power Dynamics, which contained responses linked to Gender Roles. From the responses elicited in the study binding gender roles dictated how African American women negotiated issues such as consistent condom utilization. As demonstrated from the responses, occasionally African American women sacrifice their own health in order to satisfy or please their significant other. This has been illustrated with the Sojourner Syndrome, which "incorporates an intersectional approach, which emphasizes the necessity of examining how race, class, and gender operate in the lives of African American women and how they interact to produce health effects" (Mullings, 2005, p. 79). Due to these roles many of the African American women in the study felt as though they did not have the power to control their sexual decisions and the Sojourner Syndrome demonstrate the unique roles that African American women experience. Other studies also suggest that power is a predictor of sexual decision-making among African American college-age women and that "women who ascribe to traditional gender roles for men and women may have difficulty effectively negotiating condom use" and ultimately have less power than those who do (Corneille, Zyzniewski, & Belgrave, 2008).

The second category that emerged from the responses during the selective coding process was Perceived Risk. Perceived risk included response from the categories of Awareness and Culture. These categories were combined because of their relationship with the described cultural dynamics taught within the African American community about the perceptions of gender-ratio imbalances and fear of infidelity. Awareness was combined with Perceived Risk because as expressed in the responses from the sessions, some African American women were aware of their risks, but could not protect themselves because of fear of issues such as infidelity. Other researchers have elicited similar results when analyzing power and sexual decision-making. According to researcher Kyomugishi (2006), "the social and cultural realities that shape power in sexual relations among HIV high risk African American women are (1) a limited market of eligible African American men, (2) a desire for social status among peers and family, and (3) the cultural meaning of condoms" (p. 46). All three of these concepts were discussed within the data collected for this study as well.

A final theme emerged from the sessions as a rising theory. In the sessions many of the women expressed the challenge of being an educated African American woman and the pressure of finding an ideal mate. Many of whom expressed their ideal mate to be an African American man. These responses underscores the issue of marriageable black men raised by William J. Wilson and has implications for the African American superwoman initially observed by Michele Wallace, which will be discussed further in the Conclusions chapter.

From the responses gathered from the interview, the African American women in the study felt that they maintained control outside of the bedroom, but not always within the bedroom. Consequently, the participants felt that they had limited power negotiating issues such as consistent condom use. The respondents all expressed how many of the African American

women they knew were in charge of finances, responsibilities, and other elements of their relationship; but had limited power in their sexual decision-making processes. Bowleg, Belgrave, and Reisen (2000) argue that, power dynamics influence sexual decision-making because of culture, "for example, social, political, economic forces have socialized African American women to be independent and assertive in heterosexual relationships" (p. 629). Yet they were willing to sacrifice their own personal health in order to keep their ideal African American man, not truly understanding their level of invisibility from their sexual decisions. This emerging theory can serve as a way to understand how some college-age African American women perceive their level of risk when analyzing their HIV rates.

Figure 1: Relationship of Thesis

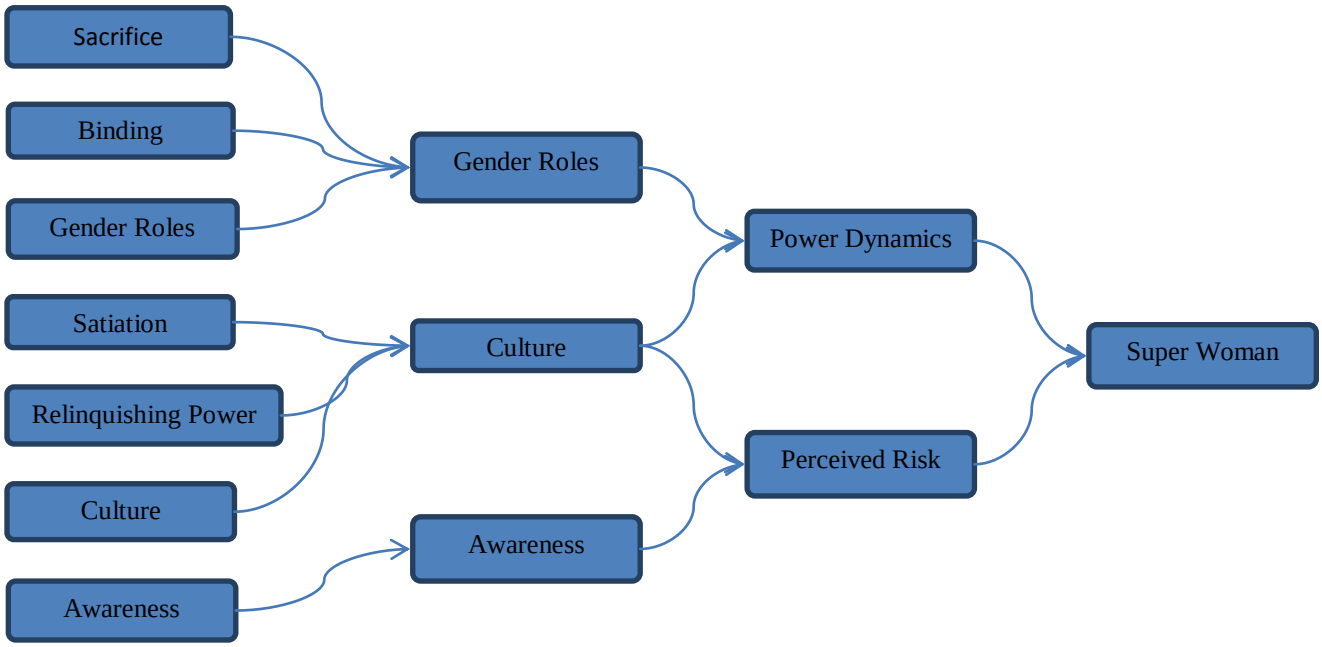

Table 1: Assigned Codes and Respondent's Statement

Assigned Code	Most Salient Statement
Sacrifice	"That black women have to be everything to everybody and when it comes to sex we have to sacrifice that too."
Binding	"So it's kind of restricting in that sense. I'm not able to be who I really am because I feel like, oh you're winning."
Gender Roles	"It's a "women in general thing," you have the people who are saying you should be strong, but keep your man happy. Women, in general, we are so afraid of never getting married and being by themselves."
Satiation	"I'd say no power I feel they were more so aiming to please and you want to make someone happy so you're going to do what they want."
Relinquishing Power	"In theory the woman is in control but she is making the decisions based on what he wants her to do. He is in control, but he is letting her think she is in control."

Culture	"I do think that culturally we were just raised to be that way. We fight for so many women's rights, but our sexual rights haven't been fought for as well as everything else."
Awareness	"Yes, they are afraid to confront themselves because they don't want him to leave."

Theme 1: Sacrifice

Sacrifice emerged as a recurring theme in the focus groups and interviews. After watching the three scenes from the film sacrifice was a recurring theme illustrated in all of the focus group sessions and interviews. The participants in this study responded that many times the women in the documentary, and those in their own personal lives, were constantly forfeiting, or sacrificing their own personal health for their significant other. Many of the women in the focus group stated situations where the women did not use condoms because the man did not want to do so and feared infidelity if they did not. Researchers Corneille, Zyzniewski, and Belgrave (2008), argue that some African American women may place the desires of their significant others above their own in order maintain a harmonious relationship. These African American women were willing to still engage in unprotected intercourse without knowing his current health status.

When asked why African American women are willing to sacrifice their health, responses such as not wanting to jeopardize the relationship were the central reactions. When asked about the African American women in the film, the respondents understood that Tara was sacrificing her health because of fear of infidelity and her general lack of condom negotiation. Nini stated

that, “well her options are limited. If she leaves him she won’t be able to find anyone else because she is HIV positive.” This comment hints at why the African American respondents, or those witnessed in the film, were willing to forfeit their power to their significant other; they have a common fear of infidelity and not being able to find another significant other.

When asked why African American women defer their power to African American men Denise said,

> “She knows what’s going on and she is too afraid to pull the trigger and walk away, most African American women are so afraid to be alone and find someone good that they just put up with all the crap that’s being thrown at them just so they won’t be alone…they put up the front of the strong woman but won’t confront him.”

Many of the participants in the sessions agreed that many African American women deferred their power to their men because of a myriad of reasons, including not wanting to be alone and wanting to feel normal. Many of the women wanted to have as they called it “the ideal American family with 2.5 kids and a dog.” According to Kan during the focus group session she said that, “Black women have to be everything to everybody and when it comes to sex we have to sacrifice that too.”

Many of the women in the study agreed that African American women do not possess control over sexual decisions and in order to remain in relationships they feel as though they have to sacrifice any control in they may possess.

Theme 2: Binding

The participants in this study were also concerned with the roles that African American women have to ascribe to each day. Many of the women in the study expressed their perceptions of their roles and said that African American men seemingly, have more sexual freedom.

Corneille, Zyzniewski, and Belgrave (2008) argue that "traditional gender roles prescribe men as in control of purchasing" (p. 218). Some of the respondents in the study argued that African American men have more freedom than African American women when it came to matters such as buying contraceptives such as male condoms. Some of the respondents expressed the fear of being labeled due to their sexuality as reasons for not purchasing male or female condoms. The respondents stated that they feel that when men go to the store to purchase condoms, they are not judged on the same level as women.

Moreover, many of the participants expressed that these gender roles are obligatory roles. The respondents expressed that they oftentimes are forced to ascribe to these roles due to societal pressures. These codes were categorized as binding because of the imposition of these obligatory gender roles. Kay stated that she cannot be who she really is as a person because of gender roles and refuses to engage in intercourse because she feels like she is losing the power in her relationships,

> "so it's kind of restricting in that sense. I'm not able to be who I really am because I feel like, oh you're winning."

Due to these binding roles, the African American women from the focus group sessions and interviews stated that women are forced to defer responsibility and power to the men.

Theme 3: Gender Roles

When asked who was making the majority of the sexual decisions in the film all of them agreed that the male counterpart controlled that aspect of the relationship. Gender roles continue to influence sexual decision-making within the African American community. Gender roles can be defined as, "a socially constructed notion that refers to shared norms and expectations regarding what is deemed appropriate behavior and roles for men and women in a given

culture"(Alleyene & Gaston, 2010; Gupta, 2001). For example, African American women historically have had roles outside of the home, "but they must maintain traditional beliefs about the female role in order to sustain meaningful relationships within their domestic network, especially with men" (Bowleg, Belgrave, & Reisen, 2000).

Many of the women also noted that they at times let the man make the decisions when it came to condom use. Ebony said that it was, "the man's job to carry condoms," not the woman's. She further argued that she never desired to carry condoms or to supply them and if the man did not have condoms she would not engage in sex with him until he provided protection. Ebony did say that at times because she did not share the responsibility of providing contraceptives she was at risk for contracting sexually transmitted infections and diseases. Due to this deferment Ebony stated that she had contracted an infection from one her significant others. Most of the women in the sessions did cite gender roles as being primary factors for deferred power to men. Denise stated that her mother taught her that "this is how a woman is supposed to behave." Mignon stated during the interview that this affects women of every ethnic, socio-economic, and educational background,

> "It's a 'women in general thing,' you have the people who are saying you should be strong, but keep your man happy. Women, in general, we are so afraid of never getting married and being by themselves."

Overall the women from the focus group stated that men were in control of sexual decisions making and women had very little influence Yana summer it up as follows,

> "I saw the man having most of the influence about sexual decisions. It's almost like women had no power. Well, I wouldn't say no power but very little."

Many of the women were well aware of gender differences within sexual decisions making, but some were unsure on how to ask their significant others about when to use a condom and were uncertain on when to bring up conversations surrounding issues such as condom use. Due to their uncertainties Several of the women in the sample deferred power to their significant others when it came to issues surrounding condom use.

Theme 4: Satiation

Satiation is derived from satiate as a theme due to the responses from the participants. Researchers Wingood and DiClemente (1998) argue that this is in part due to perceptions that African American women have about gender-ratio imbalances within the African American community. Wingood and DiClemente argue (1998) that some African American women believe that it is difficult to find an acceptable or eligible mate and that this in theory can affect her consistent condom use. Consequently, an African American woman is more willing to satisfy her significant other in other to maintain her relationship. Many of the participants in the study stated that many African American women feel like they have to incessantly satisfy their man to remain in their relationships. Kay stated that the need to continuously satisfy your man, even at your own risk, may be due in part to their background,

> "I think it is part of how we are socialized. I think as black people we are flooded with the idea that there aren't enough black men to go around, when you get a good one you got to keep them, and in order to keep them you know you got to do some things. If you don't he will find someone who will. So we get those images all the time. So I think that's part of the reason we react the way that we do."

This respondent argued that African American women are told from friends, family members, and even media that if they do not satisfy their men, someone else will. Many of the respondents

agreed that at times African American women may feel that in order to remain in their relationships, even if the relationships are not good, they must please their men. The respondents during the focus group sessions also argued that if an African American woman does not please her man then there is fear of infidelity or of the ending of the relationship completely. Some participants stated that this fear of infidelity is further emphasized from trusted family members and friends, but few of the respondents attributed this fear to men.

Moreover, some of the respondents said that this issue of satiation is connected to power dynamics. When posed with the question of what type of sexual decision-making power dynamics viewed in the documentary Yana said that the women were not in control,

> "I'd say no power I feel they were more so aiming to please and you want to make someone happy so you're going to do what they want."

This respondent argued that if you are relentlessly attempting to please the other person, that the power dynamics have shifted to the other person and that women in the film and outside of the film have done so.

Theme 5: Relinquishing Power

All the respondents in the study observed that there was a connection between power dynamics and sexual decision-making viewed in the scenes from the documentary *All of Us*. All of the respondents agreed that although they consider themselves to be powerful women, they have all given up their power in sexual decisions at least once or they know someone who has. Kay stated during the focus groups that she was aware of the power dynamics, which is why she cannot bring herself to be sexually active,

> "I'm aware of the power dynamics as far as sex and stuff and I'm so hyper aware of it that it affects my sexual decisions to where I don't even. Sometimes I feel like if I have

> sex with you that means you won and so I kind of feel like I don't engage in sexual stuff because I don't wanna give up that power."

Many of the women expressed how they had to negotiate power with their sexual partners, where as a few said that although they did not have to relinquish their power they know many women who do as illustrated in the response from the recipient. In order to salvage power, this participant feels like she cannot engage in intercourse because when she does she is no longer in control of the sexual decisions. However, Mignon said during the interview session that she did not encounter this issue of power with her significant other because, "I do not use sex, nor my body to find someone and every decision that we make now is a 'we.'"

When asked about issues such as condom negotiation she stated that they both were responsible for obtaining contraceptives. She stated that they have both purchased male condoms. This is one illustration of a woman with control over sexual decisions such as condom use. She may feel more empowered within her sexual relationships, since she can negotiate dynamics such as consistent condom use.

Overall, many of the women said that African American women have difficulties in their sexual decisions making processes due to deferring their power to their significant others. Claire stated during the interview that the women have limited power and relinquish the power they do possess,

> "In theory the woman is in control, but she is making the decisions based on what he wants her to do. He is in control, but he is letting her think she is in control."

Most of the participants felt that in these scenes and in retrospect most of the women are aware of their lack of power and relinquish this power Jessica said,

> "Yea I agree in every single scene the men were in control and the women allowed the control it wasn't a partnership. It was just a free range on the relationship especially when it comes to sexual activity. So I thought it was interesting that oh I can control all this other stuff in our relationship, but I don't have control over that."

When asked for further reasons as to why African American women defer their power to African American men the responses ranged from fear of infidelity, not wanting to be alone, and the roles that women ascribe to. Corneille, Zyzniewski, and Belgrave (2008) argue that it is compounded and that it is primarily connected to, " women's level of comfort with behaviors that contradict traditional gender roles, women's fears about potential conflict or loss of a relationship, women's attitudes toward condoms, and women's perceptions of the availability of partners" (p. 220).

Theme 6: Culture

Some of the focus group respondents cited cultural backgrounds as dictating their perceptions of power and sexual decision-making. It has also been argued that, "cultural norms may influence power strategies" (Bowleg, Belgrave, and Reisen, 2000, p. 629). Many of the respondents said they were taught many of their ideas surrounding sex from their parents or guardians, in particular their maternal figures. Many of the respondents said that their mothers and grandmothers as the driving force behind their sexual decisions. Therefore, these responses were categorized as culture, since it derived from their own cultural backgrounds.

Many of the respondents shared what they had learned about sexual decisions making from their mothers. One respondent said that her mother advised her to have intercourse with her significant other even though she had given birth to their only son just weeks before. She stated

that her mother's advice came out of the fear of infidelity. Kay said her mother greatly influences her perceptions surrounding sexual decisions, she stated

> "I remember my momma telling me when she gives me man advice, one time she told me if your husband wants to have sex, even if y'all are in an argument, you do it anyway cause it's your job. That stuff is really enforced."

This further demonstrates the relationship between culture and sexual decision-making. This respondent said that she learned many of her decisions only from her mother. She stated that her mother promoted and enforced the idea that if you do not have intercourse with your significant other, when he wants to do so, someone else is willing to. However, many of the participants cited these culturally relegated ideas surrounding sexual decisions as being problematic. Denise stated during the interview that,

> "I do think that culturally we were just raised to be that way. We fight for so many women's rights, but our sexual rights haven't been fought for as well as everything else."

This respondent stated her discontent with culturally based sexual decisions and wanted to understand why African American women have not broken away from these seemingly culturally standard patterns of behavior.

Theme 7: Awareness

The majority of the participants in the study had previous knowledge of the power dynamics in the film. Some respondents expressed that they were aware and had observed these power dynamics in sexual decision-making, but did not fully understand how much it affected African American women across all socio-economic lines and divides. Whereas others did understand that power dynamics as well as sexual decisions influence everyone and agreed that it can even extend beyond ethnic backgrounds Ivory stated,

> "People all over just want to be normal. Women of every background are afraid of being alone."

Many of the respondents said fear of being alone as being a primary factor for deferring power to men during their sexual decision-making processes. It was stated in every focus group session that some African American women feared being alone and that as a result you disregard sexual risks. Ivory also stated that, "Yes, they are afraid to confront themselves because they don't want him to leave." As a result, some African American women were willing to defer power and responsibility to the men and are somewhat aware of the consequences of doing so. Foreman (2003) also concluded that some African American women may be aware of the risk. Yet, "if their partner pressured them to have intercourse without a condom, these women seemed to find it difficult to 'Just say no" even though they were well aware of the risks they were taking" (Foreman, 2003, p. 651).

These seven themes served as a way to understand the responses elicited during the focus group sessions and one-on-one interviews. As previous research has shown cultural dynamics, gender-ratio imbalances, and gender all influence sexual decision-making. This data was taken through two additional steps, axial and selective coding, in order to understand the responses as it relates to power dynamics and sexual decisions making among college-age African American women.

Chapter Summary

This exploratory study sought to understand the relationship between power dynamics and its influence on sexual decision-making among college-age African American women. However, Michele Wallace's theory may help to add to the body of literature on understanding the power that women have and do not have in their sexual relationships. This theory can also

provide critical insight into the perceptions of power experienced by African American women as well. This chapter delineated the findings of the study and illustrated the relationship between power and sexual decision-making from the responses collected from the focus groups and interview sessions through a grounded theory approach.

CHAPTER 5: CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Chapter five delineates the findings of the study such as Michele Wallace's myth of the superwoman as well as the gender-ratio imbalances as well as further implications and any recommendations for future research. The conclusions will also be discussed within this chapter. Chapter five will be discussed in three parts. The discussions and conclusions will be discussed first. Second, the implications of the study will be analyzed. Finally, recommendations for future research will be provided.

Discussions and Conclusions

Generally, the purpose of this study was to examine and explore how power dynamics influence sexual decision-making amongst African American women and the primary guiding research question was:

1. Tell me about the sexual decision-making processes that you notice in the scenes from the film *All of Us.*

In order to ensure consistent responses probing questions were posed to both the focus group and interview sessions. During the focus groups these particular questions were posed to the participants:

1. Who is in control of the sexual decisions, such as condom use, in the film?
2. Do you think most African American women encounter this control or lack of control in their sexual decisions? If so, how?
3. Why do you think African American women defer to African American men when making sexual decisions?
4. Do you think African American women are disproportionately affected by who makes decisions regarding their sexual health? If so, how?

During the one-on-one-interview sessions these questions were posed to the respondents solicited from the focus groups:

1. In general, do you think African American women are more likely to defer to African American men regarding sexual decision-making? Explain.
2. Can you tell me about a time in your life when you were not in control of sexual decisions, such as condom use? If so, explain.
3. If not, how did you manage to avoid these issues?

All eighteen of the respondents met the basic criteria for participation in the study. Originally this study was under the hypotheses that although college-age African American women knew collectively that they are at risk, individually there are various factors that influence sexual decision-making. These factors are attributed to pre-prescribed gender roles, gender-ratio imbalances, and cultural dynamics. This study demonstrated that there is a relationship between power dynamics experienced in sexual relationships, such as reliance on the man to provide the condom, and sexual decision-making, such as lack of consistent condom usage.

In studies that analyze power dynamics amongst African American women during their sexual decision-making processes, power elicits varied results. This is in part to the lack of a true definition of power amongst different ethnic groups. For the purpose of this study inconsistent condom use was associated with sexual relationship power. This is because culturally based definitions are integral for understanding definitions of power. Furthermore researchers Harvey and Bird (2004) argue that, "to help move the prevention field forward, we need culturally-based definitions of relationship power as well as an understanding of the cultural beliefs and norms regarding women's sources of relationship power" (p. 3) Many of the African American women in the study stated that they oftentimes allowed the African American man to decide on the use

of the condom because of a fear of being judged for purchasing male condoms which were culturally taught from maternal figures.

The power to have control over the condoms was explored within this study. Agency for African American women was discussed through the use of female condoms. When other contraceptives such as female condoms arose in the discussions, many of the women expressed disinterest in their use because of fear of discomfort and lack of places to purchase them. Female condoms however, were not considered an option for most of the African American women in the study. Although, every participant in this study did not themselves say they had problems negotiating condom usage all of the participants did know at least one other African American woman who did.

Although, the data supported a relationship between power dynamics and sexual decision-making among college-age Africa American women, another theme emerged from the data during the analysis process. The theme that emerged was the idea of the Black Superwoman originally observed by Michele Wallace. Michele Wallace defines the Black Superwoman as being a monolith embedded in the historical memory of African American women. Michele Wallace describes the Black Superwoman as a woman who possesses an immense amount of strength and tolerates a substantial amount of work. According to Wallace she does not have the same qualities as other women of different cultural backgrounds and is actually equal to men in many capacities. Wallace describes this superwoman as being, “the embodiment of Mother Earth, the quintessential mother with infinite sexual, life giving, and nurturing reserves. In other words she is a superwoman” (p. 107).

As explored in the previous section the respondents in the study said that the African American woman is somewhat expected to constantly be the power-seeker and have control over

her relationships as well as her family. Most of the women in this study did not perceive themselves as having an immense amount of power due to their other responsibilities. However, the respondents stated that in the bedroom during her sexual decision-making processes she sacrifices her health, willingly and unwillingly. It was also stated that African American women relinquish their power and control albeit for a myriad of reasons. This study presents Michele Wallace's idea of the African American woman as a Superwoman, unaware of her own invincibility and strength as a primary theory. Michele Wallace manipulates the myth of the African American woman through her definition. As a superwoman, the African American woman is constantly bombarded with responsibilities to everyone because through her liberation comes the liberation of all. However, she sacrifices herself, without understanding her own limited invincibility, for the sake of wanting to be loved and to not be alone.

As explored in chapter four, engrained stereotypes continue to effect sexual decision-making among African American women. Historical stereotypes such as the Jezebel surfaced in the focus group sessions. Some of the respondents expressed the fear of being labeled as reasons why they deferred to men when purchasing condoms. The respondents in the focus groups stated that they feel that when African American men go to the store to purchase condoms, the men are not judged on the same level as women. African American men and woman have a history of preconceived stereotypes attributed to their perceived sexual characteristics. For the African American women who participated in this study the idea of the Jezebel should be analyzed and discussed.

Historically the Jezebel is usually attributed to hyper sexuality within the African American community. The Jezebel is defined as someone who is hypersexual and promiscuous and who is willing to use her sexuality to gain love or attention from men (Hill Collins, 2000;

Morton 1991). Although, the African American women in this study did not identify with being a Jezebel, they did fear having this label being attributed to their sexual behaviors. This image of an over-sexualized African American woman is one that is widely circulated and normalized throughout the African community (hooks, 1992).

According to researchers Stephens and Phillips (2003) these, "beliefs and attitudes about African American women's sexuality appear to be sanctioned by a culture that continues to embrace stereotypes about race and sexuality" and these ideals influence the power that African American women have in their sexual decision-making processes (p. 4). Therefore, a deeper investigation of this cultural stereotype is integral to understanding the ways African American women perceive risks. It can be examined from the focus group sessions that this stigma of the Jezebel influence s sexual decision-making such as condom purchasing. If African American women fear purchasing condoms due to this label, they are placing themselves at a greater risk for contracting sexually transmitted diseases and infections because they are deferring contraceptive purchasing to their significant other.

As illustrated in chapter four, these images of the Jezebel can influence sexual decision-making. One participant in the focus group, Ebony, stated that she placed herself at risk and contracted a sexual transmitted infection when she deferred power to her significant other. Ebony implied that if she had provided protection, such as a male condom, she would have saved herself from being infected. However, due to her perceptions surrounding the label of promiscuity, or the Jezebel, she was placed at risk.

Moreover, some of the women during the focus group sessions and interviews expressed their perceptions of gender roles. Many of the women articulated that these binding gender roles force women to defer sexual responsibility and power to the men. As explored by researchers

Stephens and Phillips (2003) “the development of a sexual self is based in an understanding of the messages and meanings an individual is given about sexual roles and behaviors” (p. 3). Therefore, if women are taught to defer power to men during their sexual decision-making processes then they may have less power over decisions such as consistent condom use. These sexual scripts continue to influence African American women as they try to negotiate sexual decisions, yet these roles, such as the Jezebel, have had little transformation since their inception (Hill Collins, 2000; Staples, 1994; Wyatt 1991).

These roles also teach African American women they must incessantly satisfy their men and if they want to maintain their relationships they must conform to these gender roles. Researchers Stephens and Phillips (2003) further argue that, “these Jezebels were painted as wanting to please men; only by doing this would they achieve both sexual gratification and personal satisfaction” (p. 8). As explored in this study African American women are at times forced to conform to these roles in order to maintain their relationships.

As examined in the previous chapter some of the African American women conform to these gender roles and encounter power dynamics during their sexual decision-making processes because of their perceptions of gender-ratio imbalances and desire to maintain relationships with African American men. As explored in the literature review, gender-ratio imbalances in African American communities influence the sexual decision-making of African American women. Due to gender-ratio imbalances African American men exhibit more power because they have more options and as a result African American women are less likely to have control over sexual decisions such as consistent condom use (Wingood & DiClemente, 1997; Alleyne & Gaston, 2010). This gender-ratio imbalance should be deeply explored when understanding sexual decision-making among African American women.

As illustrated within this study, many of the participants said they learned these gender-roles from maternal figures. The participants in this study explained how they internalized these power dynamics during their sexual decision making processes from advice given from their mothers. It has been proven that "both mothers' actual attitude about sex and adolescents' perceptions of maternal attitudes about sex have been linked to girls' sexual behavior" (Cavanaugh & Classen, 2009, pg. 158; Dittus & Jaccard, 2000). Therefore there is a relationship between sexual decision making and power dynamics learned from the maternal figures of the women within this study.

Marriage rates within the African American community are lower when compared to other ethnic groups, as "Non-Hispanic black men and women aged 25–44 have lower percentages who have ever been married than non-Hispanic white and Hispanic persons of the same age" (Goodwin, McGill, & Chandra, 2009). Between the ages of twenty-five and forty nearly half of African American men and women have never been married (Bureau of the Census, 2006). These marriage rates are influenced by societal issues such as the mass incarceration of African American men, higher rates of unemployment, and death. Although not analyzed in this study, through the understanding of these issues a deeper analysis of sexual decision-making among African American women can be explored.

Implications

The findings of this study imply that power dynamics affect sexual decision-making amongst college-age African American women. The discussions and responses collected from the focus group and one-on-one interview sessions reveal this relationship. As argued in the literature review, issues such as inconsistent condom use can be used as a determinate of power in sexual decision-making processes. The respondents in the study cited many reasons for

inconsistent condom use including cultural and gender based, all of which can be analyzed through power dynamics.

This study revealed that some college-age African American women do not possess control over condom use do not possess as much power during their sexual decision-making processes as those who do. Other researchers cite inconsistent condom use among college-age students as being a factor for HIV infection (Alleyne & Gaston, 2010). It has also been argued that there is a gender ratio imbalance between African American men and women on college campus. This gender ratio imbalance is said to have a profound influence on HIV contraction among African American women (Alleyne & Gaston, 2010). The data analysis also revealed that some African American women at times relinquish their own sexual decision-making power for the sake of maintaining their relationship. The findings of this study also suggest that if African American women want to regain power in their sexual decisions they must regain control over contraceptives such as male condoms and defer to African American men less. As listed in previous chapters inconsistent condom use is a primary factor for contracting sexually transmitted infections and disease, especially HIV. Further research would be required to deeply investigate and understand the relationship between sexual decisions making and power dynamics among college-age African American women.

Many aspects impacted the study such as limited sample size and socio-economic status. Data saturation also impacted the findings of the study. The facilitation of more focus groups could have led to further saturation of the data. It has also been concluded from this study that the cultural reality of African American women is different when compared to women of other ethnic backgrounds. This is due to perceptions of responsibility to their families and gender ratio-imbalances. These roles are all impacted by the availability of African American men as

well as cultural norms. The sexual decision making processes of African American women are influenced by decisions that are antithetical to how they live their lives. Therefore, by increasing culturally relevant solutions and services in public health campaigns geared towards HIV awareness within African American communities their risks can potentially decrease.

Recommendations

The purpose of this research was to explore the perceptions of power of college-age African American women during their sexual decision-making processes. However, it is understood that future research could be integral to aid in understanding not only power dynamics and its influence on sexual decision-making among African American college-age women, but on HIV transmission rates as well. As illustrated in previous chapters HIV continues to influence the entire African American community. Therefore to gain more insight into HIV transmission rates within the African American community these recommendations should be explored. Based upon the findings and implications of this research, future studies should:

1. Explore the perceptions of African American men
2. Explore the perceptions of African American women, and/or men, of various socio-economic backgrounds.

Explore the perceptions of African American men

One recommendation for future research would be to explore the perceptions of African American men. This exploration is necessary for understanding the influence of HIV transmission rates within the African American community. African American men are also deeply influenced by HIV. Although, only African American women were solicited for this study future research should include an analysis of the perceptions of power in sexual decision-making among African American men as well for many reasons. The research states that African

American women are contacting HIV through heterosexual contact therefore the perceptions of power and condom negotiation from African American men will help to further contextualize factors such as inconsistent condom use and condom negotiation.

According to the Centers for Disease Control and Prevention African American, "men accounted for two-thirds of new infections (65%) among all blacks. The rate of new HIV infection for black men was 6 times as high as that of white men, nearly 3 times that of Hispanic/Latino men, and twice that of black women" (CDC, 2006). Largely, the rates of infection are very high for both heterosexual African American men and also African American men who have sex with men. Overall, it has been estimated that one out of every sixteen African American men will be diagnosed with HIV in their lifetime (CDC, 2011). The inclusion of African American men could enrich the dialogue on power dynamics and sexual decision-making among African Americans. For future research this study could be replicated with both all male focus group and interview sessions as well as with mixed focus group sessions with both African American men and women.

Explore the perceptions and experiences of women of various socio-economic backgrounds

The second recommendation for future studies would be to explore the perceptions and experiences of women, and/or men, of various educational backgrounds. Although this study only sought participants who were currently enrolled in institutions of higher education, future research could provide a deeper understanding across socio-economic status by taking the study outside of the collegiate setting. All African Americans, regardless of gender, are influenced by HIV. The Center for Disease Control and Prevention posited in, "2006, HIV was the ninth leading cause of death for all blacks and the third leading cause of death for both black men and black women aged 35–44" (CDC, 2006). The rates of HIV infection for the African American

community continue to be the highest when compared to other ethnic groups. Since 2006, African Americans in general account for nearly half of those living with HIV and for any new infections. Therefore, a study that incorporates women and or men from different socio-economic backgrounds would also aid in providing insight and contextualizing HIV rates within African American communities.

The CDC argues that prevention challenges such as poverty can influence HIV transmission in African American Communities. According to the CDC, "the socioeconomic issues associated with poverty, including limited access to quality health care, housing, and HIV prevention education, directly and indirectly increase the risk for HIV infection and affect the health of people living with HIV" (CDC, 2006). Therefore, the inclusion of men and women from varied socio-economic backgrounds could enhance the discussion of power dynamics not only from a gendered perspective, but across class lines as well.

Chapter Summary

This research study sought to explore the perceptions of power dynamics among college-age African American women. Chapter five delineated the discussions and conclusions drawn from the study. The implications were also outlined in this chapter. As discussed in previous chapters there were limitations to the study. Lastly, two recommendations for future research were also explored in this chapter.

References

Alleyne, B., & Gaston, G. (2010). Gender Disparity and HIV Risk among Young Black Women in College: A literature review. *Affilia-journal of Women and Social Work*, 25(2), 135-145.

Amaro, H., & Raj, A. (2000). On the Margin: Power and Women's HIV Risk Reduction Strategies. *Sex Roles*, 42(7/8), 723-749

Avert. (2009). Retrieved from http://www.avert.org/worldstats.htm

Berg. (2001). *Qualitative Research Methods for the Social Sciences.*

Bowleg, L., Belgrave, F., & Reisen, C. (2000). Gender Roles, Power Strategies, and Precautionary Sexual Self-Efficacy: Implications for Black and Latina Women's HIV/AIDS Protective Behaviors. *Sex Roles*, 42(7-8), 613-335.

Braithwaite, R., Stephens, T., Sumpter-Gaddist, B., Murdaugh, H., Taylor, S., et al. (1998).Sex-Related HIV/AIDS Prevention Among African American College Students: Issues for Preventive Counseling. *Journal of Multicultural Counseling & Development*, 26(3), 177-193.Prevention, 22(2), 160-171.

Bureau of the Census. (2006). Retrieved fromhttp://www.census.gov/population/www/soc demo/hh-fam/cps2006.html

Bureau of the Census. (2010). Retrieved from http://2010.census.gov/2010census/data/

Cavanaugh, C. & Classen, C. (2009). Intergenerational Pathways Linking Childhood Sexual Abuse To HIV Risk Among Women. *Journal of Trauma & Dissociation*, *10*(2), 151-169.

Centers for Disease Control and Prevention. (2006). Retrieved from http://www.cdc.gov/hiv/ resources/factsheets/us.htm

Centers for Disease Control and Prevention. (2006). Retrieved fromhttp://www.cdc.gov /hiv/topics/aa/

Centers for Disease Control and Prevention. (2008). HIV/AIDS Among Women. *HIV/AIDS FactSheet*.

Centers for Disease Control and Prevention. (2010). Georgia Profile.

CIA World Fact Book. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/geos/us.html

Cole, L. (2005). The Politics of HIV Prevention and Black Women. *Harvard Journal of African American Public Policy*, 11, 51-62.

Corneille, M., Zyzniewski, L., & Belgrave, F. (2008). Age and HIV Risk and Protective Behaviors Among African American Women. *Journal of Black Psychology*, 34(2), 217-233.

Creswell, J. W. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Thousand Oaks, California: Sage Publications, Inc.

Davis, C., Sloan, M., MacMaster, S., & Kilbourne, B. (2007). HIV/AIDS Knowledge and Sexual Activity: An Examination of Racial Differences in a College Sample. *Health & Social Work*, 32(3), 211-218.

Dittus, P.J. & Jaccard, J. (2000). Adolescents' Perceptions of Maternal Disapproval of Sex: Relationship to Sexual Outcomes. *Journal of Adolescent Health*, 26(4). 268-278.

Deniand, F. (1997). Current Status of the Female Condom in Africa. Sante 7:405 – 415.

Foreman, F. (2003). Intimate risk - Sexual Risk Behavior Among African American College Women. *Journal of Black Studies*, 33(5), 637-653.

Fullilove, M., Fullilove, R., Haynes, K., & Gross, S. (1990). Black Women and AIDS Prevention: A View Toward Understanding the Gender Rules. *Journal of Sex Research*, 27(1), 47-65.

Global AIDS Report (2010) Retrieved fromhttp://www.unaids.org/globalreport/Global_report .htm

Goodwin, P., McGill, B, & Chandra, A. (2009). Who marries and when? Age at first marriage in the United States, 2002. NCHS data brief, no 19. Hyattsville, MD: National Center for Health Statistics.

GSU. (2009). Retrieved from http://www.gsu.edu/images/institutional_effectiveness/ UndergraduateStudentsByRaceEthnicity.pdf

Gupta, G. R. (2001). Gender, sexuality, and HIV/AIDS: The what, the why, and the how. SIECUS Report, 29, 6-12.

Harvey, S., & Bird, S. (2004). What Makes Women Feel Powerful? An Exploratory Study of Relationship Power and Sexual Decision-Making with African Americans at Risk for HIV/STDS. *Women & Health*, 39(3), 1-18.

Harvey, S., Bird, S., Galavotti, C., Duncan, E., & Greenberg, D. (2002). Relationship Power, Sexual Decision-making and Condom use Among Women at Risk for HIV/STDs. *Women & Health*, 36(4), 69-84.

Hill Collins, P. (2000). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment.* Boston: UnwinHyman.

Hoffman S, Mantell J, Exner T, Stein Z. (2004). The Future of Female Condom. International Family Planning Perspectives 30:139 – 145.

Holmes, L., Ogungbade, G., Ward, D., Garrison, O., Peters, R., et al. (2008). Potential markers of female condom use among inner city African-American women. *AIDS Care*, *20*(4), 470-477.

hooks, b. (1992). *Black Looks: Race and Representations*. Toronto, ON: Between the Lines Press.

Kyomugisha, F. (2006). HIV, African American Women, and High Risk in Heterosexual Relationships. *Journal of African American Studies*, 10, 2, 38-50.

Kaiser Permanente. (2008). Retrievedfromhttps://members.kaiserpermanente.org/kpweb/healthency.do?hwid=hw151408

Kvale, Steinar. (1996). An Introduction to Qualitative Research Interviewing. Thousand Oaks, California: Sage Publications.

Latka, M.H., Kapadia, F., Fortin, P. (2008). The Female Condom: Effectiveness and Convenience, Not "Female Control," Valued by U.S. Urban Adolescents. *AIDS Education and Prevention*, 20(2), 160-170.

McKinley-Beach, L. Retrieved from. (2011).http://www.southhealthdistrict.com/news.asp?id=116

Meekers, D., Richter, K. (2005). Factors Associated with Use of the Female Condom in Zimbabwe. *International Family Planning Perspectives*, 31(1), 30-37.

Morton, P. (1991). *Disfigured Images: The Historical Assault on Afro-American Women*. New York, NY: Praeger.

Mullings, L. (2005). Resistance and Resilience: The Sojourner Syndrome and the Social Context of Reproduction in Central Harlem *Transforming Anthropology*, 13(2), 79–91.

Napierala, S., Kang, M., Chipato, T., Padian, N., van der Straten, A. (2008). Female Condom Uptake and Acceptability in Zimbabwe. Aids Education and Prevention. (20)2, 121-134.

Okunlola, M.., Morhason-Bello, I.O., Owonikoko, K.M., Adenkunle, A.O. (2006) Female Condom Awareness, use and concerns Among Nigerian female Undergraduates. *Journal of Obstetrics and Gynecology*, 26(4), 353-356.

Pinderhughes, E., (1989). Preparation for Empowerment of Diverse Populations: Knowledge of Power Dynamics.

Pulerwitz, J., Gortmaker, S., DeJong, W. (2000). Measuring Sexual Relationship Power in HIV/STD Research. *Sex Roles*, 42(7), 637-660.

Staples, R. (1994). *The Black Family: Essays and Studies*. Belmont, CA: Wadsworth Publishing.

Stephens, D., & Phillips, L. (2003). Freaks, Gold Diggers, Divas, and Dykes: The Sociohistorical Development of Adolescent African American Women's Sexual Scripts. *Sexuality & Culture*, *7*(1), 3-49.

Trochim, W.M., & Donnelly, J. (2006). *The Research Methods Knowledge Base*. United States: Atomic Dog.

Wallace, M. (1990). *Black Macho and the Myth of Superwoman*. New York, New York: Verso Publications, Inc.

Washington, H.A., (2006) *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York, NY: Doubleday.

WebMD Retrieved from. (2011). http://www.webmd.com/hiv-aids/slideshow-aids-retrospective

Wingood, G., & DiClemente, R. (1998). Partner Influences and Gender-Related Factors Associated with NonCondom use Among Young Adult African American *Women. American Journal of Community Psychology*, 26(1), 29-51.

Wyatt, G. (1991). Examining Ethnicity Verses Race in AIDS Related Research. *Social Science Medicine* 33 (1): 37–45.

Yoder, J., & Kahn, A. (1992). Toward a feminist understanding of women and power. *Psychology of Women Quarterly*, *16*(4), 381-388.

APPENDIX A

Georgia State University

Department of African American Studies

Informed Consent

Title: An Exploratory Study: Power Dynamics and Level of Risks of HIV/AIDS

Principal Investigator: Principal Investigator: Sarita Davis, Ph. D.

Student Principal Investigator: LaTisha Oliver

I. Purpose:

You are invited to participate in a research study. The purpose of the study is to investigate sexual decision-making among African American women. You are invited to participate because you identify with being African American and are between the ages of 18-32. A total of 21 participants will be recruited for this study. Participation will require 90-120 minutes of your time over a one day period for a focus group session. Also, 3 of the 21 participants will be asked to participate in a onetime interview, which will require 60-90 minutes of your time.

II. Procedures:

If you decide to participate, you will complete a one-time focus group facillitated by the researcher on Georgia State University's campus.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life.

IV. Benefits:

Participation in this study may benefit you personally. You may be able to provide opinions on health services in order to increase the services provided. Overall, we hope to gain information about sexual health treatments and services..

V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. Confidentiality:

We will keep your records private to the extent allowed by law. Dr. Sarita Davis and LaTisha Oliver will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office for Human Research Protection (OHRP). We will use a code rather than your name on study records. The information you provide will be stored on password and firewall-protected computers. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

VII. Contact Persons:

Contact Dr. Sarita Davis and LaTisha Oliver at 404-849-7056, loliver7@student.gsu.edu if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Subject:

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research, please sign below.

_____ _____

Participant Date

_____ _____

Principal Investigator or Researcher Obtaining Consent Date

APPENDIX B

Power Dynamics Form

Thank you for participating in this study. Please write your name on this form. This form will take about 5-10 minutes to finish. There are no right or wrong answers. This form has only thirteen questions requesting your biographical data. Please follow all directions, finish each question, and double-check your answers. *Thank you again for your time.*

Biographical Data

Please answer the following questions to give a basic understanding of your background. Check (□) or mark the appropriate answer. Complete all relevant items to the best of your knowledge.

1. How do you identify?

□Male □Female □Other

2. What is your ethnicity? *(Please check only one)*

□Black/African-American □White

□African □Caribbean

□Asian □Hispanic

□Pacific Islander/Native American

□Other _____

3. What is your age? _____

4. What is your current year in college?

☐Freshman

☐Sophomore

☐Junior

☐Senior

☐Non-traditional/Other

5. What is your current relationship status? *(Please check only one)*

☐ Single ☐ Divorced

☐ Separated ☐ Married

☐ Widowed ☐ Other _____

6. If you are currently in a relationship, how long have you been in your current relationship?

_____

7. Have you been sexually active in the last 12 months?

☐ No ☐ Yes

8. Do you have any children?

☐ No☐

☐ Yes

9. What is the name of your home city/state?

_____

10. Background *(Please circle all that apply)*

Parent/Guardian's Profession	Parent/Guardian's Highest Level of Education	Parent/Guardian's Income
Part-Time/ Unemployed	High School	$0.00-$7,000.00
Clerical, Service, Blue Collar	Some College	$15,000-$25,000
Professional Support and Sales	Bachelor's Degree	$32,000-$50,000
Professionals	Graduate Degree	$72,500-$100,000

11. What do your parents/guardians do for a living?

_____

_____

12. How do you support yourself financially?

_____

_____

_____

13. Please provide the best way to contact you. *(i.e. name, phone number, personal and/or school email)*

_____

_____

_____

_____

(Thank you for completing this form. Please return this form to LaTisha Oliver)

APPENDIX C

Focus Group Questions

Thank you for participating in this study. Shortly you will be watching three scenes selected from the film *All of Us*. These scenes reflect some perceptions surrounding how African American women make sexual decisions. These perceptions analyze how African American women make decisions such as when to use condoms while engaging in sexual activity and who chooses when. In addition to the decisions viewed in the scenes, think about your own experiences with condom use when responding to the following statements.

1. Tell me about the sexual decision-making processes that you notice in the scenes.
2. Who is in control of the sexual decisions, such as condom use, in the film?
3. Do you think most African American women encounter this control or lack of control in their sexual decisions? If so, how?
4. Why do you think African American women defer to African American men when making sexual decisions?
5. Do you think African American women are disproportionately affected by who makes decisions regarding their sexual health? If so, how?

APPENDIX D

Interview Questions

Thank you for participating in this study. You have already watched and discussed three scenes selected from the film *All of Us in* a focus group. These scenes reflected some perceptions surrounding how African American women make sexual decisions. Thinking about your own experiences please respond to the following questions.

1. In general, do you think African American women are more likely to defer to African American men regarding sexual decision-making? Explain.
2. Can you tell me about a time in your life when you were not in control of sexual decisions, such as condom use? If so, explain.
3. If not, how did you manage to avoid these issues?

APPENDIX E

Participant	Gender	Age	Ethnicity	Place of Birth	School Classification	Parent's Level of Education	Parent's Income	Relationship Status	Sexually Active	Children
Yana	F	22	B	Schaumberg, IL	*Junior*	Some College	15000-25000	Single	N	N
Kay	F	22	B	Louisville, KY	*Non-traditional/Other*	Some College	32000-50000	Single	N	N
Kan	F	24	B	Atlanta, Ga	*Senior*	High school	0-7,000	Single	N	N
Nini	F	23	B	College Park, Ga	*Non-traditional/Other*	Some College	15000-25000	Single	N	N
Amber	F	23	B	Decatur, Ga	*Freshman*	Graduate Degree	72500-100,000	In a relationship	Y	N
Dechaun	F	24	B	Decatur, Ga	*Sophomore*	Some College	32000-50000	In a relationship	Y	Y
Denise	F	32	B	Decatur, Ga	*Freshman*	Graduate Degree	72500-100,000	In a relationship	Y	N
Ivory	F	22	B		*Senior*	Graduate Degree	72500-100,000	Single	Y	N
Ebony	F	24	B	Atlanta, Ga	*Senior*	Some College	32000-50000	Single	Y	N
Mary	F	30	B	Atlanta, Ga	*Junior*	Some College	72500-100,000	Single	Y	Y
Jessica	F	22	B	Mableton, Ga	*Senior*	Bachelor's Degree	72500-100,000	Single	Y	N
Brittany	F	26	B	Norcross, Ga	*Senior*	Graduate Degree	72500-100,000	In a relationship	Y	Y

Lola	F	29	B	Oklahoma City, Oklahoma	*Non-traditional/Other*	Graduate Degree	72500-100,000	Single	Y	N
Mignon	F	24	B	Decatur, Ga	*Senior*	Graduate Degree	72500-100,000	In a relationship	Y	N
Ophelia	F	26	B	Decatur, Ga	*Non-traditional/Other*	Some College	15000-25000	In a relationship	Y	N
Valerie	F	28	B	Charleston, South Carolina	*Senior*	Bachelor's Degree	32000-50000	Single	Y	N
Sosa	F	20	B	Atlanta, Ga	*Junior*	Graduate Degree	32000-50000	In a relationship	Y	N
Ruby	F	32	B	Buffalo, NY	*Junior*	Bachelor's Degree	32000-50000	Single	Y	Y