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Perceptions of African American College Women: STD/STI Health Risk Behaviors Among African American Women

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in *The Department of Sociology and Anthropology*

By
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Under the mentorship of *Dr. April M. Schueths*

ABSTRACT

Sexually transmitted disease/infection (STD/STI) rates are on the rise for African American women. Recent literature argues that African American women may have a lack of education concerning STDs/STIs. To fill this gap in the literature, in-depth qualitative interviews, using a health equity lens, were conducted with ten college, African American women, living in the Southern United States, to gain their perceptions about the causes of STDs/STIs among the African American female population. Consistent with previous research, findings indicate that African American women may lack knowledge about STDs/STIs and be less likely to participate in medical check-ups. Participants were more likely to identify individual-level issues than structural-level issues when assessing African American women's behaviors and perceived choices related to sexual health.

Keywords: STD/STI, African American Women, Qualitative Research, Higher Education

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PERCEPTIONS OF AFRICAN AMERICAN COLLEGE WOMEN: STD/STI HEALTH RISK BEHAVIORS AMONG AFRICAN AMERICAN WOMEN

Introduction

The United States has the highest rates of sexually transmitted diseases (STD) and infections (STI) compared to any other developed country in the world (Oser, Pullen, Stevens-Watkins, Perry, Havens, Staton-Tindall, and Leukefeld 2016). Sexually transmitted diseases are also referred to as sexually transmitted infections (MedicineNet 2019). Sexually transmitted infections and diseases are spread through sexual contact; transmission is caused by microorganisms that live on the skin or mucous membrane of the genital area. STDs/STIs can cause incredibly large healthcare costs and health problems. Specifically, for women, STDs/STIs can pose a threat in acquiring cervical cancer, pelvic inflammatory disease (PID), and pregnancy complications (Cavanaugh, Floyd, Penniman, Hulbert, Gaydos, and Latimer 2011).

African Americans only account for 13% of the United States population, however, they are the primary racial group being infected by STDs/STIs (Fletcher, Ingram, Kerr, Buchberg, Bogdan-Lovis, and Philpott-Jones 2016; Fogel, Fajiram, and Morgan 2010; Oser et al. 2016; Uhrig, Friedman, Poehlman, Scales, and Forsythe 2013). In 2010, African Americans accounted for 70% of all reported gonorrhea cases and half of all chlamydia and syphilis cases; in addition, they accounted for 44% of all new human immunodeficiency virus (HIV) infections in 2009 (Uhrig et al. 2013).

STD/STI rates are rapidly increasing for African American women. “Racial STD disparities exist, with substantially more black than white women being affected” (Cavanaugh et al. 2011). For example, African American women who only had one or

two sexual partners throughout their lifetime, had a genital herpes infection rate of 29.7%, compared to other racial groups who had an infection rate of only 12.9% (Centers for Disease Control and Prevention N.d.). From these statistics alone, many may wonder how African American women are still suffering from this STD/STI disparity when they, overall, do not have an abundance of sexual partners. Wang (2018: para. 7) reports that African American men have the highest rates of self-reported infidelity,

[...] cheating is somewhat more common among black adults. Some 22% of ever-married blacks said that they cheated on their spouse, compared with 16% of whites and 13% of Hispanics. And among black men, the rate is highest: 28% reported that they had sex with someone other than their spouse, compared with 16% of whites and 13% of Hispanic men.

In addition, African American men's high rates of incarceration may pose as a key factor in determining why African American women have the highest rates of STDs/STIs compared to other gender and racial groups (Oser et al. 2016). This is due to the Male Marriage Pool Index which suggests that the amount of eligible and desirable African American men has decreased; this is in part because of the global economy. This also further assumes that African American women desire to marry an African American man based off the idea of homogamy (Oser et al. 2016). The theory of homogamy states that people like to pair with those who have the same social and demographic characteristics. A research study that was conducted proved that racial homogamy exists and is more prevalent within the African American and Hispanic community (Blackwell and Lichter 2004). The Male Marriage Pool Index and homogamy will be discussed more in later sections of this thesis.

While the STD/STI rates among African American women are steadily rising, a large proportion of the traditional college-aged population, eighteen to twenty-four, are acquiring sexually transmitted diseases. For the purpose of this thesis, any time the term “traditional college-aged” or “college-aged” is used, it will denote students ages eighteen to twenty-four. There are 20 million new cases of STDs/STIs each year and individuals that fall between the age range of 15 and 24 account for 50% of those infections (Fogel et al. 2010; McLaurin-Jones, Lashley, and Marshall 2017). Previous research examined sexual behavior patterns of the college-aged population and found that the average person rarely uses condoms but tends to engage in sexual acts with multiple partners (Lewis, Melton, Succop, and Rosenthal 2000).

Data from this qualitative study was taken from ten interviews with traditional college-aged African American women. They were asked to discuss individual-level and societal-level factors which may determine why African American women have high rates of STDs/STIs. African American women are infected with STDs/STIs daily and they are left to suffer with the effects of the disease/infection. It is crucial to educate college-aged, African American women about the current social problem concerning STDs/STIs within the African American community. This research broadens STD/STI awareness among African American women by gaining their perceptions on STDs/STIs among African Americans and discussing methods in which they can protect themselves.

LITERATURE REVIEW

Health Equity Lens

The American Public Health Association (APHA) (2019) defined health equity as the opportunity for everyone to obtain their highest level of health possible. Inequities, also mentioned by APHA, are the barriers that stop individuals and communities from being able to attain their highest level of health and maximizing on their full potential. Health equity for all can be achieved by practicing equity among humankind. In addition, society should advocate on behalf of vulnerable populations who cannot speak for themselves.

The health equity lens is important when conducting research on the STD/STI rate disparity among African American women and other racial groups, because of the stark health disparities among communities. In addition, there are not many people discussing this social problem and working to fix the problem. As a result, African American women STD/STI rates are growing at a rapid pace, more so than any other racial group in the world.

Social Context of African American College-Aged Women

Social context relates to a person's socioeconomic status, environment, education, social networks, etc. Low income is heavily associated with STDs/STIs. In a study conducted by Harling, Subramanian, Barnighausen, and Kawachi (2014), a pattern was studied that viewed the socioeconomic gradients in STI infection and how it varied within race/ethnicity. It was found that the two are related. "[...] this result highlights that gender, race/ethnicity and income interact to place poor Black women at increased rates of STIs." According to the Census Bureau in 2017, African American households had a

median household income of \$40,165 as opposed to white American households who had a median household income of \$65,845 (U.S. Department of Health and Human Services 2019).

In addition to income, poverty also plays an important role in sexual health. Based on the Federal Safety Net's Poverty Statistics, Black Americans have had the highest poverty rate in the United States for over thirty years. As of 2019, Black Americans have a poverty percentage of 21% opposed to Hispanic Americans at about 18% and Asian Americans at about 9% (Federal Safety Net 2019). As a result of living in an impoverished environment, African Americans may not be receiving the proper tools and/or resources on how to protect themselves from STDs/STIs when engaging in sex (Lewis et al. 2000; Oser et al. 2016).

African American women also lack knowledge on STDs/STIs such as protective methods, symptoms, treatments, etc. "In the United States (U.S.), African American adolescent girls, especially those residing in the south, are at a higher risk than white peers for contracting sexually transmitted infections" (Voisin, Tan, Salazar, Crosby, and DiClemente 2013). It was found in this study that a high number of girls were not educated enough on general knowledge concerning STDs/STIs. Researchers suggested that empowerment approaches should be used in order to target the knowledge that girls lack. Empowerment approaches include working to increase confidence in others, inclusivity, organization, cooperation, and influential learning techniques. In addition, their empowerment approach targeted African American girls who were younger, unemployed, and experiencing low self-mastery. Self-mastery, in this context, is known as the ability for an individual to control their own desires, impulses, and skills

(Figueiredo and Ipiranga 2015). Therefore, it is important to interview African American college women to gain insight on whether they are informed of these sexual health risk factors and if so, how to properly apply them within their own sexual experiences.

Social networks are a liability as it relates to STDs/STIs among African American women. Social network members include sex or drug partners, friends or family members, neighbors, coworkers, social engagement groups, and social support groups. It was found in a study conducted by Neblett, Davey-Rothwell, Chander, and Latkin (2011) that social networks do have a direct connection to STDs/STIs. For instance, having a large social network increased the odds of having two or more sexual partners. When people socialize within their community, they tend to go shopping more, go out to clubs, hang out, and use alcohol and drugs which are all associated with having an increased risk of STDs/STIs. All in all, the social context of African American college-aged women has a direct influence on the STD/STI rates amongst them.

The College-Aged Population and STDs/STIs

Some college-aged students want to enjoy the pleasures of having multiple, concurrent sexual partners (Lewis, et al. 2000). In previous studies, young African American men reported having sex with various women without any form of protection. However, the men's partners were under the impression that they were in a monogamous relationship. Failure to communicate about sexual health is one of the many reasons why women are being infected at such high rates due to the underuse of protection and infidelity (Oser et al. 2016).

A previous study observed that college-aged African Americans were more likely than whites to research general information about pregnancy rather than STD/STI

prevention. Kay (2007) in Fogel et al (2010) stated, “Specifically, African Americans have more unwanted and unplanned pregnancies as compared to Whites (Kay 2007) and therefore are more concerned about this birth control topic” (Fogel et al 2010:83).

African American students were less likely to research specific STD/STI information, such as the different types of STDs/STIs, symptoms, treatments, etc. (Fogel et al. 2010).

On average, African American students are not researching STD/STI symptoms on the internet, which makes them unaware of the signs and symptoms of STDs/STIs.

Additionally, African American women are less likely to utilize health services and they delay seeking health services compared to white women (Oser et al. 2016).

College students, on average, have low rates of condom use; this is mainly due to the feeling of having a ‘better’ sexual experience without condom usage; in addition, monogamy and substance abuse are also factors related to the lack of condom use among college students (Oser et al. 2016). In monogamous relationships, partners are more likely to trust one another enough to not use protection. In addition, substance abuse can cause people to have poor judgement, which can contribute to them making impulsive choices especially in their sexual encounters. For example, not using protection when engaging in sexual practices. Likewise, African American women perceive the risk of pregnancy as more detrimental than getting an STD/STI (McLaurin-Jones et al. 2017). This can cause African American women to use birth control that was specifically created to protect against pregnancy such as hormonal pills, patches, spermicides, IUDs and more; however, this does not protect them against STDs/STIs.

The “Sexual Script” and “Down-Low” Men

According to Oser et al. (2016), African American women reported the following as relevant factors that introduce STDs/STIs: infidelity, The War on Drugs, the Male Marriage Pool Index, the sexual script, and men who are perceived to be on the “down-low”. There are several reported cases of African American men who can persuade African American women to have unprotected sex with them; another name for this is called “the sexual script”. The sexual script is a learned technique used by young men to coerce women into engaging in risky sexual behaviors which ultimately can lead to STDs/STIs. Young African American men have claimed to use the sexual script with multiple women simultaneously (Oser et al. 2016).

Being on the “down-low” is an umbrella term used for men who identify as heterosexual but have sex with men secretly. African American men who engage in discreet sexual acts with other men are stigmatized within the African American community. Their actions perpetuate the down-low phenomenon (Oser et al. 2016). The down-low phenomenon frightens African American women due to the fear of acquiring an STD/STI. Previous studies have shown that men who have sex with men (MSM) and men who have sex with men and women (MSMW) result in elevated rates of STD/STI risks among African American women.

Mass Incarceration and The Marriage Pool Index

In the United States, African American men are six times more likely than white men to be incarcerated (Oser et al. 2016). This is due to The War on Drugs, implemented in the 1980s by President Nixon. The War on Drugs dramatically increased police violence in African American communities by normalizing racial profiling, psychological

intimidation, harassment, and selective enforcement of the law. “[...] the War on Drugs contributes to a racialized system of social control” (Rosino and Hughey 2018:851). It has resulted in the mass incarceration of people of color. This largely impacted the African American community, because the War on Drugs primarily targeted black men and forced them to sit in prison for long periods of time for petty crimes (Oser et al. 2016).

Factors that stem from mass incarceration include risky sexual behaviors (unprotected sex and having sex while intoxicated), the usage of alcohol and drugs, and having multiple, concurrent sexual partners (Oser et al. 2016). Floyd and Brown (2013), Lichtenstein (2000), and Wildeman et al (2013) in Oser et al (2016) stated, “These factors, which stem from the War on Drugs and resulting mass incarceration of African American men, place the African American female partners of formerly incarcerated African American men at an elevated risk of contracting an STI” (Oser et al. 2016:546-547). The homogamy theory was best described in a study conducted by Blackwell and Lichter (2004:719) which states,

The conventional wisdom is that the successful progression of intimate relationships- from sexually intimate dating relationships to cohabitation to marriage- may involve increasingly selective criteria based on similar ascribed (e.g., race) and achieved traits, such as education.

Homogamy can be a relatively common practice based off several factors such as environment, culture, traditions, beliefs, and values. Just like it is easier to get along well with people who are most like you, it is assumed that individuals would want to be in a relationship where they can relate and be themselves.

Homogamy is exceptionally strong by race for all kinds of couples. It also is higher among black couples than white or Hispanic couples: blacks are 110 times more likely to marry another black person (than a nonblack person), 63 times [...] likely to cohabit with a black partner, and 46 times [...] more likely to be involved with a black boy- or girlfriend (Blackwell and Lichter 2004:725-726).

Therefore, African American women are more likely to want to be in a relationship with an African American man opposed to a man of a different race.

The Marriage Pool Index is a theory introduced by William Julius Wilson (1987) and it suggests that the number of eligible and desirable African American men has and still is decreasing at a rapid pace due to mass incarceration (Oser et al. 2016). Consequently, some scholars claim (Oser et al. 2016), it is more difficult for African American women to meet African American men whom are monogamous, educated, honest, etc. With the Marriage Pool for African American men being so low, it creates a dynamic where African American women are dating and having sex with the same group of men without even knowing it. Previous studies have shown that the sex ratio between African Americans are unbalanced. For instance, there are approximately 90.5 black males per 100 black females compared to 96.4 white males per 100 white females (Oser et al. 2016).

Memorable Messages Concerning Sexual Health

The social ecological model states that the decisions and behaviors of individuals are based on their social and physical interactions (Dyson, Mobley, Harris, and Randolph 2018). There are several factors to consider that coincide with the high rates of STDs/STIs among young African American women. Previous studies suggest that memorable messages and the type of messages concerning sexual health may impact

behavior and self-concept (Rubinsky and Cooke-Jackson 2017). In this same study, many of the participants stated that memorable sexual health messages directly impacted their thoughts on sex depending on how it was communicated. For instance, some participants were told to use protection, practice abstinence, and some were just told to stay away from sex altogether because of the dangers such as STDs/STIs and pregnancy.

African American women's STD/STI rates are increasing, which poses a health problem for African American women. The lack of knowledge and other social factors are connected to this health disparity. In addition, the southern region of the country has disproportionate rates as it relates to STDs/STIs. This thesis focuses on the perceptions of college-aged, African American women located in the south. A topic seldom studied, this thesis aims to gain knowledge and insight on their understanding of sexual health risk factors. The outcome of this research will help to inform prevention and policy to promote sexual health reform.

METHODS

Setting

Analyzing traditional college-aged African American women's perceptions of STDs/STIs among the general African American female population is particularly important. Analysis of African American women living in the southern part of the United States is especially relevant as this region has a high number of individuals infected with STDs/STIs. "The United States in the last 15 years have shown a growth in proportion of AIDS cases in blacks, in residents of the Southeastern region, and in men and women infected through heterosexual contact" (Farley 2006:S58). Anti-black oppression and

racism against black people cannot be ignored when discussing the history of the United States and specifically, the southern states. Farley (2006:S58) states, “In particular, syphilis and gonorrhea, like HIV, disproportionately affect blacks and have higher rates in the south.” So, it is crucial to examine why an area with so much history of racism and oppression against African Americans can now be the number one region in America that holds the highest cases of STDs/STIs which largely affect African Americans.

The qualitative method used for this research were in person, in-depth interviews. The advantage of in-depth interviews is the contextual data gathered from settings, interactions, and/or individuals. In addition, in-depth interviews produce a better understanding of college-aged African American women and their ideas pertaining to STDs/STIs affecting women of their same race.

Participants

This study was approved by the University’s Institutional Review Board (IRB) #H18398. All ten participants were at least 18 years of age and attended a public, regional, predominantly white institution (PWI), located in a southeastern Georgia community. This community has approximately 30,000 residents and is in the rural, Southern United States. Participants ranged in age from 21 to 23 and the mean age of the participants was 21.3. On average, participants were classified as seniors, were middle class, single, and were majoring in a social science related field. A demographics chart can be referenced in Appendix F, Figure 4.

Data Collection

During Fall (August-December) 2018, the participants in this study were selected using convenience sampling. Because of the sensitive nature of this study, participants

were required to contact the researcher directly. Recruitment flyers, see Appendix A, that briefly summarized the qualitative study being conducted, the eligibility criteria, and the researcher's contact information were posted in the Sociology Department

Each participant contacted the researcher via email to set up an interview appointment. After the researcher was contacted, an email was sent to each participant explaining more about the research and how they could set up an interview appointment. This sample email can be referenced in Appendix B. Next, interview times and dates were shared. Once the participant selected a time to interview, the researcher entered the interview time and pseudonym, within a password protected excel database to keep up with the schedule. Pseudonyms were used to protect participant's privacy.

Before collecting any data, informed consent was obtained, reference Appendix C, and participants completed a short demographic survey. After the demographic survey was completed, participants were asked open-ended questions to gain their perspective on the individual-level and societal-level factors that influence the STD/STI rate disparity among African American women and the rest of the population.

After informed consent was collected, in-depth, semi-structured interviews were conducted by the author of this honor's thesis, an African American, college-aged woman in a private meeting room outside of a campus library. Interviews were audio-recorded, and a thematic analysis was conducted. On average, interviews lasted thirty minutes. The interview began by asking participants, "What does being sexually healthy mean to you?" After the participant exhausted their explanation, the researcher read the American Sexual Health Association's (2018) definition of sexual health.

The American Sexual Health Association (ASHA) (2018) defines sexual health as the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health. Being sexually healthy means:

- Recognizing and respecting the sexual rights we all share.
- Having access to sexual health information, education, and care.
- Making an effort to prevent unintended pregnancies and STDs and seek care and treatment when needed.
- Being able to experience sexual pleasure, satisfaction, and intimacy when desired.
- Being able to communicate about sexual health with others, including sexual partners and healthcare providers.

Providing ASHA's definition of sexual health provided the participants with information on

sexual health in case participants were unaware of what sexual health meant. However, each participant had their own definition of sexual health.

The remaining questions included: What are important sexual health issues concerning Black/African American women? In your opinion what are the risk factors/causes of sexually transmitted diseases/infections among African American women? Do you personally know someone or of someone that was diagnosed with an STD/STI? What are the best ways Black/African American women can prevent contracting an STD/STI? How can Black/African American women who have a STD/STI embrace and enjoy sex? (See Appendix D for the interview schedule).

Data Analysis

A thematic analysis was used to code and analyze the data. To begin the data analysis process, the recorded audio data was taken from the interviews and transcribed word for word. Identifiable information was removed from the transcripts. In addition, the demographic survey was analyzed for frequencies. Each individual question response

from the interview protocol was coded line by line and major themes were developed.

For instance, four codes were gathered from the question ‘What does the term sexual health mean to you?’ and included: safe sex, medical check-ups, knowledge such as self-knowledge and educating the community, and communicating with your partner. To see the coding process for each question asked, refer to figure 1 below.

Overall, this researcher gained an understanding of what the participants believe are the most common STD/STI health risk behaviors affecting African American women. My goal is that the discussions of health behaviors may lead participants to engage in protective measures when engaging in sexual relations. This project was self-funded.

	How can Black/African American women who have a STD/STI embrace and enjoy sex?	What are the best ways that Black/African American women can prevent contracting a disease?	In your opinion, what are the individual factors/causes of sexually transmitted diseases/infections among African American women?	What are important health issues concerning African American women attending college in Georgia?	What does the term sexual health mean to you?
Code 1	Protection	Communication	Lack of protection	Stigma	Safe Sex
Code 2	Communication with partner	Gaining knowledge	Lack of knowledge	Unplanned pregnancy	Medical Check-ups
Code 3	Medication	Higher self-esteem	Stigma	Lack of knowledge	Knowledge (self-knowledge & educating the community)
Code 4	Find someone with the same STD/STI	Routine check-ups	Lack of communication	Lack of proper healthcare	Communication with partner
Code 5	Go talk to a doctor	Protection		Lack of protection	
Code 6				Poor communication	
Code 7				STDs/STIs	
Code 8				Freedom in college	

Figure 1

FINDINGS

Qualitative interviews explored participant awareness of sexual health issues with STDs/STIs within the United States, specifically among African American women. More than half (6 of 10) of the participants reported they were happy to be a part of this study, because they learned more than what they previously knew about the STD/STI epidemic among African American women. This findings section will focus on three of the interview questions and major themes that are most relevant. Risk factors, embracing sex with a STD/STI, and preventing a STD/STI when engaging in sex.

Theme 1: What are important sexual health issues concerning Black/African American women and those attending college in Georgia?

Most of the participants (6 of 10) stated that lack of knowledge concerning STDs/STIs is the most important sexual health issue concerning African American women and those attending college in Georgia. Bethany illustrated this point,

I would say that could be [...] [the] lack of knowledge [,] [...] they may not know exactly how or what the different options are. Some women may not know about birth control [...] or how to prevent STDs and STIs, so I think that lack of knowledge, one of those topics.

Similarly, Gale also discussed the lack of knowledge surrounding sexual health but also pointed out that people do not always think about repercussions. Gale says, “Nobody really takes the time to think about the consequences that could happen. They only think about the gratification in the moment.” The lack of knowledge concerning STDs/STIs is prevalent among the college-aged population and even African American women.

In addition to lack of sexual health education, access to medical care was also discussed. Half of the participants (5 of 10) stated that lack of medical check-ups is an important issue in detecting sexual health problems. Gale stated, “

any of the STDs could be a risk for our community too because a lot of people, especially in college, tend to sleep with each other and they really don't practice getting tested and things like that.”

Some participants believed that the lack of medical check-ups was due to not practicing safe sex habits and others believed that the lack of medical check-ups was due to the difficulties of obtaining affordable healthcare. Destiny stated, “I feel like access to healthcare, and we're also a really conservative state, so we don't have a lot of options or most times we don't know our options.”

Absence of medical check-ups as it relates to STDs/STIs is very concerning because not all STDs/STIs come with symptoms which can make someone think that they are healthy with no diseases/infections.

Only 20% of participants stated the stigma of STDs/STIs, unplanned pregnancy, lack of protection, and freedom in college are important sexual health issues. When Jasmine was asked about important sexual health issues for African American women and women attending college, she discussed that some women may rush into relationships or may not be as selective as they could be. Jasmine stated,

African American women [are] not being the smartest with like either partner choice or dealing with new partners [and] they'll be too excited to jump into quick and they might end up with either an STD or an unwanted pregnancy.

In addition, when Jasmine was questioned on the sexual risk factors for women attending college, she mentioned the newly acquired independence and the opportunity to connect with multiple partners. She stated,

I feel like it's worse in college because it's just so much more access to people [and] more freedom. You're not near your parents, you're on your own finally, and it's just thousands of guys and girls by themselves who can do what they want.

Depending on what university or college a student attends, they may end up hours away from their families and have the chance to communicate with anyone that they want to. In some settings, they may end up meeting someone and as a result be exposed to STDs/STIs.

By participating in this study, participants became aware of the STD/STI problem concerning the African American female population. The goal was to focus on how African American women can prevent contraction of STDs/STIs. If they already have one, they should focus on how they can participate in healthy relationships and a healthy sex life. The graphed results of the best ways African American women can prevent contracting STDs/STIs can be shown below in Figure 2.

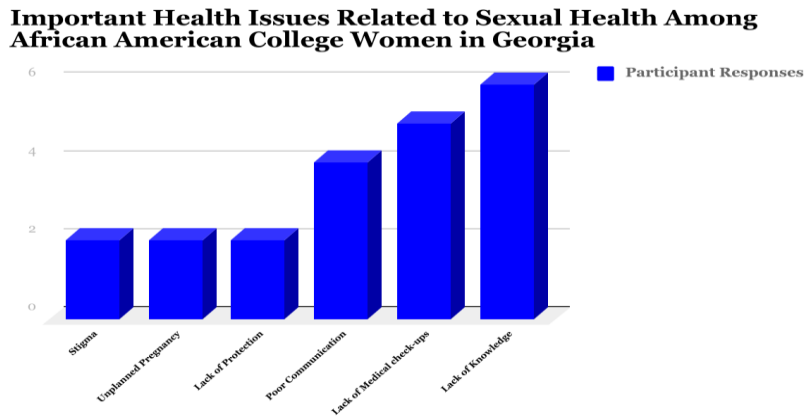


Figure 2

Theme 2: How can Black/African American women who have a STD/STI embrace and enjoy sex?

Participants reported that the best ways African American women who have a STD/STI can embrace and enjoy sex is by getting treated by a medical professional. The findings from this question were as follows: four participants stated that they should use protection, four participants stated that they should have good communication with their partner, five participants stated that they should take medication, two participants stated that they should talk with a doctor, and one participant stated that they should find someone with the same STI/STD and have sex with them. Some participants gave more than one answer. Communication within a relationship was found to be extremely important when dealing with STDs/STIs. Bethany advocated for honesty with partners and medication. She stated,

I think the number one thing for that is to definitely let their partner know for sure, because I don't think you can really enjoy if you don't tell the partner that you have something so I think that telling your partner [and] making sure that you take the necessary precautions like medications.

Participants believed this was the best way to keep a partner informed and to make sure that they are okay with any previous history experienced. Erica stated, “

if you've been diagnosed with an STD like your life is not over but you just have to [...] take your medication, do what doctors tell you, and communicate with your partner.”

Communication was found to be especially important when STDs/STIs are not curable; participants reported the best way to embrace and enjoy sex is to be open with your

partner and use protection. If the STD/STI is not curable, then the best reported way to still embrace and enjoy sex is to communicate with your partner and use protection, which is shown at the end of this section in Figure 3.

Although all the participants reported that women can still enjoy sex with a STD/STI, Destiny was the only person that said that sex might be best limited to a partner with an STD/STI. Destiny stated, “Find somebody else who has the same STI, enjoy, I don’t know.”

Overall, responses show that people believe that there is a way for women to embrace and enjoy sex, even with a STD/STI. There are several medications that are accessible and affordable for the STDs/STIs that are not curable, such as antiviral drugs which suppresses the virus when engaging in sex with others. People’s lives are not over if they are diagnosed with an STD/STI, they just must find the correct treatments for it and educate themselves on STD/STI knowledge.

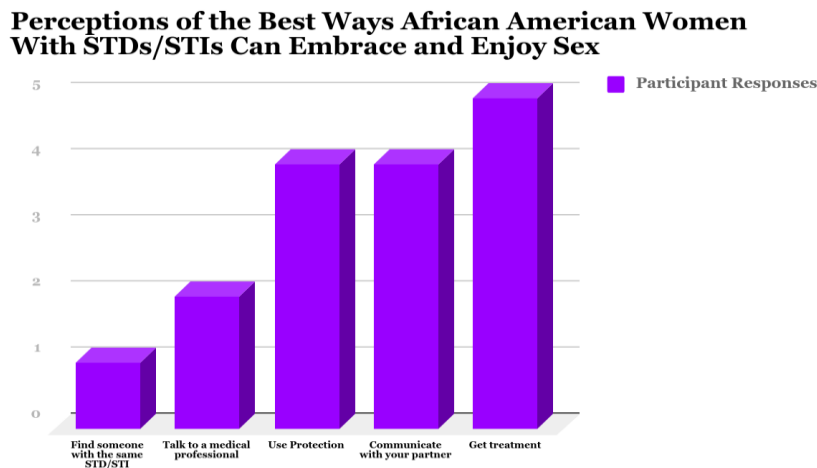


Figure 3

Theme 3: What are the best ways Black/African American women can prevent contracting an STD/STI?

College-aged African American women reported that the best way for African American women to prevent contracting an STD/STI is to gain knowledge, such as self-knowledge and education through the community, on a subject which can aid in prevention methods. The findings from this question were as follows: three participants stated communication, five participants stated gaining knowledge, one participant said having higher self-esteem, four participants stated doing routine check-ups, and two participants stated that protection would be the best way that Black/African American women can prevent contracting a disease. Some participants gave more than one answer.

It makes sense that participants reported knowledge and doing routine check-ups would be the top findings for this question since the most important health issues were identified as lack of knowledge and lack of medical check-ups. Kayla stated,

Going to the doctor or clinic routinely every time they change a partner and also making a habit of going with their new partner [...] always wearing a condom and keeping an eye out because most of the time these STDs are like physical so just like making sure that you scan the area before you go down into it and yeah just having [a] health conversation with your friends and family because they can really help the way you cope with it.

Going to the doctor or clinic every time there is a change in partner is very crucial thing to practice avoiding any confusion and an understanding that there will be no STDs/STIs present. Gale stated,

I would say if we increased education about how to prevent [STDs/STIs] and like put more research into our communities. [...] When you find out your kid could possibly be sexually active rather than sitting them down and talking. Like this is how you prevent STDS, this is what you do in case you need it. A lot of parents scare them out of it and that causes kids to be sneaky and keep having sex.

The graphed results, Figure 4, can be shown below this section.

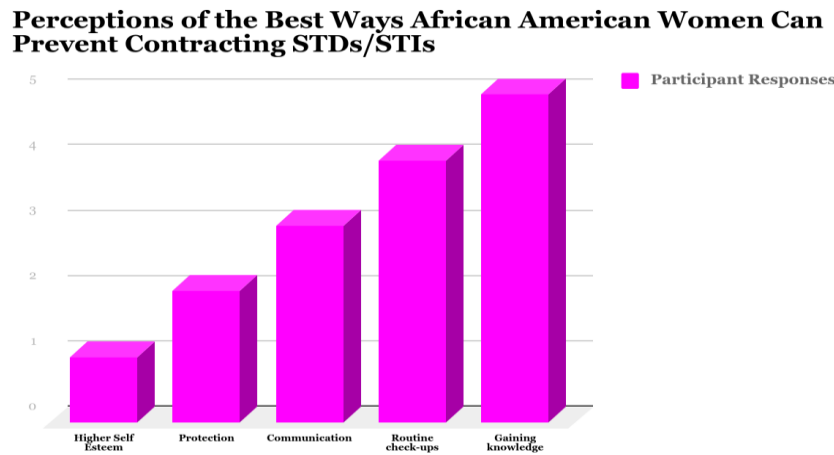


Figure 4

DISCUSSION

Using a health equity lens, the purpose of this research was to determine what college-aged African American women perceived to be the reason for disproportionate STD/STI rates among African American women in general. Participants indicated that African American women should be more knowledgeable on STDs/STIs and participate in medical appointments. In addition, participants stated that if a woman has already been infected with a STD/STI, then they should seek medical treatment and communicate with their partner before engaging in sex.

A perception discussed within this research was that African American women lack getting regular medical check-ups due to several reasons ranging from not having affordable healthcare to do so or just not caring. Previous research conducted (Harling et. al 2014) showed that socioeconomic status is directly linked to high STD/STI rates among African American women. A popular perception that was discussed within this

research was that African American women lack knowledge of STDs/STIs which stems from their education while growing up. Additionally, previous studies (Lewis et. al 2000) identified that college-aged students are not likely to practice safe sex techniques because they prefer to enjoy the pleasures of sex. Poor communication among college-aged students was a factor identified within this study; instead of sitting down to talk to one another to identify what is the safest and healthiest way to engage in sexual practice, participants perceived that their peers are more likely to just have sex unprotected because it feels good.

The sexual script, men who are on the “down low,” and the link of STDs/STIs to mass incarceration was identified in previous research as being factors in STDs/STIs among African American women (Oser et al. 2016). However, these three factors did not come up in any of the interviews that were conducted. There were not any college-aged African American women in this study who reported that the decisions of African American men and women affected their sexual behaviors which then results in STDs/STIs.

Consistent with previous research (Voisin et. Al 2013), this thesis research found that some African American women may not take the time out to do their research about STDs/STIs, which in turn may increase their likelihood of being infected. Most times, this is because they are not knowledgeable on protective methods, signs, symptoms, or STDs/STIs in general. Equally important, other studies (Wang 2018) showed that the men within the African American community can, a lot of times, be the ones to pass the diseases around from woman to woman because of their lack of monogamy. Based on this thesis, participants reported that if more women were to gain knowledge on

STDs/STIs they would learn additional protection methods and be able to educate others on the severity of this health problem.

The major finding in this study is that participants tend to identify individual-level factors as most problematic, such as poor communication, lack of medical care, or limited information on STDs/STIs. However, they do not tend to discuss the larger social structures (apart from access to health care), such as racism, discrimination, and mass incarceration which largely influences the STD/STI rates among the African American population. Both individual-level and societal-level issues are important, however larger social policies and structures impact women's choices, whether they know it or not. For African American women to maintain and improve their sexual health, they will need the assistance and support from others as well as advocating for themselves. African American women must be included in determining ways in which this social problem can be solved.

The results of this study can be applied to the larger African American population, on an individual-structural level, by encouraging people to know more about STDs/STIs beyond what they were taught in a secondary school sexual education course. By the same token, individuals should learn how to increase effective communication with their sexual partners about their sexual health concerns. On a societal-level, we can increase African American women's knowledge of the ways STDs/STIs are affecting their racial group but also invite African American women to play a central role in changing health policies to help reduce the transmission of STDs/STIs. Coinciding with *Movement is Life* (N.d.), non- African American supporters must gain trust with African American women and acknowledge the problems they are facing. Supporters must also recognize the social

and economic challenges as well as the specific needs of African American women that serves as a result of the high sexual health disparity rates between African American women and the general population.

There also needs to be a focus on larger social structures such as racism, discrimination, and mass incarceration, because they do contribute to the STD/STI health disparity rates among minorities. In line with Noonan, Velasco-Mondragon, and Wagner (2016), racism must be challenged and fought through social programs, criminal system reform, reduced segregation in positions of power such as government positions and medical professionals, more research on African American health issues, adding more healthcare institutions and historically black colleges and universities (HBCUs), etc. By promoting social change in the aspects previously listed, society can promote change, health, positivity, and equity among all people.

Limitations

Sexual risk behaviors that were asked during the interview could have introduced interviewer bias (sexual risk behaviors that were mentioned in this study can be referenced in Appendix C, the interview schedule). Because the interviewees were asked about select risk factors, this could have created an influence into the kind of risk factors that they would speak about. However, this appears unlikely as participants tended to mainly focus on individual-level causes, even though structural causes were mentioned. Second, African American men were not included in this study which hid their voice behind the matter of the STD/STI disparity as it relates to African American women. Nonetheless, these findings contribute to the literature on the perceived risk factors of

STDs/STIs, particularly as they relate to addressing the growing disparity of STD/STI rates among African American women.

Future Research

After conducting a study pertaining to all the sexual health risk factors associated with STDs/STIs, I believe that future research should focus on what the top sexual health risk factor is for African American women who are diagnosed with an STD/STI. It is important to pinpoint what the main sexual health risk factor is, so that African American women can be aware of the problem and make sure that they are taking preventative measures to fix it.

In addition, future research should interview African American men to gain insight on their perceptions of STDs/STIs and what they perceive the major risk factors to be. Because African American men was discussed a lot through this research, it would be interesting to see their side of the story and why they believe African American women have the leading cases of STDs/STIs.

Conclusion

Most studies centered around sexual health are quantitative and they also suggest that white Americans are more likely to use protective methods than African Americans are. With this being among the few qualitative studies conducted on STDs/STIs among African American women, the gap that was filled was to study the likelihood of African Americans using protection due to the leading STD/STI rates of African American women. In addition, it was found that college-aged, African American participants focused on individual-level effects of acquiring a STD/STI. The individual-level effects include: lack of protection, lack of knowledge, lack of communication, lack of proper

healthcare, freedom in college, etc. The individual-level effects are easier for participants to recognize because they may seem obvious. However, structural-level issues affect African American women's behaviors and perceived choices; these include: affordable healthcare availability, mass incarceration, racism, economic inequality, and more.

The findings in this research promote an understanding for college-aged, African American women about STD/STI health rate disparities and risk behaviors that can potentially affect their health in the long run. If we desire a world where STDs/STIs are at a minimum, we must educate youth on the importance of sexual health. This will strongly impact the more general social climate. Hopefully this will contribute meaningful messages to participants about safety of sex and with enough conversations we can see a decrease in STD/STI rates around the world.

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APPENDIX A: RECRUITMENT FLYER

SEEKING PARTICIPANTS

FOR A STUDY INVESTIGATING PERCEPTIONS ON
STD/STI HEALTH RISK BEHAVIORS AMONG AFRICAN
AMERICAN WOMEN

Eligibility: At least 18 years-old, Black/African American, Female, and a student at Georgia Southern University

Please email Dashawna at da02271@georgiasouthern.edu if you are interested or would like more information.

APPENDIX B: EMAIL SAMPLE

Sample Email

Dear [*insert name here*],

Hello! My name is Dashawna Anderson and I am a Senior Sociology student at Georgia Southern University. I am conducting a research project and I am searching for college-aged African American women to discuss their perceptions of the risk behaviors causing STDs/STIs among the Black/African American female population in the United States.

You must be 18 years of age or older, a woman, and Black/African American. I

understand that you might be hesitant to participate in this research project; however, this is a confidential study and your privacy is my top priority. This research project has been approved by the Institutional Review Board (IRB) at Georgia Southern University (IRB #H18398). Personal information discussed will be kept strictly confidential.

If you qualify and are interested in participating in this study, please email Dashawna Anderson at da02271@georgiasouthern.edu. This research is supervised by Dr. April Schueths (aschueths@georgiasouthern.edu).

APPENDIX C: CONSENT FORM

Please read this document carefully before you decide to participate in this study.

Title of the Research Study: Perceptions of African American Women: STD/STI Health Risk Behaviors Among African American Women

Purpose of this Study: The purpose of this study is to examine perceptions of African American women concerning sexually transmitted diseases/infections (STDs/STIs) risk factors among African American women in the United States.

Your participation in this research is **completely voluntary**. Please carefully read the information presented below and decide whether you wish to participate. If you have any questions, please do not hesitate to ask. The following information is provided to help you make an informed decision about whether to participate in this research project. To be included in this study you must be at least 18 years-old, and you must meet the following criteria:

- 1) **You identify as Black/African American**
- 2) **You identify as female**
- 3) **You are a student currently attending Georgia Southern University**

What you will be asked to do in the study: You will be asked to participate in an interview which will be conducted in private rooms in the Georgia Southern University Zach S. Henderson library or private office space in the Carroll Building. Your interview will consist of two parts. First, you will be asked to fill out a general demographic questionnaire that includes your gender, age, race/ethnicity, education, and income, etc. Second, you will be asked to answer a series of open-ended questions about your perceptions of STD/STI health risk behaviors among African American women. An electronic audio recording device will record the interview. The electronic recording will be destroyed following the transcription of the interview. You will not be asked any identifiable information during the interview and all identifiable information disclosed during the interview will be removed during the transcription. You are under no obligation to be interviewed if you do not wish to do so. You may decline to answer any or all the questions, ask to take a break, and/or you may terminate the interview at any point.

Time required: 45 to 60 minutes

Risks and Benefits/Compensation: There are no direct benefits or compensation to you for participating in this study except potentially expressing your opinions and needs in a safe, confidential setting. Potential benefits to others include sharing valuable information related to perceptions of STD/STI health risk behaviors among African American women. The risks include disclosing personal information.

Confidentiality: Due to the sensitive nature of this study, maintaining your confidentiality will be given the utmost concern. As mentioned, you will not be asked any identifiable information during the interview and I will remove any identifiable information from your transcribed interview if it is stated at any time during the interview. Codes will be assigned to your interview materials and audiotapes, instead of names to ensure confidentiality. Interview notes and audio recordings will be kept on a password protected device and will be maintained in a secure location for a minimum of 3 years following completion of the study.

Only members of the study team (PI and Faculty Supervisor) will have access to all the information you share with us. You will not be identified by name in any analysis or publication of this data. Subsequent use of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. De-identified or coded data from this study may be placed in a publicly available repository for study validation and further research. Respondents will not be identified by name in the data set or any reports using information obtained from this study, and their confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.

Voluntary Participation: Your participation in this study is completely voluntary. There is no penalty for not participating.

Potential Risk: Some of the topics covered in this interview may be sensitive in nature. If at any time during the interview you may experience any emotional distress please stop the interview and contact the Georgia Southern University, Counseling Center at (912) 478-5541.

Right to withdraw from the study: You have the right to withdraw from the study at any time without consequence. In the event of problems resulting from participation in the study, psychological treatment is available for low cost at the Georgia Southern University, Counseling Center at (912) 478-5541.

Whom to contact if you have questions about the study: Please direct all questions regarding the study to Dashawna Anderson at the following email, da02271@georgiasouthern.edu.

Right to Ask Questions: You have the right to ask questions and have those questions answered. If you have questions about this study, please contact the researcher named above or the researcher's faculty advisor, whose contact information is located at the end of the informed consent. For questions concerning your rights as a research participant, contact Georgia Southern University Office of Research Services and Sponsored Programs at (912) 478-5465.

I have provided two copies of this informed consent. You will be given an extra copy of this consent form to keep. You are voluntarily deciding whether to participate in this research study. Your written consent certifies that you have decided to participate in this study after having read and understood the information presented.

This project has been reviewed and approved by the GSU Institutional Review Board under tracking number H18398.

Principal Investigator: Dashawna Anderson, email: da02271@georgiasouthern.edu .
Faculty Supervisor: Dr. April Schueths, 1060 Carroll Building, Statesboro, GA 30460, (912) 478-2368, email: aschueths@georgiasouthern.edu .

Written Consent of Participant:

Participant Signature

Date

I, the undersigned, verify that the above informed consent procedure has been followed.

Investigator Signature

Date

APPENDIX D: DEMOGRAPHIC INFORMATION

Demographic Survey

1. Age: _____

2. Gender: _____

3. Sexuality: _____

4. What is your current living arrangement? (e.g., on campus housing, off-campus, roommates, etc.) _____

5. What is your major(s)?

6. What is your classification (year in school)? Freshman Sophomore
 Junior Senior Graduate Student Post Baccalaureate
 Unsure Other

7. How many credit hours are you enrolled in this semester?

8. What is your current marital status? Single Separated Divorced
 Living with a partner Married Widowed Other

9. Do you identify as a member of any of the following religions? Christian-
 Protestant Christian-Catholic LDS/Mormon Jewish
 Muslim Spiritual Not Religious Other:

10. What is the zip code of your permanent address?

11. Compared to other families in my hometown, my family made:

Less money than other people About the same amount of money as other
people More money than other people Unsure Other:

12. Are you working while attending college? Yes No Other

13. If yes for question 12, approximately how many hours per week do you work while attending college? _____

APPENDIX E: INTERVIEW SCHEDULE

Interview Questions

Interviewee Code:

Interviewer:

Date/Time/Location of Interview:

I. Consent and Introduction

- Introduce yourself
- Review:
 - The study's purpose
 - How long interviews are expected to take
 - Approximately 60 minutes
 - Plans for using the results from the interview
 - Informed consent form - written permission is required; Note response:
 - _____
 - 18 years of age or older? Note response: _____ If yes, proceed to demographic questionnaire. After the demographics, proceed to #1.

I have several questions to go through, and this interview should take no more than 60 minutes. Please let me know if you need a break at any time. Keep in mind there are no right or wrong answers. Do you have any questions before we begin?

1. What does being sexually healthy mean to you?

If not mentioned, what about the individual-level or community-level?

After the participant provides their explanation, read the following definition: The American Sexual Health Association (ASHA) (2018) defines sexual health as the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health. Being sexually healthy means:

- *Recognizing and respecting the sexual rights we all share.*
- *Having access to sexual health information, education, and care.*

- *Making an effort to prevent unintended pregnancies and STDs and seek care and treatment when needed.*
- *Being able to experience sexual pleasure, satisfaction, and intimacy when desired.*
- *Being able to communicate about sexual health with others, including sexual partners and healthcare providers.*

2. What are important sexual health issues concerning Black/African American women?
Probes: In general, but also women attending college in Georgia and at their college

3. In your opinion, what are the risk factors/causes of sexually transmitted diseases/infections STDs/STIs among African American women?
In general, but also Black/African American women attending college in Georgia and at their institution?

Probe for individual-level and community-level factors

Sexual contact (oral, vaginal, and anal)? Skin-to-skin contact?

Protected sex?

Number of partners?

Monogamy?

Secrecy and stigma of STDs/STIs?

Decrease in eligible, socially desirable African American men?

Lower education?

Drug use/injections?

Substance abuse?

Sexual networks?

The trade of sex for money, drugs, food, and/or shelter?

The down-low phenomenon?

Are there any Local/State/Federal laws and policies that may have an impact on STD/STI rates among African American women? (e.g. War on drugs, mass incarceration, etc.)

What about discrimination/racism?

Access to quality healthcare, providers, insurance, etc.

4. Do you personally know someone or of someone that was diagnosed with an STD/STI?

Black/African American women, including college women?

If yes, what was the specific STD/STI and what were the circumstances?

Would you say there were individual factors or societal factors that played a part in that individual acquiring an STD/STI?

If yes to individual factors, what were they?

If yes to societal factors, what were they?

5. What are the best ways Black/African American women can prevent contracting an STD/STI?

6. How can Black/African American women who have a STD/STI embrace and enjoy sex?

Refer to the ASHA definition of sexual health, if needed.

7. Is there anything else I should have asked during the interview?

Do you feel you have given a fair picture of yourself?

What are your feelings/thoughts about this interview and all that we have covered?

APPENDIX F: GRAPH/TABLE

	Age	Sexuality	Current Living	Major	Classification	Marital Status	Social Class	Religion
Ashley	21	Heterosexual	On Campus	Criminal Justice	Senior	Single	Middle class	Christian-Protestant
Bethany	21	Heterosexual	Off Campus	PR/Marketing	Senior	Single	Middle class	Christian-Protestant
Caitlyn	23	Heterosexual	Off Campus	Criminal Justice	Senior	Single	Lower class	Christian-Protestant
Destiny	21	Heterosexual	Off Campus	Sociology	Junior	Single	Upper class	Christian-Protestant
Erica	21	Heterosexual	Off Campus	Child and Family Development	Junior	Single	Unsure	Christian-Protestant/Spiritual
Gale	21	Heterosexual	Off Campus	Sociology and Criminal Justice	Senior	Single	Lower class	Spiritual
Haley	21	Heterosexual	Off Campus	Exercise Science	Senior	Single	Unsure	Christian-Protestant
Isabelle	22	Heterosexual	Off Campus	Sociology	Senior	Single	Middle Class	Christian-Protestant
Jasmine	21	Heterosexual	Off Campus	Biology	Senior	Single	Middle class	Not Religious
Kayla	21	Bisexual	Off Campus	Mechanical Engineering	Senior	Single	Unsure	Christian-Catholic