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ASSOCIATION BETWEEN SEXUAL RELATIONSHIP POWER AND PARTNER CONDOM  
USE AMONG HIV-POSITIVE HAITIAN WOMEN

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## ABSTRACT

**Background:** Haiti, a Caribbean nation, has one of the fastest growing HIV rates in the world with 120,000 people living with HIV/AIDS in 2011. A majority of the population living with HIV in Haiti are women, 15 years of age and older, with an increase in prevalence in those acquiring HIV from heterosexual intercourse. However, little has been studied on the social factors, specifically the power dynamics in a sexual relationship that can affect condom use as a way to reduce risk of HIV transmission among HIV-positive Haitian women and their partners.

**Purpose:** To examine the association between sexual relationship power and partner condom use among HIV-positive Haitian women.

**Methods:** A secondary analysis of data collected from a randomized trial of a Cognitive-Behavioral Stress Management intervention aimed at improving safer sex practices, adherence to antiretroviral (ARV) therapy, as well as reducing alcohol and other drugs in the Haitian Study Group for Kaposi's sarcoma and Opportunistic Infections Center (GHESKIO) in Port-au-Prince, Haiti conducted through Florida International University. [NIAAA, (5R01AA018084-04; Malow, PI)]. Descriptive statistics, cross tabulation, and bivariate regression were run using Statistical Product Service Solution (SPSS) 21.0.

**Results:** A final sample of 152 HIV-positive Haitian women (ages ranging from 18-35) was used. Relationship variables such as *most of the time, we do what my partner wants me to do*, and *my partner gets more out of the relationship than I do* were not found to predict consistent partner condom use. However, marital status, a sociodemographic factor, and lack of knowledge of partner's HIV-status played an important role in determining consistent partner condom use. Those who were married and did not know their partner's HIV-status, therefore at high risk of exposure, were found to have partners who were less likely to use condoms consistently than those who were single and did not know their partner's HIV-status. These findings emphasized the importance of sexual education for those who could be in potentially high-risk relationships for contracting HIV.

**Conclusions:** Future studies are needed on the effect of marital status on condom use among vulnerable populations such as HIV-positive Haitian women. A prospective study should be developed to identify modifiable predictors of consistent condom use.

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## Chapter 1

### Introduction

This undergraduate thesis will examine the association between sexual relationship power and partner condom use among HIV-positive Haitian women. In this section I will provide background information about the scope of the problem as well as introduce the purpose and the aims of this study.

Other than sub-Saharan Africa, the Caribbean is the most highly affected region in the HIV epidemic (UNAIDS: Haiti, 2012). The human immunodeficiency virus (HIV) weakens the body's immune system and as it progresses, transforms into autoimmune deficiency syndrome (AIDS), which can lead to many negative health outcomes including death (HIV/AIDS, 2012). Those infected with HIV/AIDS are more likely to suffer from opportunistic infections, including tuberculosis, due to their lowered immune system. HIV can be transmitted through the blood, semen, genital fluids, or breast milk of an infected person. Two of the most common ways HIV is transmitted are through unprotected sex and intravenous drug use. Although there are treatments such as antiretroviral therapy, there is no cure or reversal of HIV/AIDS (HIV/AIDS, 2012). Besides abstinence, one of the most effective ways to reduce the transmission of HIV through sexual intercourse is by the consistent use of condoms (UNAIDS, 2012). The Center for Disease Control (CDC) emphasizes that HIV infections are more likely to occur when condoms are used incorrectly and inconsistently, rather than through product failure (CDC, 2012).

Within the Caribbean nations Haiti had approximately 120,000 people living with HIV/AIDS in 2011 (UNAIDS: Haiti, 2012). Over half of the infected population in Haiti are women ages 15 years and older (UNAIDS: Haiti, 2012). Since 1985, the number of new cases in Haiti has been increasing due to transmission by heterosexual intercourse (Koenig et al., 2008).

With this increase, the ratio of infected Haitian women to men has been increasing as well.

Women are often seen as very vulnerable to HIV and other sexually transmitted infections (STI) due to the inequality in gender and power among men and women in Haiti (Koenig, et al., 2008). The number of women infected has also lead to the spread of HIV from mother to child (Koenig et al., 2008).

Haiti has a long history of social conflict, governmental instability, and poor economic development which has caused problems in creating a self-sustaining country (Katel, 2005). Social structures and HIV prevention efforts are closely linked in Haiti. Since gaining its independence from the French in 1805, Haiti has struggled to develop a proper and effective government for its people (Katel, 2005). The Duvalier family, which ruled from 1957-1986, supported the interests of the upper class as well as foreign interests, which strengthened the inequalities among the rich and the poor (Griffen, 1992). During this regime HIV was first discovered and Haitians were officially described by the United States government as a main cause of the spread of the virus to the United States (Walton et al., 2004). This caused almost all tourism to Haiti to cease and the economy was never able to recover (Walton et al., 2004).

In terms of HIV, the Ministry of Health in Haiti (MoH) has often looked to private organizations to set up prevention programs (Walton et al., 2004). National programs were uncommon, especially during Duvalier's dictatorial rule. In 1987 the AIDS Coordination Bureau was developed, however the effectiveness of this bureau was compromised by Haiti's unstable government at that time. Non-governmental organizations (NGOs) such as Partners in Health instead took the lead in addressing the HIV epidemic and became advocates for better HIV/AIDS care in Haiti (Walton et al., 2004).



After the Duvalier family was deposed, the next few governmental elections were quickly replaced with military regimes and Haiti did not conduct its first democratic election until 1990 when Jean-Bertrand Aristide was elected (Katel, 2005). However, he was ousted from leadership in 1991 (Griffen, 1992). Subsequently, in 2000, Aristide was elected again and he aimed at decreasing the gap between lower and upper class as well as advocating for better HIV/AIDS programs (Robinson, 2008). In 2001, Aristide developed the HIV/AIDS Strategic Plan and, with the help of international funding, Haiti saw an increase in condom sales (Walton et al., 2004). Within ten years of the implementation of the HIV/AIDS Strategic Plan the number of HIV infections decreased by almost half (Walton et al., 2004). Although Haiti began to make strides, Aristide's effort to equalize the class system met much resistance from the upper class as well as countries like the United States, who cut off all aid to Haiti in the early 2000's (2000-2004) (Robinson, 2008). This resistance eventually led to Aristide's overthrow in February 2004 (Robinson, 2008). Considering the governmental instability, the HIV prevention and treatment strategies during that time have been seen as remarkable (Walton et al., 2004).

Haiti still has one of the highest rates of HIV infection (UNAIDS, 2011). After an earthquake measuring 7.0 on the Richter magnitude scale hit Port-au-Prince, the capital of Haiti, on January 12, 2010, many national health buildings were destroyed (UNAIDS, 2011). In order to continue the vigorous fight against HIV/AIDS, it is imperative that this infrastructure be rebuilt. Without this human resource entity, decreasing HIV-positive prevalence may prove difficult to achieve (UNAIDS, 2011). Since that time, while infrastructural needs still remain, Haiti has begun to lose the presence of some of the NGOs that were first stationed after the quake and has also lost international funding as well (WHO, 2008). With over one million people displaced due to the earthquake, many people have been forced to relocate into rural areas

that have inadequate infrastructure to tend to the needs of those who are HIV- positive (UNAIDS, 2011). This has caused a push for better prevention programs focused towards those living in refugee camps or hard-to-reach areas (UNAIDS, 2011). As previously mentioned, over half of the people infected with HIV/AIDS in Haiti are women (HIV/AIDS, 2012). Currently, HIV is the leading cause of death among Haitian women of reproductive age with an estimated 1.2 million females newly infected in 2011 (HIV/AIDS, 2012). Given that inconsistent condom use increases the likelihood of infection, the inability to negotiate safe sex with a partner may play a part in the high rate of women infected (Pulertwitz, Gortmaker, & DeJong, 2000). Feeling powerless or unable to communicate with a partner may also contribute to the gender imbalance in terms of negotiating safer sex.

### **Statement of the Problem**

The high proportion of HIV- positive Haitian women challenges us to examine possible factors responsible for this incidence rate. Condoms, if used correctly, are one method in which HIV transmission can be reduced. If a woman is involved with a sexual partner who chooses not to wear a condom, her chances of contracting and spreading the virus greatly increases (CDC, 2012). Nurses play a vital role in addressing the high incidence of HIV transmission as the main communication link between the other health care providers and patients. HIV prevention is a nursing issue as nursing encompasses all aspects of care, including prevention. Nurses can and should provide education to HIV- positive men and women about ways of preventing the spread of the virus. Understanding the external risks that increase the likelihood of partners participating in unsafe sex can prepare nurses with the knowledge necessary to help increase condom use among HIV-positive partners.

## **Purpose and Aims**

The purpose of this study is to examine the association between sexual relationship power and partner condom use among HIV-positive Haitian women. This will be achieved in 2 aims:

Aim 1: Identify the factors related to the use of condoms in HIV-positive Haitian women.

Aim 2: Examine the association between relationship power and consistent partner condom use among HIV-positive Haitian women.

Hypothesis: HIV-positive women who agree that most of the time their partner does what he wants even if she does not want him to will be less likely to have a partner that uses condoms consistently.

## **Significance of the Study**

This study is one of few studies that examine Haitian women and the effect of relationship power and condom use. Specifically, this is the first study, to my knowledge, that focuses solely on HIV-positive Haitian women, their perceived level of relationship power, and their sexual partner's condom use.

## **Definition of Terms**

Haitian: a native or inhabitant of Haiti, a country in the Caribbean which shares the island of Hispaniola with the Dominican Republic. Haiti is found 681 miles off of the east coast of Florida.

Sexual Relationship Power: when a partner participates in behaviors against the other's wishes, has greater decision making in the relationship, or has greater control in the relationship (Pulerwitz, Gortmaker, & DeJong, 2000).

Consistent condom use: Condom use by a male sexual partner 100% of the time during heterosexual vaginal intercourse.

Inconsistent condom use: Condom use by a male sexual partner less than 100% of the time during heterosexual vaginal intercourse [NIAAA, (5R01AA018084-04; Malow, PI)].

Sexual partner: one with whom someone is genitally sexually active.

Married marital status: one who is legally married or cohabitating with a sexual partner.

Single marital status: one who is not legally married or cohabitating with their sexual partner.

Partner HIV-status: a sexual partner's HIV-status: positive, negative, or unknown.

Disclosure of status to partner: revealing one's HIV-status to their sexual partner.

### **Organization of the Study**

This thesis is presented in five chapters. Chapter 1 includes the introduction to the problem and the purpose, aims, and hypothesis. Chapter 2 reviews the literature related to the variables as well as the conceptual framework. Chapter 3 explains the methodology of the study including the instrumentation as well as a description of the analysis. Chapter 4 reports the results of the data analysis. Chapter 5 discusses the theoretical relationships behind the results and the aims of study the implications, future research, and limitations of the study and concludes and summarizes the study.

In summary, this study will examine factors influencing relationship power and partner condom use among HIV-positive Haitian women. In the next chapter I will review the literature related to my variables as well as address the theoretical framework.

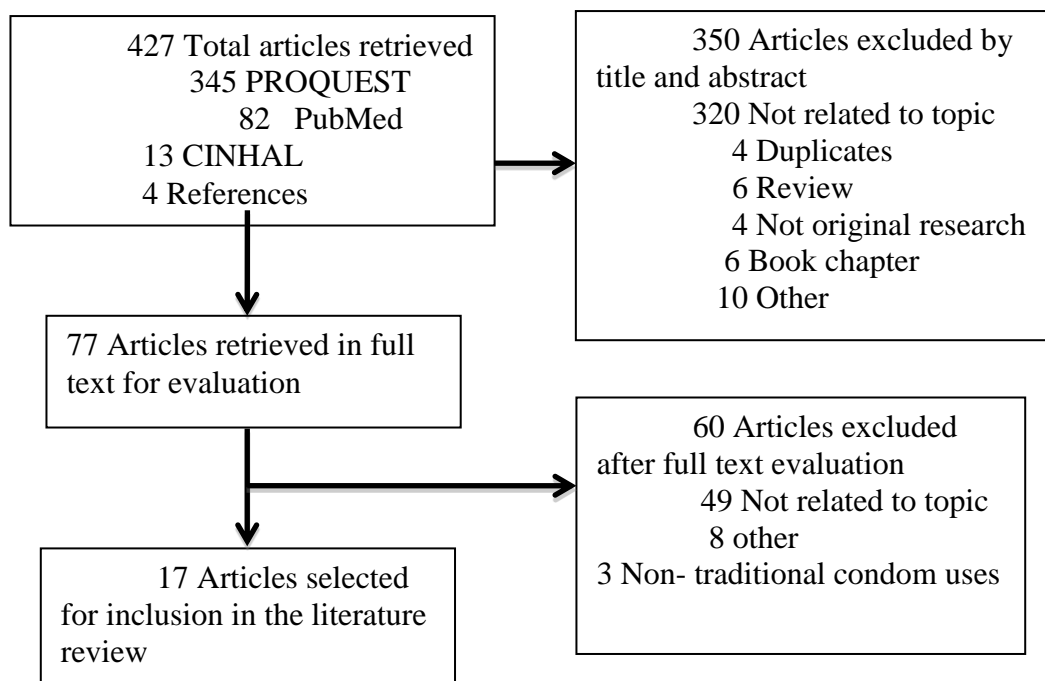
## **Chapter 2:**

### **Literature Review**

In this chapter I will first describe the process involved in collecting the literature to review, summarize previous research on the Theory of Gender and Power and its application to HIV risk and condom use, and then discuss previous research regarding what is known about the factors that can affect condom use among male partners of young women, as well as gaps in the literature. The purpose of this literature review is to examine the factors, with an emphasis on sexual relationship power, which affect HIV infection and most noticeably condom use among young Haitian women and their partners.

#### **Literature Search Process**

Search criteria included articles in English, from 2006- present, selected from peer-reviewed scholarly journals. Databases searched were PubMed, ProQuest, and CINAHL. Search terms were: sexual relationship power, condom use, gender and power, HIV-positive and Haitian women. An exception was made for the inclusion of legacy papers that provided groundbreaking research and information on the topic. Articles were excluded if they addressed primarily female condom use or birth control methods other than male condoms. All articles found on these databases were reviewed for relevancy and excluded by abstract or title (350), and by full text review (52). Throughout this paper when the term “condom” is used it is referring to male condoms only. Figure 1 demonstrates the number articles excluded at each step.



**Figure 1:** Literature Tree

### Conceptual Framework

The conceptual framework chosen for this study was the Theory of Gender and Power (TGP). This theory was chosen in order to help understand relationship dynamics among men and women. The TGP also helped guide the selection of relationship power variables used in the data analysis. The TGP is a theoretical framework that examines the external sources in society and institutions that cause an imbalance in power among heterosexual relationships (Connell, 1987). R.W. Connell developed the TGP to further understand how relationship power affects sexual behaviors and sexual risks (Connell, 1987). This structural framework focuses on three interdependent concepts: sexual division of labor (economic inequality), sexual division of power (male partner control in relationships), and the structure of cathexis (social norms related to gender roles) (Connell, 1987). The theory states that gender-based inequalities are social characteristics that lead to males having a disproportional amount of power and control over decision making, including sexual relationships (Pulerwitz, Gortmaker, & DeJong, 2000). The

structures exist at two levels: societal and institutional (Connell, 1987). On the societal level, these concepts are spread throughout historical and sociopolitical forces that continue to separate power between men and woman as well as determine social norms based on societal gender roles (Connell, 1987). As society changes, these structures remain intact (Connell, 1987). At the institutional level these structures can be found in, but not limited to, schools, work, healthcare systems, media, families, and relationships (Wingood & DiClemente, 2000). These structures remain intact in institutions through actions such as unequal pay, discrimination at the workplace, and stereotyping (Wingood & DiClemente, 2000).

### **Condom Use**

In the general population, gender-based differences evolve from exposures and risks that may affect women's health (Wingood & DiClemente, 2000). These exposures and risks, whether physical or social, can greatly increase women's vulnerability to HIV (Wingood & DiClemente, 2000). This becomes crucial when understanding the impact of power in a sexual relationship on condom use. In relationships with unequal power, women tend to depend on their partner for their financial needs (Wingood & DiClemente, 2000). Some physical exposures that affect these women are having a partner who disapproves of practicing safer sex as well as one who does not use condoms consistently (Wingood & DiClemente, 2000). A man's physical control as well as the social power over a woman can greatly affect safer sex negotiations (Wingood & DiClemente, 2000). In a cross-sectional study, Wingood & DiClemente (1998) reported that young African American women were less likely to use condoms if they had a partner who resisted condoms, if they were not sexually assertive in negotiating condom use, or if they believed that condom negotiating would imply infidelity. The social power that a man had in making sexual decisions greatly impacted condom use (Wingood & DiClemente, 1998).

Although there is a lack of research in Haitian populations, there is literature regarding these variables with other vulnerable populations in the United States and abroad. Young African American women are one of the most susceptible populations in the United States to become infected with HIV (Bralock & Koniak-Griffin, 2007; Raiford, Wingood, & DiClemente, 2007). Young women are much more likely to contract HIV compared to males. With 70% of the poor in the world being women, they have less economic choice and are more likely to become dependent on their male partner (Bralock & Koniak-Griffin, 2007). In stereotypical situations, women often report they would have difficulty implementing condom use when in a low-power situation (Woolf & Maisto, 2008).

In samples of young African American women where consistent condom use was low, a reported one-fourth of sexual episodes in the previous three months were protected with a condom (Bralock & Koniak-Griffin, 2006). Many young African American women are in relationships with older males which are seen to decrease the chance of using condoms (Bralock & Koniak-Griffin, 2006).

In some African American populations where the young women express higher relationship power, they tend to have higher self-efficacy in influencing condom use with their partner (Bralock & Koniak-Griffin, 2006). Women with high self-efficacy may also refuse sexual intercourse if her partner will not wear a condom (Raiford, Wingood, & DiClemente, 2007). Consistent condom use among older African American women can vary with HIV-status. It becomes extremely important to identify factors affecting condom use among women already HIV-positive in hopes of reducing the spread. In HIV-positive African American women, consistent condom use decreases when having a male partner who is also HIV-positive (Raiford, Wingood, & DiClemente, 2007). However, women who perceive themselves as having high



partner communication and self-efficacy are more likely to use condoms regardless of HIV-status (Raiford, Wingood, & DiClemente, 2007).

Multiple aspects of the Theory of Gender and Power (TGP), such as communication and partner violence, influence condom use (DePadilla, Windle, Wingood, Cooper, & DiClemente, 2011). Partner communication, seen through the Sexual Division of Power, is a strong predictor of condom use (DePadilla et al., 2011). Physical violence in a relationship can lead to negative personal affect which is an indirect predictor of condom use as well (DePadilla et al., 2011). Partner abuse can be expressed as three different forms: physical, verbal, and threatening abuse (Teitelman, Tennille, Bohinski, Jemmott, & Jemmott, 2011). Fear is often a reason for not negotiating condom use in physically/sexually abusive relationships. Males may also use emotional manipulation to forego condom use. By promising relationship commitment, males can get their female partners to not demand the use of a condom. Accusing their partner of being unfaithful when the female demands condom use is another form of verbal and emotional abuse used by males to impede condom use (Teitelman et al., 2011). These actions by males can lead the young female to be silenced in her negotiation and leave the female feeling powerless over her sexual health (Teitelman et al., 2011).

Asian Americans, another cultural minority group in the United States, also have associations with gender power and HIV risk (Hahm, Lee, Rough, & Strathdee, 2012). In a culture that emphasizes distinct gender roles such as women being the home caretakers without compensation, the Theory of Gender and Power can be easily applied due to the clear gender roles (Hahm et al., 2012). Asian American women with low levels of relationship power can be associated with forced sex but not consensual vaginal sex practices. This may be explained by an Asian American woman's desire to forgo a condom to increase intimacy with partner (Hahm et

al., 2012). Similar to Asian Americans, Vietnamese women follow traditional gender roles within a relationship (Bui et al., 2010). Vietnamese women are often economically dependent on their partner as well as expected to uphold a submissive societal role (Bui et al., 2010). This lessens their power to negotiate with their partner. Although few quantitative studies have focused on relationship power and safe sex negotiations among this population, research has found that the more a Vietnamese woman follows traditional gender roles, the less confident she feels in communicating about sex (Bui et al., 2010). Non-communication about sexual practices can greatly increase a woman's sexual health risks.

External impacts on condom use have been studied in other countries throughout the world, including Sub-Saharan Africa and South Africa. Due to Sub-Saharan Africa being the most affected area from HIV, research on HIV reduction and prevention is crucial, however empirical knowledge is limited (Sa & Larsen, 2007). As explained through the TGP, gender inequality is an important determinant of a woman's vulnerability to HIV (Connell, 1987). In the Tanzanian society, gender inequality is seen as commonplace (Sa & Larsen, 2007). Male sexual aggression and a woman's passiveness are considered normal in the society (Sa & Larsen, 2007). From the inequality comes economic deprivation, which, along with sexual violence, can increase women's vulnerability to HIV (Sa & Larsen, 2007). With those living with HIV, disclosing their status to a sexual partner can be an important aspect to preventing transmission of HIV to their sexual partner. Research is limited on studies focusing solely on female heterosexual relationships and HIV disclosure. However, Przybyla et al. (2012) found that heterosexual women were 85% more likely to disclose their HIV-status than men who have sex with men. This study also found that disclosing HIV-status was more likely among those who had primary sexual partners rather than casual sexual partners (Przybyla et al, 2012). Similarly,

Vu et al. (2012), in a sample of HIV-infected men and women in South Africa, found that HIV-positive persons with a steady sexual partner and a partner with a known HIV-status were likely to disclose status to a partner than if they had a casual sexual partner. Disclosing status to sexual partner has been also found to be associated with condom use (Dave, Stephenson, Mercey, Panahmand, & Jungmann, 2006). That same study also found that those who know their partner's status are more likely to use condoms (Dave et al., 2006). These findings emphasize the role of healthy communication in relationships to reduce risks of HIV transmission.

Haitian women, especially HIV-positive Haitians have been under researched. Relationship power, gender inequality, and condom use are slowly starting to progress as a main area of study; however, few specifically test those variables. Kershaw et al. (2006) was the first to examine the association between relationship power and condom use among women in Haiti, specifically looking at pregnant women with negative or unknown HIV-status. With Haiti having one of the fastest growing HIV infection rates in the world, it is imperative to understand ways to slow this rate. With already low levels of reported condom use (20%), Kershaw et al. (2006) found risk factors from sexual division of power to be the most related to condom use with 18% variance. Haitian women who had more power in decision making in their relationship, measured by the Sexual Relationship Power Scale (SRPS), reported more intentions to use condoms with their partner (Kershaw et al., 2006). When women feel that they do not have power they may not feel like they can talk to their partner about their sexual health, and thus it decreases the chance of introducing condoms in the relationship (Kershaw et al., 2006).

### **Relationship Power**

The TGP has also provided the structure to develop scales to measure relationship power including the Sexual Relationship Power Scale (Pulerwitz et al., 2000). Previously, few validated

scales focused on relationship power (Pulerwitz et al., 2000). The TGP and the Social Exchange Theory helped aim the development of this scale, which is divided into two subscales of relationship power: Relationship Control and Decision-Making Dominance (Pulerwitz et al., 2000). The Sexual Relationship Power Scale (SRPS) was designed to examine power in intimate relationships and incorporates events common in dating and married couples with help from the theoretical framework (Pulerwitz et al., 2000). This scale was first tested among Latin American and African American women and the final scale consisted of 23 items with an internal reliability and consistency of 0.84 for both English and Spanish versions (Pulerwitz et al., 2000). This scale has now become a common, useful measure in gender power relationships and HIV transmission and condom use.

Poverty differences stemming from gender inequality are also seen throughout South Africa (Shisana, Rice, Zungu, & Zuma, 2010). Poverty that affects women disproportionately can account for HIV risks (Shisana et al., 2010). In situations where females are the head of a household, women are significantly more likely to become infected with HIV when compared to their male counterparts (Shisana et al., 2010). Although there is an awareness of HIV, condom use in South Africa is suboptimal (Shai, Jewkes, Levin, Devin, & Nduna, 2010). South African women who report condom use are three times more likely to know their HIV-status than those who do not report condom use (Shai et al., 2010). Self-efficacy is an important factor in general condom use and South African women who report less association with trust are more likely to report condom use (Shai et al., 2010). One longitudinal study in South Africa reported that women who admitted to intimate partner violence (IPV) as well as higher gender inequity had higher incidence of HIV infection (Jewkes, Dunkle, Nduna, & Shai, 2010). This longitudinal

study provides strong temporal evidence in support of a causal association between gender inequity or IPV and HIV infection (Jewkes et al., 2010).

Although limited, the research discussed above found similar results with respect to gender, power, HIV risks, and condom use. The impact of gender inequality on HIV risk and condom use can be seen across the world. Multiple strengths were found throughout the literature including conceptual and theoretical framework to help support the argument. Rigorous methodologies were also used in the studies. A majority of the studies used validated and reliable measurement scales such as the SRPS. However, there are multiple gaps in the literature. There is not an extensive amount of longitudinal studies regarding this topic which makes it difficult to determine if there are causal relationships between gender power, HIV risks, and condom use. Further research using longitudinal designs should be done in order to strengthen the known evidence. There is also a small amount of research on this topic that addresses the Haitian population specifically. Considering the incidence of HIV in Haiti, much more research in this country on HIV and external factors on the growing rate should be explored. The level of poverty as well as gender norms in Haiti also increases the level of gender inequality between men and women. As previously explored, gender inequity can impact HIV risks and thus research on the associations between gender inequality and condom use among women in Haiti would provide necessary information to reduce incidence rates of HIV.

In summary this chapter introduced the literature on the conceptual framework surrounding gender and power as well as the known literature on condom use and relationship power among the generation population and the Haitian population. Little research has been done on Haitian women and condom use.

## Chapter 3

### Methods

In this chapter I will summarize the instrumentation of the variables, the variables themselves, as well as the data analysis used to address the purpose of the study which is to identify the association between sexual relationship power and partner condom use among HIV-positive Haitian women. It is hypothesized that HIV-positive women who agree that most of the time their partner does what he wants even if she does not want him to will be less likely to have a partner that uses condoms consistently. This is a secondary analysis of data collected from a randomized trial of a Cognitive-Behavioral Stress Management intervention aimed at improving safer sex practices, adherence to ARV therapy, as well as reducing alcohol and other drugs [NIAAA, (5R01AA018084-04; Malow, PI)]. This parent study focused on how outcomes of the intervention were affected by environmental and psycho-social factors and was conducted through Florida International University and their research partners from the GHESKIO (Haitian Study Group for Kaposi's Sarcoma and Opportunistic Infections) Center in Haiti (Malow, Rosenberg, & Dévieux, 2009). The GHESKIO Center aids in patient care and training health care professionals in four major health areas in Haiti: diarrheal disease, HIV/AIDS, other sexually transmitted diseases (STDs), and tuberculosis (TB) [NIAAA, (5R01AA018084-04; Malow, PI)]. The parent study was approved by the Institutional Review Board of Florida International University and the Ethics Committee of the GHESKIO Center with approval of the secondary analysis.

## **Parent Study**

### **Population and Sample**

A total of 210 men and 210 women participants (total n=420) were recruited in the parent study. Participants were recruited from the GHESKIO Center in Port-au-Prince, Haiti. Eligible participants were Haitians who visited the GHESKIO Center that were between the ages of 18 and 60 years, fluent in spoken Haitian Creole, had documentation of HIV seropositivity, had at least one episode of unprotected anal or vaginal sex in the past 90 days, recent alcohol consumption by self-report, currently not cognitively impaired, currently not showing symptoms of a major psychiatric disorder/including psychosis, or a not a high risk for suicide, since these conditions might compromise ability to comprehend and participate in the assessment and intervention.

### **Data Collection**

All eligible participants at the GHESKIO Center were fully informed of the study by the research staff. Interested persons were given a pre-screening interview which included an overview of the study, a promise of confidentiality of all data and test results, and the participants' right to withdraw from the study at any time. Once the interviewer determined the interested person had met the eligibility criteria for the study, and the participant consented, they were enrolled in a Cognitive-Behavioral Stress Management (CBSM) intervention. The participant was then assessed at 5 different times: Pre-intervention, post-intervention, 3- month, 6-month, and 12- month follow-up points.

## Current Study

### Sample

For the current study, the data was translated from Haitian Creole into English by a fluent Haitian speaker. Due to the focus on women's level of relationship power, only women from the parent study will be examined in the current study. After screening for those who met criteria for the study and removing non-respondents, the final sample size of the current study will be 152 HIV-positive Haitian women.

### Instrumentation

**Condom use.** The dependent variable will be partner condom use dichotomized as inconsistent or consistent. Condom use will be measured by asking the question "Of the times that you have had vaginal sex with your partner in the last 3 months, how many of those times did you have protected vaginal sex with this partner? Protected sex is when a condom is used during the entire time from the beginning of insertion to final withdrawal." The percentage of condom use will then be further calculated by the formula:  $(\text{the number of times used condoms} / \text{number of times they had vaginal sex}) * 100$ . Consistent condom use will be defined by having a partner who used a condom all (100%) of the time. Inconsistent use will be defined as having a partner who used a condom less than 100%.

**Relationship Power.** Data acquired from the Sexual Relationship Power Scale (SRPS) questionnaire will be examined to assess levels of relationship power reported by the women. The SRPS is a 23 item measure and is divided into two factorial-derived subscales: The Relationship Control Subscale and the Decision-making Dominance scale with a Cronbach alpha of 0.935 (Pulerwitz, Gortmaker, & DeJong, 2000). Only the Relationship Control Subscale is used in this analysis. The Relationship Control Subscale is a 4-point Likert scale that consists of



the responses: *strongly agree* (1), *agree* (2), *disagree* (3), *strongly disagree* (4). The independent variables in this analysis are relationship control questions (n= 3 items, Item # 1 *Most of the time, we do what my partner wants me to do*; Item #2 *My partner does what he wants even if I do not want him to*; and Item #3 *my partner gets more out of the relationship than I do*) with a focus on Item #2 (Pulerwitz et al., 2000). To focus the hypothesis on one factor specifically, the variable *my partner does what he wants even if I do not want him to* was chosen as the hypothesis variable due to the theoretical ties between relationship power and negative health outcomes. (See appendix for full scale).

### **Statistical Analysis**

Descriptive statistics including frequency distributions will be conducted on possible independent variables including age, education, marital status, and partner HIV-status. Due to sample size limitations, education and marital status were recoded to create larger subcategories. Education level was dichotomized into 6<sup>th</sup> grade or less and higher than 6<sup>th</sup> grade education. Education beyond primary education in Haiti is not common. Before recoding the marital status variables, ANOVA tests were run on marital status and age to determine if there were possible age differences in those who were married and those who were cohabitating suggesting two different populations. The mean age for those who were married was 34 years and the mean age for those who were cohabitating was 35 years. It was then deemed appropriate to dichotomize these variables due to the small difference between Haitian women who were married versus those who were cohabitating. Therefore, marital status was dichotomized into married/cohabitating and single. The variables *Marital Status* and *HIV Partner Status* were combined resulting in the new variable *Marital Status and Partner HIV-Status* to further understand associations of marital status, partner HIV-status, and condom use. This resulted in 6

unique nominal variables: 1) Married and Positive Partner HIV-Status, 2) Married and Negative Partner HIV-Status, 3) Married and Unknown Partner HIV-Status, 4) Single and Positive Partner HIV-Status, 5) Single and Negative Partner HIV-Status, and 6) Single and Unknown Partner HIV-Status.

Analysis for Aim 1: Identify the factors related to the use of condoms in HIV positive-Haitian women will involve bivariate analysis including cross tabulation and chi-square analysis. Analysis for Aim 2: Examine the association between relationship power and consistent partner condom use in HIV-positive Haitian women will involve bivariate logistic regression to examine the impact of the relationship power variables on condom use. All data analysis will be run with SPSS 21.0 software.

## Chapter 4

### Results

In this chapter, descriptive statistics will be summarized. Then, findings from the cross-classification and logistic regression analyses will be presented.

The sample size consisted of 152 HIV-positive Haitian women in heterosexual relationships. Approximately half of the sample size (45%; n=72) was 25-34 years of age and 63.6% (n=98) had an education level of 6<sup>th</sup> grade or less (Table 1). Of the women in the sample, 59.4 % (n=95) were identified as married or cohabitating with their partner. Almost 60% (n=87) of respondents were unaware of their partner's HIV-status. When marital status was combined with HIV partner status to create the Martial Status and HIV-Status variable, more married and single women did not know their partner's status (n=49, 32.9%; n=38, 25.5%, respectively). Over half of all respondents had not disclosed their HIV-status to their partner and 63.7% (n=102) stated their partner drank alcohol.

Most of the women agreed that they did what their partner wanted to do in their relationship (n=97, 63%) and felt their partner got more out of their relationship (n=97, 65.5%). The results revealed that 45.8% (n=71) felt that their partner did what he wanted even if she did not desire to or consent. Although all women in the sample were HIV-positive, only a small proportion of the sample had male partners who used condoms consistently (20.6%)

#### Aim 1

Factors that were related to the use of condoms in HIV-positive Haitian women were identified as Martial Status, Martial Status and HIV-Status, and Partner Disclosure. Women who were married or cohabitating were significantly less likely to have a partner use a condom consistently (13.7%, n=13) than those who were single (30.8%, n=20,  $\chi^2 = 6.881, p = .009$ ).

Although partner HIV-status was not found to be significant, the variable Marital Status and Partner HIV-Status was significantly related to condom use ( $\chi^2=12.909, p=.024$ ). Of the women in the sample who were both married and did not know their partners HIV-status, 8.2% (n=4) used condoms consistently. Conversely, 31.6% (n=12) of women who were both single and did not know their partner's status used condoms consistently.

### **Aim 2**

In examining the relationship between sexual relationship power and consistent partner condom use, it was found that respondents who had a partner that used condoms consistently were more likely to disclose their status to their partner ( $\chi^2=6.120, p=.013$ ) compared to those whose partner used condoms inconsistently (Table 2). Those women who agreed that their partner did what he wanted even if she did not consent (n=62, 87.3%) were also less likely to use a condom compared to those who disagreed ( $\chi^2=5.801, p=.016$ ). However, no significant association was found between partner HIV-status, education, and the other relationship variables with respect to partner condom use.

Table 3 shows the full binary logistic regression model. The model used the condom use variable as the dependent variable with consistent condom use as the referent category. The full model had an overall 21.346 chi-square and 0.046 significance. The Nagelkerke  $R^2$  is .240. The model predicts 80.3% of the responses correctly. According to the full model, the only variable category to be significant was *married and an unknown partner HIV-status* (OR=0.16, 95% CI) and those who are married and do not know their partner's HIV-status are 79% less likely to use a condom consistently compared to those who are single and with a partner whose HIV-status is unknown.

### **Hypothesis**

The hypothesis that HIV-positive women who agree that most of the time their partner does what he wants even if she does not want him to will be less likely to have a partner that uses condoms consistently was rejected due to the findings from the bivariate logistic regression. Although the hypothesis variable was found to be significantly associated with condom use, the likelihood of using a condom consistently versus inconsistently was not supported.

<b>Table 1</b>	
<i>Descriptive Statistics</i>	
Variable	N (%)
<u>Age</u>	
17-24	22 (13.8)
25-34	72 (45)
35-older	66 (41.3)
<u>Education</u>	
6 <sup>th</sup> grade or less	98 (63.6)
Higher than 6 <sup>th</sup> grade	56 (36.4)
<u>Marital Status</u>	
Married/Cohabiting	95 (59.4)
Single	65 (40.6)
<u>Partner HIV-Status</u>	
HIV-Positive	32 (21.5)
HIV-Negative	30 (20.1)
Unknown	87 (58.4)
<u>Marital Status and Partner HIV-Status</u>	
Married/Cohabiting and HIV-Positive Partner	24 (16.1)
Married/Cohabiting and HIV-Negative Partner	18 (12.1)
Married/Cohabiting and Unknown Partner Status	49 (32.9)
Single and HIV-Positive Partner	8 (5.4)
Single and HIV-Negative Partner	12 (8.1)
Single and Unknown Partner Status	38 (25.5)
<u>Disclosure of HIV-Status to Partner</u>	
No	103 (64.4)
Yes	51 (31.9)
<u>Does your partner drink alcohol?</u>	
No	49 (32.5)
Yes	102 (63.7)
<u>Most of the time, we do what my partner wants me to do</u>	
Agree	97 (63)
Disagree	57 (37)
<u>My partner does what he want, even if I do not want to</u>	
Agree	71 (45.8)
Disagree	84 (54.2)
<u>My partner gets more out of our relationship than I do</u>	
Agree	97 (65.5)
Disagree	84 (54.2)
<u>Partner Condom Use</u>	
Consistent	33 ( 20.6)
Inconsistent	127 (79)

<b>Table 2</b> <i>Cross Tabulations</i>			
Variables	Partner Condom Use n (%)		
	<u>Consistent</u>	<u>Inconsistent</u>	<u>x<sup>2</sup> (p)</u>
<u>Age</u>			
17-24	4 (18.2)	18 (81.8)	
25-34	17 (23.6)	55 (76.4)	
35 or older	12(18.2)	54 (81.8)	x <sup>2</sup> =.713 (p= .700)
<u>Education</u>			
6 <sup>th</sup> grade or less	21 (21.4)	77 (78.6)	
Higher than 6 <sup>th</sup> grade	11 (19.6)	45 (80.4)	x <sup>2</sup> =.069 (p=.793)
<u>Marital Status</u>			
Married/Cohabiting	<b>13 (13.7)</b>	<b>82(86.3)</b>	
Single	<b>20 (30.8)</b>	<b>45 (69.2)</b>	<b>x<sup>2</sup>=6.881 (p= .009)</b>
<u>Partner HIV-Status</u>			
HIV-Positive	4(12.5)	28 (87.5)	
HIV-Negative	10 (33.3)	20 (66.7)	
Unknown	16(18.4)	71 (81.6)	x <sup>2</sup> =4.574 (p= .102)
<u>Marital Status and HIV-Status</u>			
Married/Cohabiting and HIV-Positive Partner	<b>2 (8.3)</b>	<b>22 (91.7)</b>	
Married/Cohabiting and HIV-Negative Partner	<b>6 (33.3)</b>	<b>12 (66.7)</b>	
Married/Cohabiting and Unknown Partner Status	<b>4 (8.2)</b>	<b>45 (91.8)</b>	
Single and HIV-Positive Partner	<b>2 (25)</b>	<b>6 (75)</b>	
Single and HIV-Negative Partner	<b>4 (33.3)</b>	<b>8 (66.7)</b>	
Single and Unknown Partner Status	<b>12 (31.6)</b>	<b>26 (68.4)</b>	<b>x<sup>2</sup>=12.909 (p=.024)</b>
<u>Disclosure of HIV-Status to Partner</u>			
No	<b>28 (27.2)</b>	<b>75 (72.8)</b>	
Yes	<b>5 (9.8)</b>	<b>46 (90.2)</b>	<b>x<sup>2</sup>=6.120 (p=.013)</b>
<u>Does your partner drink alcohol?</u>			
No	10 (20.4)	39 (79.6)	
Yes	23 (22.5)	79 (77.5)	x <sup>2</sup> =.089 (p= .766)
<u>Most of the time, we do what my partner wants me to do</u>			
Agree	18( 18.6)	79 (81.4)	
Disagree	15 (26.3)	42 (73.7)	x <sup>2</sup> =1.284 (p=.257)
<u>My partner does what he want, even if I do not want to</u>			
Agree	<b>9 (12.7)</b>	<b>62 (87.3)</b>	
Disagree	<b>24 (28.6)</b>	<b>60 (71.4)</b>	<b>x<sup>2</sup>=5.801 (p=.016)</b>
<u>My partner gets more out of our relationship than I do</u>			
Agree	17 (17.5)	80 (82.5)	
Disagree	14 (27.5)	37 (72.5)	x <sup>2</sup> =1.989 (p=.158)

Note: significant at the p <0.05 level. Significant findings bolded.

<b>Table 3</b>					
<i>Binary Logistic Regression to Predict the Association Between Relationship Power Variables and Partner Condom Use</i>					
Variable	Odds Ratio	95% CI	Wald test	df	p-value
<u>Age</u>	1.463	0.697, 3.075	1.01	1	0.315
<u>Education</u> (reference: higher than 6 <sup>th</sup> grade)					
6 <sup>th</sup> Grade or Less	1.323	0.451, 3.876	0.26	1	0.61
<u>Marital Status and Partner HIV-Status</u> (reference: Single and Partner HIV-status unknown)					
Married and HIV-Positive Partner	0.502	0.066, 3.840	0.441	1	0.506
Married and HIV-Negative Partner	3.099	0.484, 19.841	1.425	1	0.233
Married and Unknown Partner Status	0.192	0.050-0.732	5.848	1	<b>0.016</b>
Single and HIV-Positive Partner	0.914	0.120-6.950	0.008	1	0.931
Single and HIV-Negative Partner	1.816	0.226-7.655	0.093	1	0.760
<u>Disclosure of HIV-Status to Partner</u> (reference: Yes, did disclose to partner)					
No	4.986	0.975-25.504	3.722	1	0.054
<u>Does your partner drink alcohol?</u> (reference: Yes)					
No	1.039	0.361-2.990	0.005	1	0.943
<u>Most of the time , we do what my partner wants me to do</u> (reference: Disagree)					
Agree	1.344	0.423-4.270	0.251	1	0.616
<u>My partner does want he wants, even if I do not want him to</u> (reference: Disagree)					
Agree	0.390	0.107-1.418	2.044	1	0.153
<u>My partner gets more out of our relationship than I do</u> (reference: Disagree)					
Agree	1.064	0.382-2.965	0.014	1	0.906
Note: significant at the p <0.05 level. Significant findings bolded					



## **Chapter 5**

### **Discussion**

This study analyzed relationship factors from questionnaires completed by HIV-positive Haitian women living in Port-au-Prince, Haiti to further understand the effect relationship power has on partner condom use. Variables relating to relationship issues and relationship power specifically were analyzed with inconsistent and consistent condom use. In this chapter, I will discuss the findings of this study as well as address limitations and need for future research.

#### **Aim 1**

The variables Marital status, Marital status and Partner HIV-Status, and disclosure of HIV-status to partner were all found to be significantly correlated with partner condom use on the univariate cross tabulations. Similarly, Dave et al. (2006) found that disclosing HIV-status to partner was associated with condom use and those who did disclose HIV-status to their partner were more likely to use condoms. However, the current study did not find a relationship between condom use and HIV disclosure. What this study does contribute is the knowledge that external factors, such as marital status, are associated to partner condom use.

#### **Aim 2**

In this study, the variable Marital Status and Partner HIV-Status was significantly related to partner condom use in the regression analysis. Those who were married and did not know their partner's HIV-status were 79% less likely to use condoms consistently than those who were single and did not know their partner's HIV-status (Table 3). This is an interesting finding due to the suggestion that those who are in committed relationships and do not know their partner's status do not use condoms as often as those who are single. This finding raises the question of social norms in relationships and condom use. Specifically, it may be inferred that in the Haitian

culture, it is particularly taboo for a married woman to suggest condom use with her husband. As Connell (1987), had suggested, societal norms can influence gender roles, which may help to explain these findings. It is possible that relationship commitment, therefore, plays a negative role in consistent condom use when partner status is not known.

Although the focus of this study was on relationship power variables, only one of the specific relationship power variables used was found to be significant in the analysis. The item “*my partner does what he wants, even if I do not want him to*” was significantly associated with partner condom use, suggesting that Haitian women experience perceptions of relationship power imbalance, whereas other relationship items “*we do what my partner wants me to do* and “*my partner gets more out of the relationship than I do*”, were not significantly related. This suggests that relationship power may not be the only factor in determining partner condom use, but rather may be only one aspect among other factors that determine partner condom use. In bivariate analysis, none of the relationship variables were found to be linked with partner condom use. Kershaw et al. (2006) and Bralock & Koniak-Griffin (2006) found women who expressed higher levels of relationship power to have higher self-efficacy in condom use. However, the current study did not quantify levels of relationship power, which makes it difficult to understand the actual imbalance in power, if any, among the women and their partners and may explain the discrepancy in results. This may be an artifact of the decision to focus in on specific relationship variables by using certain questions from the SRPS rather than using the entire scale as the variable itself. Using the entire scale as a single entity may give a better measurement of relationship power.

### **Implications for Future Research**

This study raises the issue of the role of marital status and condom use and provides intriguing clues to potential relationships. Gaps were found in the literature focusing on relationship power and partner condom use in relation to marital status, relationship power, and condom use. This study provides evidence of a relationship between a person's marital status and consistent condom use and furthermore suggests how the relationship may affect the dynamic of power as well as partner communication to initiate consistent condom use. Further research needs to be conducted focusing on marital status and its relationship to condom use in a rigorous, prospective trial designed to answer this specific question. Focus on this area of research across the lifespan would be beneficial by providing examples of how change in relationship dynamics with age and type of relationships throughout a woman's life results in differential health risks during different periods in her life.

### **Implications for Nursing Practice**

Both domestically, and abroad, nurses are often a main communication line with the patient. The results in this study suggest the importance of understanding the relationship dynamic between the patient and their partner. However, nurses must be sure to use culturally sensitive questions when communicating with a patient. Haitian culture and the definition of imbalanced power within a relationship must be taken into consideration when speaking with a patient.

Safe sexual education must also be discussed by nurses with women in high risk relationships. Depending on location, education should be tailored to the resources in the area. For example, nurses should be able to provide insight on sexual education, access to condoms and other prevention methods as well as provide information on community resources.

### **Implications for Nursing Education**

In order for nurses to provide the best care for their patient, they must receive education on the external factors that can influence partner condom use. Nurses should also be educated on the signs and symptoms of an unhealthy or imbalanced relationship. Using questions from the Sexual Relationship Power Scale when talking with a patient may help the nurse determine the power balance in a relationship (Pulerwitz et al., 2000).

Haitian nurses, in particular, should also be educated specifically on how to care for the high level of HIV-positive patients and the life changes that need to be made. Emphasis on ways to prevent HIV transmission should be taught in Haitian nursing programs. The results of the study should help nurses and clinicians understand the psychosocial aspect of their patient's sexual health. Learning to respectfully address relationship questions in a culturally appropriate manner can help a clinician provide education and help to patients. Education focused on condom use, unhealthy relationships, and communication practices should be given to patients in risky relationships.

### **Limitations**

Limitations of this study include the measurement of relationship power and sample size. The entire Sexual Relationship Power Scale was not used; instead only certain questions of the scale were used as variables. Although the variables selected were chosen due to the theoretical concepts of relationship power, using the entire scale as a total measure of power may provide a better measurement. Another limitation is the sample size. Although a sample 152 subjects would not be considered small, certain subcategories among the variables were very small and could have affected the results of analysis.

## Summary

In summary, this study aimed to identify the association between sexual relationship power and partner condom use among HIV-positive Haitian women. The analysis of the study provided interesting and thought-provoking results. Although the overall hypothesis was rejected, it was found that marital status, a sociodemographic factor, and lack of knowledge of partner's HIV-status played an important role in determining consistent condom use. These findings emphasized the importance in nursing and sexual education for those who could be in potentially high-risk relationships for contracting HIV. Gaps in the literature were found in relation to these two important social constructs. Future studies are needed on the effect of marital status on condom use among vulnerable populations such as HIV-positive Haitian women. A prospective study needs to be developed to identify modifiable predictors of consistent condom use.

## Appendix A

### Sexual Relationship Power Scale (Pulerwitz et al., 2000)

#### Relationship Control:

1. If I asked my partner to use a condom, he would get violent.
2. If I asked my partner to use a condom, he would get angry.
3. Most of the time, we do what my partner wants to do.
4. My partner won't let me wear certain things.
5. When my partner and I are together, I'm pretty quiet.
6. My partner has more say than I do about important decisions that affect us.
7. My partner tells me who I can spend time with.
8. If I asked my partner to use a condom, he would think I'm having sex with other people.
9. I feel trapped or stuck in our relationship.
10. My partner does what he wants, even if I do not want him to.
11. I am more committed to our relationship than my partner is.
12. When my partner and I disagree, he gets his way most of the time.
13. My partner gets more out of our relationship than I do.
14. My partner might be having sex with someone else.

#### Decision- making Dominance:

15. Who usually has more say about whose friends to go out with?
16. Who usually has more say about whether you have sex?
17. Who usually has more say about what you do together?
18. Who usually has more say about how often you see one another?

19. Who usually has more say about when you talk about serious things?
20. In general, who do you think has more power in your relationship?
21. Who usually has more say about whether you use condoms?
22. Who usually has more say about what types of sexual acts you do?

## References

- Archibald, R. C. (2012, February 25). Haitian premier says loss of support led him to quit. *The New York Times*. Retrieved from [http://www.nytimes.com/2012/02/26/world/americas/haiti-premier-defends-decision-to-resign.html?\\_r=2&ref=Haiti](http://www.nytimes.com/2012/02/26/world/americas/haiti-premier-defends-decision-to-resign.html?_r=2&ref=Haiti)
- Bralock, A., & Koniak-Griffin, D. (2007). Relationship, power, and other influences on self-protective sexual behaviors on African American female adolescents. *Health Care for Women International, 28*(3), 247-267.
- Bui, T. C., Diamond, P. M., Markham, C., Ross, M. W., Nguyen-Le, T., & Tran, L. H. T. (2010). Gender relations and sexual communication among female students in the Mekong River Delta of Vietnam. *Culture, Health, & Sexuality, 12*(6), 591-601.
- Condom effectiveness* [Fact sheet]. (2012). Retrieved from CDC website:<http://www.cdc.gov/condomeffectiveness/brief>.
- Connell, R.W. (1987). *Gender and power*. Stanford, CA: Stanford University Press.
- Dave, S., Stephenson, J., Mercey, D., Panahmand, N., & Jungmann, E. (2006). Sexual behaviour, condom use, and disclosure of HIV status in HIV infected heterosexual individuals attending an inner London HIV clinic. *Sexually Transmitted Infections, 82*(2), 117-119.
- DePadilla, L., Windle, M., Wingood, G., Cooper, H., & DiClemente, R. (2011). Condom use among young women: Modeling the theory of gender and power. *Health Psychology, 30*(3), 310-319.
- Griffen, Clifford E. (1992). Haiti's democratic challenge. *Third World Quarterly, 13*. Retrieved from : <http://www.jstor.org/stable/3992382>



- Hahm, H. C., Lee, J., Rough, K., & Strathdee, S.A. (2012). Gender power control, sexual experiences, safer sex practices, and potential HIV risk behaviors among young Asian-American women. *AIDS Behavior*, *16*(1), 179-188.
- Helping Haiti rebuild its AIDS response* [Fact sheet]. (2010). Retrieved from UNAIDS website:[http://data.unaids.org/pub/FactSheet/2010/20100226\\_haiti\\_aidsresponse\\_en.pdf](http://data.unaids.org/pub/FactSheet/2010/20100226_haiti_aidsresponse_en.pdf)
- HIV/AIDS: The basics* [Fact sheet]. (2012, August). Retrieved from AIDSinfo website: [http://aidsinfo.nih.gov/contentfiles/HIVAIDS\\_theBasics.pdf](http://aidsinfo.nih.gov/contentfiles/HIVAIDS_theBasics.pdf)
- Jewkes, R., Dunkle, K., Nduna, M., & Shai, N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*, *376*, 41-48.
- Katel, Peter. (2005). Haiti's dilemma. *CQ Researcher*, *15*. Retrieved from:<http://library.cqpress.com/cqresearcher/document.php?id=cqresrre2005021803&type=hitlist>
- Kershaw, T. S., Small, M., Joseph, G., Theodore, M., Bateau, R., & Frederic, R. (2006). The influence of power on HIV risk among pregnant women in rural Haiti. *AIDS and Behavior*, *10*(3), 309-318.
- Koenig, S., Leandre, F., Fitzgerald, D., Farmer, P., Mukherjee, J., Johnson, W., & Pape, J. W. (2008). Public health aspects of HIV/AIDS in Haiti: Epidemiology, prevention and care. *Public Health Aspects of HIV/AIDS in Low and Middle Income Countries*, 671-695.
- Malow, R. M., Rosenberg, R., & Dévieux, J.G. (2009). Cognitive-behavioral stress management interventions for ethnic-minority HIV-positive alcohol/drug abusers

- in resource limited and culturally diverse communities. *American Journal of Infectious Diseases*. 5(1), 48-59.
- Panchanadeswaran, S., Frye, V., Nandi, V., Galea, S., Vlahov, D., & Ompad, D. (2010). Intimate partner violence and consistent condom use among drug-using heterosexual women in New York City. *Women's Health*, 50(2), 107-124.
- Przybyla, S. M., Golin, C. E., Widman, L., Grodensky, C. A., Earp, J. A., & Suchindran. C. (2012). Serostatus disclosure to sexual partners among people living with HIV: Examining the roles of partner characteristics and stigma. *AIDS care*.
- Pulerwitz, J., Gortmaker, S. L., & DeJong, W. (2000). Measuring sexual relationship power in HIV/STD research. *Sex Roles*, 42, 637-660.
- Raiford, J. L, Wingood, G. M., & R. J. DiClemente. (2007). Correlates of consistent condom use among HIV-positive African American women. *Women & Health*, 46, 41-58.
- Regional fact sheet 2012* [Fact sheet]. (2012). Retrieved from UNAIDS website:  
[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012\\_FS\\_regional\\_asia\\_pacific\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_asia_pacific_en.pdf)
- Robison, R. (2008). *An unbroken agony: Haiti, from revolution to the kidnapping of a president*. New York: Basic Civitas Books.
- Sa, Z., & Larsen, U. (2008). Gender inequity increases women's risk of HIV infection in Moshi, Tanzania. *Journal of Biosocial Science*, 40(4), 505-525.
- Shai, N. J., Jewkes, J., Levin, J., Dunkle, K., & Nduna, M. (2010). Factors associated with consistent condom use among rural young women in South Africa. *AIDS Care*, 22(11), 1379-1385.
- Shisana, O., Rice, K. Zungu, N., & Zuma, K. (2010). Gender and poverty in South Africa

- in the era of HIV/AIDS: A quantitative study. *Journal of Women's Health*, 19(1), 39-46.
- Teitelman, A. M., Tennille, J., Bohinski, J. M., Jemmott, L. S., & Jemmott, J. B. (2011). Unwanted unprotected sex: Condom coercion by male partners and self-silencing of condom negotiation among adolescent girls. *Advancing in Nursing Science*, 34(3), 243-259.
- The global aids epidemic: Fact sheet* [Fact sheet]. (2011). Retrieved from UNAIDS.org database.
- UNAIDS:Haiti* [Fact sheet]. (2012). Retrieved from UNAIDS website:  
<http://www.unaids.org/en/regionscountries/countries/haiti/>
- Vu, L., Andrinopoulos, K., Mathews, C., Chopra, M., Kendall, C., & Eisele, T. P. (2012). Disclosure of HIV status to sex partners among HIV-infected men and women in Cape Town, South Africa. *AIDS and Behavior*. 1-7.
- Walton, D. A., Farmer, P.E., Wesler, L., Leandre, F., Koenig, S. P., & Mukherjee, J. S. (2004). Integrated HIV prevention and care strengthens primary health care: Lessons from rural Haiti. *Journal of Public Health Policy*, 25, 137-158.
- World Health Organization. (2008) *Public health risk assessment and interventions: Earthquake: Haiti*
- Wingood, G. M., & DiClemente, R.J. (1998). Partner influences and gender-related factors associated with noncondom use among young adult African American women. *American Journal of Community Psychology*, 26, 29-51.
- Wingood, G. M., & DiClemente, R. J. (2000). Application of the theory of gender and

power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health education & behavior : the official publication of the Society for Public Health Education*, 27(5), 539–65. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11009126>

Woolf, S.E., & Maisto, S. A. (2008). Gender differences in condom use behavior? The role of power and partner-type. *Sex Roles*, 58, 689-701.

## ACADEMIC VITA

*ELIZABETH V. NOVACK*

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### EDUCATION:

Expected 2014      **Bachelor of Science Degree with a Major in Nursing with Honors**  
*The Pennsylvania State University, College of Nursing, Schreyer Honors College*  
**Thesis Title:** *The Association between Sexual Relationship Power and Partner Condom Use among HIV-Positive Haitian Women*  
**Thesis Supervisor:** Gary King, Ph.D.

### EMPLOYMENT:

2013      **Nursing Staff at Family Practice, Dr. Bob Mooney, DO**  
*State College, PA*  
Perform patient intake and document medication requests. Aid nurse and staff in procedures when needed.

2013      **Home Health Aide**  
*State College, Pa*  
Perform P.M. to elderly man living with severe form of Parkinson's at his home

2012      **Nurse Extern I**  
*Milton S. Hershey Medical Center, Hershey, Pa*  
CNA on the pediatric floor in both medical/surgical and oncology wings. Help patients with daily care and aided nurse's and staff in procedure when needed

2011      **Nurse Intern NYU Health Care Opportunity Program,**  
*Langone Medical Center, New York, NY*  
Placed in pediatric rehabilitation unit in Rusk Institute, Langone Medical Center. Shadowed nurses and health professionals and helped the patients with daily needs

### CLINICAL EXPERIENCE:

2011-2014      **Student Nurse**  
*The Pennsylvania State University, University Park, PA and Hershey, PA*  
Labor and Delivery, Obstetrics, Gynecology, Pediatrics, Geriatrics, Medical/Surgical Nursing, Community Nursing, Advanced Medical/Surgical Nursing

### RESEARCH EXPERIENCE:

2011-Present      **Undergraduate Thesis in Relationship Power and Partner Condom Use**  
*The Pennsylvania State University, University Park, PA*

**Adviser:** Gary King, Ph.D.

Focused on the association between HIV-positive Haitian women with low levels of relationship power and the likelihood of their partner to use condoms consistently.

2012                      **Research Assistant- Department of Bio-Behavioral Health**  
*The Pennsylvania State University, University Park, PA*

**TEACHING EXPERIENCE:**

2013                      **Teaching Assistant** – BBH 407 Global Health Equity  
*The Pennsylvania State University, University Park, PA*  
Course Instructor: Gary King, Ph.D.

2011                      **Teaching Assistant-** BIO 142: Physiology  
*The Pennsylvania State University, University Park, PA*  
Course Instructor: John Waters, Ph.D.

**CERTIFICATIONS:**

2011-Present              Basic Life Support (BLS) Provider from American Heart Association

2013-in progress        Forensic Nurse Certification

**ACTIVITIES AND PROFESSIONAL MEMBERSHIPS:**

2013-Present              Member, Sigma Theta Tau International Honors Society of Nursing

2011-Present              Vice President, Penn State Project Haiti

2011-Present              Member, Penn State GlobeMed

2010-Present              Member, Penn State Club Cross Country

2006-2010                Member, Best Buddies of State College

**MANUSCRIPTS IN PREPARATION:**

**Novack, E.V.** (In preparation). The Association between Sexual Relationship Power and Partner Condom Use among HIV-Positive Haitian Women, Undergraduate Thesis.

**GRANTS**

2012-2014                Student Travel Grant, Penn State University, Schreyer Honors College  
Volunteer experience in Haiti

**PROFESSIONAL PRESENTATIONS:**

2013                    **Novack, E.V.** Undergraduate Thesis Proposal: The Association  
Between Sexual Relationship Power and Partner Condom Use Among  
HIV-Positive Haitian Women Beta Sigma Annual Research Day: Enriching  
Nursing Through Research. University Park, PA: April 22, 2013.

**CONFERENCES ATTENDED:**

2013                    Burn Conference provide by Lehigh Valley Health Network. Hershey, PA:  
October 7, 2013.

2013                    Beta Sigma Annual Research Day: Enriching Nursing Through Research.  
University Park, PA: April 22, 2013.