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"You put yourself at risk to keep the relationship:" African American women's perspectives on womanhood, relationships, sex and HIV

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ABSTRACT

Recent trends indicate that HIV and STI infection rates are rising among adults over the age of 50, and African American women have the highest rates of HIV infection across racial and ethnic groups of women in the USA. Limited research has examined factors that contribute to HIV risk among older African American women. The current study used Collins' Black Feminist Thought to examine and understand attitudes and perceptions around HIV and sexual risk behaviours among African American women aged 50 years and older. Participants were recruited from two faith-based organisations in the mid-Atlantic region of the USA. Overarching themes and subthemes included those of expectations among African American women (carry yourself as you were raised, and carry a big burden), risk factors (not at risk, sexual networks and loneliness) and protective factors (maintaining high standards and education). Findings from this study have implications for the development of future HIV prevention programmes involving older African American women, who have largely been overlooked by past and ongoing HIV prevention trials and safer sex promotion efforts.

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Introduction

> The task for African American women lies in redefining strength in ways that simultaneously enable Black women to reclaim historical sources of female power yet reject the exploitation that has often accompanied that power. Good Black women need not be stoic mules whose primary release from work and responsibility comes once a week on Sunday morning. – Patricia Hill Collins (2004), *Black Sexual Politics: African Americans, Gender, and the New Racism* (p. 200)

The rate of HIV infection in the USA is nearly 19 times higher among African American women 65 years and older compared with women 65 and older across all other ethnicities (CDC 2017). Black/African American women over the age of 50 in the

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USA accounted for 62% of HIV diagnoses among women in 2016 (CDC 2018). Midlife and older African American women have a low perceived vulnerability to HIV, often perceiving HIV prevention and safer sex strategies as more relevant for young women (Theall et al. 2003). Studies have investigated sexual risk factors and behaviours among older African American women that place them at risk for HIV, including gender ratio imbalances (Chambers 2008; Guttentag and Secord 1983) and social network characteristics (Neblett et al. 2011; Winningham et al. 2004). However, few studies have used qualitative approaches to explore how midlife and older African American women perceive their own risk and develop attitudes toward sex.

Collins' (2000) Black Feminist Thought, or BFT, is an epistemological framework that can be used to examine potential reasons why African American women are at disparate risk for HIV infection. At its core, BFT seeks to explain the lived experiences of Black women by addressing how the intersecting forces of race, gender and class affect women historically and influence identity development (Collins and Bilge 2016; Opara 2018). These factors further impact women diagnosed with HIV as stigma related to their intersecting identities intensifies (Sangaramoorthy, Jamison and Dyer 2017).

History of sexuality of African American women

While the individual experiences of African American women are far from monolithic, historical and cultural factors have resulted in some shared experiences and perceptions that may influence their sexual attitudes and activities. For example, the historical and continued exploitation of Black female bodies across the African diaspora has had an indelible effect on how some African American women engage in and perceive sexual relationships (Chambers 2008; Combs et al. 2006; Wyatt et al. 1997). The hypersexual Jezebel stereotype of Black women was often used by White slaveowners to rationalise their brutalisation and sexual assault of Black women and girls (West 1995). Unfortunately, the emancipation of slaves did little to reduce this prevailing stereotype, as delineations between the morality and sexual proclivities of Black and White women became even more pronounced during the Jim Crow era and Black women continued to be sexualised.

Reversing the narrative

During the 1950s, concerted efforts were made within the African American community to dispel perceptions of promiscuity and normalise the sexual activity of Black women and men. For instance, scholars used the results of the Kinsey sex studies to identify similarities between White and Black sexuality (Gebhard and Johnson 1979; Meyer 2012). Specifically, magazines with African American audiences (e.g. *Jet*) quoted Kinsey as finding, 'little difference at all between the sexual activity of coloured and white women in the same social levels' (Anonymous 1952).

Another influence on African American women's sexuality has been faith-based organisations, specifically the Christian Church. The vast majority (80%) of African American women belong to Christian denominations (e.g. Protestant, Catholic) and these have played a major role in dispelling hypersexual stereotypes. Since enslavement, these institutions have served as a source of spiritual and social support as well

as a buffer against the historical violence, discrimination and prejudice experienced by African Americans in their day-to-day lives (Collins 2000). Ironically, while Christian churches provide a place of fellowship and comfort for many African Americans, some of their tenets are steeped in narratives that may have had the unintended consequence of suppressing sexuality among Black women. For example, in Thessalonians 4:3–5 (New King James Version), it is written, 'For this is the will of God, your sanctification: that you abstain from sexual immorality; that each one of you know how to control his own body in holiness and honour, not in the passion of lust like the Gentiles who do not know God….' African American women who believe in such Christian teaching may perceive sexual acts before marriage as sinful and damaging (Brown-Douglas 1999; Firestone 2001; Stephens and Phillips 2003) thereby influencing the power dynamics within relationships.

Relationship power

Some African American women report feeling powerless to dictate the terms of their sexual relationships (Harris, Mallory and Stampley 2010) and this may occur despite socioeconomic status, educational background or regionality. Low levels of relationship power may cause midlife and older African American women to become involved in non-monogamous relationships and unprotected sex to maintain relationships with African American men (Altschuler and Rhee 2015; Harris, Mallory and Stampley 2010). However, race-concordant relationships may be less easily attainable due to a gender imbalance ratio of available African American men relative to African American women (Chambers 2008; Guttentag and Secord 1983). A smaller dating pool and increased competition for male partners may also result in some women engaging in self-silencing behaviours—or the intentional suppression of thoughts or feelings that could cause discord in a romantic or sexual relationship—for the sake of relationship maintenance (Jacobs and Thomlison 2009).

African American women are diverse, and many do not report powerlessness and self-silencing behaviours within relationships. However, differences by age suggests that midlife and older African American women may be more likely to report less power and more self-silencing in romantic relationships than younger African American women (Jacobs and Thomlison 2009). Additionally, older African American women in the USA report less knowledge and less perceived vulnerability to sexual risk than younger African American women (Belgrave et al. 2018).

This study examined how both historical influence and gender stereotypical narratives shape attitudes and perceptions around HIV and sexual risk behaviours among unpartnered African American women aged 50 and above. We utilised focus group discussions among community samples of women to gain a better understanding of these topics, as well as to analyse participants' perceptions of these topics and how they may or may not affect their intimate relationships.

Methods

Prior to recruitment, the Institutional Review Board (IRB) at Virginia Commonwealth University approved the study protocol. Thirty-five women (age: 50+) were recruited

for focus groups from two faith-based organisations (Campus A and Campus B) within a metropolitan area in the Mid-Atlantic region of the USA. Five focus groups consisting of 5–8 women each were convened between February and March 2017, with 20 women participating from Campus A and 15 women from Campus B. Authors chose to utilise focus groups rather than individual interviews to provide a supportive environment for women to discuss issues around sex and relationships.

Sample and setting

The sample was diverse socioeconomically based on the medium income of the Zip code in which the faith-based institutions were located. The two faith-based organisations were strategically selected by a community partner with attention paid to median income and education within each location. Table 1 presents demographic details about the locations based on US Census Zip code data (United States Census Bureau 2018). As can be seen, one faith-based institution located in one Zip code had a higher level of income and education than the other faith-based institution.

Women were recruited via convenience sampling using flyers and word-of-mouth. The study focus group facilitators and the community partner attended dinner and bible study events at Campus A's location to recruit women into focus groups. In addition, facilitators attended a food drive that took place on Campus B. Women attending this food drive were assumed to be local to the area. To be eligible to participate in a focus group, women had to identify as currently unpartnered, age 50 and above and as Black or African American. Given prior research suggesting that sexual interactions and attitudes towards HIV vary by marital status, married women and women who had partners were not eligible to participate (Lindau et al. 2006). Once women were identified and deemed eligible for the study, they were taken to a secure, private room onsite of the faith-based organisation for the focus group session.

Focus group guide development

Black Feminist Thought (BFT) guided the development of a semi-structured focus group guide. Authors met to develop the guide with the perspective that questions should be tailored for midlife and older African American women and account for their historical and social identities. Open-ended questions allowed for flexibility in responses to obtain rich, descriptive data. Consistent with BFT, questions were developed to allow midlife and older African American women to define their lived experiences and knowledge about HIV. Specifically, these questions allowed women to

Table 1. Campus location statistics.

Statistic	Campus A	Campus B
Median Household Income	~$48,331	~$32,000
Poverty Rate	13.3	25.2
Percent of persons age 25+ with high school diploma or higher (2012–2016)	86.6	78.7
Percent of persons age 25+ with bachelor's degree or higher (2012–2016)	18.7	16.6

Note. Statistics on area demographics were retrieved from the U.S. Census Bureau QuickFacts tool (United States Census Bureau 2018).

describe the intersectionality of race, gender and age and how these aspects of identity influence behaviours (Collins 2000).

Procedure

Facilitators were experienced in conducting focus groups and met prior to the first session to ensure consistency in focus-group protocols. A decision was made to race-, gender- and age-match the facilitators (i.e. two midlife to older African American women) with the participants to ensure that participants felt comfortable in answering sensitive questions about sex and dating.

Sessions started with the completion of consent forms and continued with a guided discussion moderated by the facilitator. Women in the focus groups chose their own pseudonyms and used these aliases during discussion. All sessions were audio-recorded with the consent of participants. Several procedures were put into place to ensure a rich group process (Krueger 2002). These included adjusting the seating arrangements to encourage interaction, intimacy and participation in the conversation, setting a list of ground rules prior to the discussion: the use of reflection and encouragement from facilitators; and having a trained graduate research assistant take detailed notes on unspoken group processes.

Data analysis

Thematic analysis was the primary qualitative approach used in the current study (Braun and Clarke 2006) and was chosen due to its flexible analytic approach. The goal of thematic analysis is to identify patterns across data that can then be inductively formed into themes. In this study, our primary interest in HIV prevention among midlife to older African American women was informed by BFT. To that end, use of thematic analysis allowed us to prospectively develop focus group questions that allowed for discussion around race, gender and age to emerge. The following chart shows both the process of analysis as well as the development of themes from several ongoing meetings (Figure 1).

Two researchers with qualitative training met together several times to code the focus group discussions after first independently reviewing transcriptions and taking notes. At the initial coding meeting, they created a preliminary list of 62 potential themes based on individual notes and observations. The coders then met on a bi-weekly basis to narrow down the list of themes after they independently reviewed the transcripts and gathered quotations. During these meetings, coders discussed themes and related quotes. Any disagreements were resolved by discussion. Overall consensus for the final list of themes was $K = 0.78$.

Several measures were taken to ensure validity and trustworthiness of data. Although the second author identifies as Asian American, the collective team of African American female co-authors contributed to the discussion around how BFT informed the processes of literature development, data analysis and implications of this work. The data collection team was composed of all women: one older African American professor, one older African American project manager and an Asian

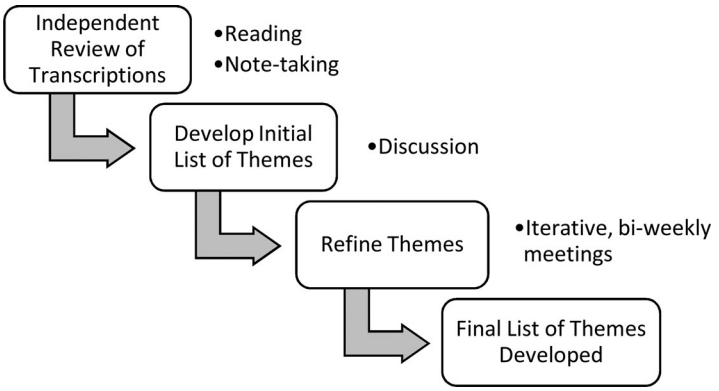

Figure 1. Analytic process.

American graduate student. Recruitment involved an older African American woman who identifies as a member of a local faith-based organisation and acts as a leader of an HIV prevention community organisation. Thematic review by this investigative team and by addition African American co-authors was used to ensure that voices from the African American community were adequately represented.

Findings

Three themes were developed from focus group data: (1) the expected role of the African American woman, (2) risk behaviours and (3) protective factors. Each main theme comprised several subthemes. Illustrative quotes convey and describe the essence of themes and subthemes.

The expected role of the African American woman

The first question asked of women in the focus groups was about their expectations of African American women. We asked this question in order to provide a broader context for understanding expectations within a relationship and how these relationship expectations related to sexual behaviours. This theme was marked by two specific subthemes: (1) carry yourself as you were raised, and (2) carry a big burden.

Carry yourself as you were raised

Women across focus groups discussed that their expectations for how African American women should act depend on how they were brought up. Barbara stated, 'That women, they [parents] expect you to be respectful and to have manners.' Maya said:

> My expectations are that I'm umm carry and conduct myself the way that I was raised … as a lady … as an intelligent woman … as long as I made the expectations of the family that I came out of, I feel like I'm doing pretty good …

Across several focus groups, expectations learned while growing up were around being a lady and behaving and dressing appropriately. For example, Victoria commented:

> Uh huh, you know just like when we were coming up you know uh our parents told us you don't have to be out there with you know showing everything. I mean you can be the sexiest woman in the world, and you don't have to have all your body parts showing.

And Lucy remarked:

> Looking back on my childhood, you could not use profanity, not use the 'n' word because my mother and father and my grandparents taught it's an unintelligent person and we used to say it out of anger, and when my parents were here, we got punished, need to apologise to your sister or brother.

Women mentioned how their families influenced not only their demeanour but also the way they dressed. Several women highlighted the importance of dressing nicely to elicit respect from others. For instance, Bernice said:

> When I was young … my mother, taught you to be a lady at all times … even though you had the lining in your skirt, you still wore your under slip. You know, you sat in church like a lady and you carried that along as you … um … as you grew up.

Carry a big burden

Another expectation was that African American women carried a significant burden and responsibility. Specifically, women talked about being the sole caregivers for their children, discussed the responsibility of teaching younger generations, or referred to the burden their mothers bore in raising them. For instance, Minnie said, 'I'm raising five grandchildren in my house.' Audrey stated:

> Also, we as Black women have been left behind in taking care of our children and we had to. I for one I was married and, um umm my husband and I, we broke up. We originally got a divorce and I had to take care of four children by myself and it was not easy, but I did it.

Mickey talked about how her mother was responsible for caregiving when she was growing up:

> … my mother raised 5 kids. My father got drowned in 1956 on Father's Day and he was 34, my mom was 32. The oldest was 17 and youngest was 17 months. My mother never got on welfare or food stamps, she built a home and raised 5 kids. That to me is a very, very respectable Black woman.

Misty discussed the unique intersecting identity of Black women when she referred to a group within her faith-based organisation and said, 'The group is to bring us together in fellowship because … as Black women, [we] have a concept of going through things by our self and ain't nobody in the world is going through what we going through.'

Risk behaviours

Risk behaviours among older African American women could summarised under the following three subthemes: (1) not at risk; (2) sexual networks, and (3) loneliness.

Not at risk

Several women discussed how in general, they did not believe that they were at risk for contracting HIV due to perceptions of the sexuality of older adults. For instance, Diva said,

> I think because they [women] have reached the age where they went through menopause one way or the other, and they can just have sex. They don't really worry about being pregnant you know, that's the main thing they think of, they don't have to worry about that, but it's much more you have to be concerned about.

Other women stated that the belief that they are not at-risk stems from perceptions about their sexual partners. For instance, Bernice said:

> Older women probably feel the men are older and feel like they should not have these types of disease and you've come a long way … now it is like, he might be safe and not realise it's not safe.

The concept of wisdom was not just limited to men, however, and participants expressed that there might be a general sentiment of invincibility among the older population. Jackie said:

> I learned there's a whole lot in our age group, it's very prevalent, a lot of older people I come into don't think they can get it. A lot of the young people think they're invincible, old people think their skin is thicker and I'm this and I'm that.

Sexual networks

Several women discussed the presence of sexual networks within the older African American community. For instance, Peggy stated:

> I live in a living facilities … and I know people in there are very sexual active. Actually, we have one lady in there, she pays this guy to have sex with her. And … he got tired of her and wanted to move on, and she was upset about it. … But see honestly, they have sex with several partners in there.

Other women also discussed sexual networks among older African American women. Specifically, they spoke about the role that both old and young African American men play in the transmission of HIV. Karen said:

> Older men who think they are players, they like younger women, and younger women gonna go with younger men … old player go with the young girl, and then come back to a older woman, and it spreads.

Barbara added another level of dimensionality within these sexual networks when she stated, 'I think some older women are dating younger men who are on the down-low and bringing it to the women, and having multiple womens, and bringing it to you.' The stigmatising term 'down-low' was used to indicate that some younger African American men may have sex with both men and older women.

Loneliness

One subtheme that emerged from focus group discussions was the desire for intimacy among older African American women. Specifically, women talked about how a fear of lacking intimacy plays a role in maintaining romantic and/or sexual relationships with men. For instance, CeCe said:

> People who are not confident, people who just want something or someone to make them feel complete at that moment, at that time. Not all of us are like that. But there are so many that's like that, so they reach out to whatever is given to them at that moment to make me feel like a woman.

CeCe continued by saying that, '… you feel that closeness that that that intimacy is all that you need at that moment to make you feel good.' Similarly, Abby disclosed how she might hide certain aspects of her identity to appease a man:

> I do have a 'friend.' I have to dummy down for him. I don't like young men. Men my age are older, and they have a ego thing and they think they have to be the man. Even though I have a education… I have to dummy down to let him be the man… I have to do this because for my relationship and nourish him… I am stuck with Mr. Wrong for Mr. Right because he's dependable in so many other ways like comfort and companionship.

Other women went on to discuss that the desire for intimacy might result in women lacking assertiveness within their sexual relationships. Dee stated, 'We have not been trained or comfortable to asserting our self. We are kind of shy…' Barbara continued this sentiment when she said, 'You don't want to do anything that rocks the boat, so you're not gonna make them use a condom if they don't want to because you want that relationship.'

Protective factors

In contrast to risk factors, focus group participants also discussed methods and behaviours that would protect older African American women from contracting HIV.

High standards

One subtheme that emerged as a preventive factor in unsafe sexual relationships was having a high standard for men. For example, *Maya* said:

> So, as an African American woman, a strong Black woman, you can't treat me no any kinda of way. And I can see you, too and I can see when you just faking and pretending in the beginning, too. If you start me with steak in the beginning, I don't expect you to give me salt pork later on.

Other women spoke about how their experiences with relationships had hardened them to set these standards for men. For instance, Misty spoke candidly about how a previous relationship had been tumultuous:

> I think as Black women we all hold men up to a certain standard you know they have to come up to a certain standard to be with us. I'm only 51 years old and I have been through hell and back, excuse my language, with a man. And… umm… as Black women I think in a relationship we need to be stronger and stand our ground when it comes to dating Black men.

Similarly, Debra spoke of the collective expectation for African American women to know better about relationships. She stated:

> At this perspective in our lives, we are ladies who are seasoned, at this posture in our lives, we've been through a lot, seen a lot in a different century and we don't tolerate a lot. We demand respect and we take the high road.

Education

Several women talked about the need for education about HIV. Education included both self-educating and educating others. For instance, in response to the question,

'What are some ways women can protect themselves against HIV and STIs?' Debbie responded, 'I don't know the game like I used to know the game. What's out here for me, I think it's good to be educated.' Judy also remarked on the importance of knowing about HIV:

> Everybody all ages need to know about HIV. I don't care who it is baby, you don't have to be sleeping with nobody; you still need to know about it. You need to have all the info you can about it. You might not have HIV, but you may know someone who do. The very person you think is not, may have it … That's one thing … not only Black, but everybody need to know.

Women spoke specifically on what women should be educated on. Judy said, 'Learning the dos and don'ts of AIDS. What you can and cannot do' and 'Learning the definition of AIDS.' In addition, some women spoke of the importance of education about preventive practices. Dee recounted her time participating in a prevention intervention called Sisters Informing Sisters about Topics on AIDS (CDC 2004), and said,

> I participated in SISTA. It empowers women to be proactive in their sexual choices like going to the doctor, how to put on a condom, why wear a condom … being more assertive.

Discussion

Despite advances in the detection and treatment of HIV, midlife to older African American women remain disproportionately affected by HIV compared to women from other racial or ethnic groups. BFT was used to capture older African American women's perspectives on themselves, romantic relationships and HIV risk and protection. The epistemological framework of BFT describes the influence of intersecting identities and how many Black women share a history of trauma that may affect how they currently make decisions, perceive themselves and perceive others. Midlife to older African American women may experience oppression in several different domains of their identity which in turn may influence their engagement in HIV risk behaviours (McCord 2014). Against a backdrop of oppression, African American women also spoke of protective factors and conveyed a desire to learn more about HIV.

The first emergent theme from focus groups was the 'African American Woman's Role,' which described expectations for African American women. How women were raised by their parents greatly influenced how they dressed, acted and raised their own children. As one participant stated, there exists a collective responsibility for African American elder women to teach younger generations how to carry themselves in public. Participants used the word 'lady' to describe how African American women and girls should act. The concept of being a lady included proper dress, having manners, being respectful and coming across as intelligent—characteristics that align with traditional feminine gender roles such as feminine appearance and demeanour (Cole and Zucker 2007). Endorsement of feminine gender role beliefs by older African American women may influence engagement in HIV risk behaviours and relationship power dynamics (Harris, Mallory and Stampley 2010), such as not questioning their male partner's HIV risk, and deference to male decision making regarding the parameters of a sexual relationship and condom use. In addition to traditionally feminine

gender role beliefs, African American women also may endorse masculine traits including agency and perseverance (Belgrave et al. 2016; Settles, Pratt-Hyatt and Buchanan 2008) that can influence their HIV risk. These masculine ideologies emerged in the subtheme of carrying a big burden.

Many women identified with the struggle of their mothers in raising them, stating that mothers often juggled raising multiple children and acted as the head of household. Several women discussed the subtheme of carrying a big burden and how they were saddled with the same responsibilities in the present day. Some research on African American grandparent caregivers indicates that these individuals experience high perceived burden and stress from their care roles (e.g. Blackburn and Dulmus 2007; Carr, Hayslip and Gray 2012). This burden may in turn negatively affect participation in health promotion and HIV preventive behaviours as well as how women act in romantic partnerships and perceive risk (Carr, Hayslip and Gray 2012). For example, women whose days are full of unrelentless responsibilities including caring for others may not take the time to engage in preventive behaviours such as getting tested for HIV/STIs.

Some women may also wish for a partner to share burdens with them to combat the deleterious effects of culminating responsibilities. These individuals may then enter romantic relationships willing to yield relationship power to the man. In some ways, women across the focus groups revealed that some older women have to yield to others' choices in romantic relationships or even sacrifice aspects of their own personal achievements and traits (e.g. education and intelligence) in order to maintain relationships with men. Low perceived relationship power and the willingness of some African American women to self-silence when it comes to communication in romantic relationships places them at higher risk for HIV and STIs (Jacobs and Thomlison 2009).

The second theme that emerged from the data was that of risk behaviour. Older African American women may have a low perceived vulnerability for sexual risk (Schick et al. 2010), which was reflected by the not at-risk subtheme. Women in this study maintained that older adults believe they are invincible to contracting HIV. For instance, Bernice expressed that women may misconceive that men who are older are wiser, and thus less likely to have contracted STIs or HIV.

Past research has documented that factors such as a shortage of men increase the risk of Black men having two or more sexual partners in the African American community (Pouget et al. 2010). Participants discussed their perceptions of why there is a shortage of men for older women, including a perception that some men are not forthcoming about their sexual relationships with other men and perceptions that older African American men prefer younger women. These factors and others (e.g. high incarceration rates among African American men; Dangerfield et al. 2018) contribute to a gender-ratio imbalance within the African American community and a high-risk sexual network among African American women. In combination, endorsement of traditional gender roles, low perceived vulnerability and the systematic shortage of available African American men may act in tandem to place these women at higher risk for unsafe sex.

Loneliness also emerged as a subtheme from the data. Women discussed the desire for intimacy and companionship, which may further trigger self-silencing behaviours

among midlife and older African American women for the sake of relationship maintenance. For example, Barbara indicated that a desire for intimacy may also cause some women to be less assertive within their romantic and/or sexual relationships, such as not making a man use a condom if he doesn't want to. Indeed, previous research has established a link between self-silencing behaviours that stem from a fear of loneliness and the effect on safer sex behaviour (Jacobs and Thomlison 2009).

Women across the focus groups spoke about the need to set high standards for how men treated them in relationships. They spoke about how their lived experiences encouraged them to be alert to men who are not respectful in the beginning of the relationship. Maya, in particular, used the analogy of the beginning phase of the relationship as "steak" with the relationship then turning into "salt pork." If respect is not demanded in the beginning, it is not likely to be given later. Expectations for respect and mutually fulfilling relationships may ultimately protect against contracting HIV.

When women across the groups were asked, 'What are some ways women can protect themselves against STIs/HIV?', several women were quick to discuss the importance of education. For instance, one participant discussed how not only African American individuals but all people in general, need to know about HIV. Findings suggests that while older African American women generally are eager to learn about HIV and safer sex, some encounter challenges in learning how to engage in and sustain protective behaviours.

Limitations

This study is not without its limitations. Women from Campus A were established members of a faith-based organisation which in itself may have presented limitations. Women from this group may have been more likely to hold similar beliefs and given their shared social circle some of the women may have been friends as well. Women from Campus A may also have had prior rapport and thus may have had similar ideas about men, relationships and HIV. A third limitation lies in the self-reporting nature of the partnership. Women reported being unpartnered but some discussion in the focus group indicated that some individuals might be in relationships, or at the very least, companionships. Last, while many women have a shared history of social and cultural influences and similarities in intersecting identities, women comprise a heterogeneous group and there are likely a wide range of experiences that our questions may not have explored.

Practice implications

Several practice implications for health care providers that serve midlife and older African American women can be drawn from this study. First, women identified several HIV sexual risk factors such as low perceptions of risk, men having concurrent sexual partners, loneliness and the desire for intimacy. Knowledge of these topics during conversations on sexual behaviour and health may facilitate healthcare providers to have more effective sexual health discussions with their patients. Health providers should also be aware of ageism and their own personal biases in order to counter these

potential influences on discussions of sexuality and sexual education among older women (Gewirtz-Meydan et al. 2019).

Effective discussion of sexual health topics can aid healthcare providers by better identifying: 1) when to recommend/encourage HIV/STI testing, 2) a patient's need for sexual health education on HIV risk factors and 3) a patient's need for HIV prevention resources such as male/female condom barriers. Alternatively, a self-administered sexual health screening questionnaire that addresses sexual risk factors may also be useful to midlife and older African American women who may not feel comfortable with face-to-face discussion about sexual behaviour. Last, participants identified several protective mechanisms (e.g. education about HIV risk, need to increase community awareness, and the importance of condoms and HIV testing) for women to better guard themselves against HIV. These protective mechanisms may be useful to include when developing programmes that focus on sexual risk among older African American women.

Conclusion

Despite advances in treatment and diagnosis, HIV remains an issue of grave public health significance among older African American women. Understanding the perspectives of midlife and older Black women on sex and relationships is of vital importance to the creation of prevention efforts designed for this group. Much HIV prevention work has neglected this vulnerable population or has over-generalised findings from previous work as valid among all age groups. Given the potential for increased rates of HIV among midlife and older African American women, coupled with the fact that women living with HIV are living longer lives, it is imperative to address HIV prevention and encouragement of safer sex behaviours to lower HIV incidence and prevalence in this group. Overall, midlife and older African American women are at a unique juncture in their lives in which 'best practices' for safer sex need to be tailored to their unique lived experiences, perceptions and beliefs.

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