

## Associations of Condomless Sex With Dyadic and Social Mutuality Among Black Women in Heterosexual Relationship

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**Theoretical Framework:** Relational Cultural Theory posits that relationships are essential to women and that women seek mutuality in their relationships. Mutuality is a shared exchange in which both persons experience personal growth and healthy development. Mutuality strengthens relationships, while relationships lacking mutuality become problematic and often dismantle (Miller, 1986a; Miller, 1986b; Jordan, 2010; Walker & Rosen, 2004). To avoid losing relationships that are low in mutuality, compensatory strategies may be used to hold on to the relationship (Comstock, et al., 2008; Miller & Stiver, 1997; Walker & Rosen, 2004). These strategies are referred to as the Central Relational Paradox (CRP), as they are paradoxical to the mutuality sought, and can have detrimental effects to women's health and wellbeing (Duffey, & Somody, 2011; Frey, 2013).

**Background:** The RCT perspective may be helpful in understanding condomless sex among young adult Black women in heterosexual relationships with men that present a risk for STIs. Previous research suggests that some young Black women may be in sexual relationships with men that they believe to be having sex with someone else and may use condomless sex as a strategy to hold on to their partner to avoid losing the relationship. (Jones, Hoover, & Lacroix, 2013; Jones, & Oliver, 2007; Waldrop-Valverde et al, 2013). Further it is suggested that in the presence of STI risk, that condomless sex may be influenced by experiencing sexual pressure from a male partner (Gakumo, Moneyham, Enah, & Childs, 2012; Jones, Hoover, & Lacroix, 2013). If condomless sex is an example of a CRP strategy, then it is possible that women may be compensating for the low mutuality in their sexual relationships while yielding to sexual pressure.

It is postulated here that the experience of mutuality in other social relationships may exert a protective effect against the need to fall back on the CPR strategy of condomless sex. Previous research supports that the presence of social mutuality may be inversely associated with poor health outcomes such as psychological distress (Frey, Tobin, & Beesley, 2004; Frey, Beesley, Miller, 2006; Liang et al., 2002; Liang & West, 2011), and positively associated with health seeking behaviors, such as engagement in substance use treatment (Covington & Surrey, 1997; Blakey & Grocher, 2017). However, to date little is known about how social mutuality may mitigate the compensatory strategy of condomless sex with a partner who engages in behaviors that present a risk for STIs.

The overall problem to be studied here, is, for young Black women in heterosexual relationships that present a risk for STIs is condomless sex associated with lower mutuality in those sexual relationships and does the presence of higher mutuality in other social relationships lower the likelihood of condomless sex in relationships where mutuality is perceived to be low.

This study is designed to answer the following research questions. Controlling for age, education, number of hours worked outside the home, substance use before or during sex, and method of recruitment:

1. Is lower dyadic mutuality associated with higher frequency of condomless sex?
2. Does the presence of higher mutuality in social relationships mitigate against condomless sex with male partners?

The following secondary analyses will also be studied:

1. Is lower dyadic mutuality associated with higher sexual pressure?
2. Does the type of social relationship (such as, sports teams or sororities) affect the influence of dyadic mutuality on condomless sex?

## **Methodology:**

Study Design: Cross-sectional, descriptive study

Sample: A convenience sample of 118 African American or Black women ages, 18 to 29, whom perceive their sex partner(s) to have had sex with another person within the past three months will be recruited. The sample size was determined to achieve 80% power to prevent a Type II error, a medium effect size, and statistical significance at  $p < 0.05$ .

Demographics: Based on previous research showing associations with STI risk, the effects of age, employment outside of the home, education, method of recruitment, substance use before or during sex (Jones & Hoover, 2018), and partner type (St. Lawrence et al., 1998) will be assessed.

Data collection: Study recruitment will be conducted on the ground and online. On-the-ground, flyers will be distributed at health clinics and community-based organizations within predominately Black neighborhoods. The second approach will utilize social media advertising

For both on-the-ground and online recruitment, eligible participants will complete an online consent form and then will be directed to a secured survey on an encrypted website. Participation is anonymous. No identifying data will be collected. Participants can complete surveys on a smartphone, tablet or computer. Participants will receive an honorarium of \$20.00 upon survey completion.

Instruments: The following instruments will measure variables of interest: The Mutual Psychological Development Questionnaire (Genero, Miller, Surrey, & Baldwin, 1992) will measure dyadic mutuality. The Relational Health Indices (Liang et al., 2002) will be used to assess social mutuality, among peers, mentors, and community relationships. Both have been piloted in a representative sample for comprehension and cultural relevance. The Sexual Pressure for Women-Revised (Jones & Gulick, 2009) scale will be used to measure the experience of sexual pressure. Condomless sex will be assessed by frequency recall within the past three months. All instruments have demonstrated adequate psychometric properties. The demographics will be assessed by a demographic sheet.

Analysis Plan: Descriptive statistics of central tendency (mean, median, and mode), standard deviation, skew, and percentages will be examined for each measure, as appropriate. Skewed data will be transformed to approximate normal distribution. Bivariate correlations with condomless sex will be performed. Controlling for the covariates, a multiple regression model will be built with those variables that were statistically significant in bivariate correlations.

Results: Results are anticipated to show inverse associations of dyadic mutuality with condomless sex, and social mutuality mitigating

Conclusion: Findings from this study may inform STI prevention efforts tailored to young Black women in two ways. Findings may highlight whether lower mutuality in at-risk intimate partner relationships relates to condomless sex.

Further, if condomless sex with a high risk partner is, as theorized, a compensatory strategy to maintain a relationship, and social mutuality reduces this risk behavior, then perhaps, incorporating STI prevention efforts in groups where social mutuality is present may serve as a component of a prevention intervention. Further study is warranted.

Future analyses should investigate the possible inverse associations of dyadic mutuality with sexual pressure to enhance construct validity. Future analysis should also explore differences in the types of social groups that lessen the associations of dyadic mutuality with condomless sex in the presence of STI risk.

Limitations: Due to the cross-sectional nature of this study causality cannot be inferred. Further survey responses are self-report which may yield socially desired responses. Finally, this study will utilize a non-randomized convenient sample, thus findings may not be generalizable to other groups.

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**Keywords:**

Black women, STI risk and mutuality

**References:**

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### **Abstract Summary:**

Relational Cultural Theory highlights the significance of mutuality in relationships and the use of compensatory strategies in its absence. This study will explore associations of condomless sex with dyadic mutuality and social mutuality among young Black women in heterosexual relationships presenting risk for sexually transmitted infections (STI).

### **Content Outline:**

#### **Theoretical Framework:**

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#### **Methodology:**

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Analysis Plan

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Limitations:

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**Professional Experience:** 09/2013-5/2018 Graduate Student Assistant Assisted in the recruitment of study participants for an online clinical trial study on comparing HIV risk behaviors among urban women watching an HIV prevention video series. Responsible for assisting in protocol delivery for participants. Partnered closely with Principal Investigator and web developers on testing website features prior to study implementation and providing participant feedback during implementation to ensure user friendly website access. Assisted in data quality assurance and management of honorarium payments. Implemented the delivery an HIV prevention video series in a longitudinal translational research study on the delivery of a comprehensive care health model to women in a Boston Public Health Commission substance abuse treatment program. This includes collaboration with the Boston Public Health Commission staff to develop strategies to increase participant retention in translational research study. Assisted in data collection and management, including data quality assurance, data reporting, and management of honorarium payments.

**Author Summary:** Ms. Siobon Barrett is a fifth year PhD student at Northeastern University. She holds a BSN from Northeastern University, School of Nursing. Her research interest is in prevention of sexually transmitted infections among at risk young adult Black women. Ms. Barrett is recognized as a Jonas Nurse Leader Scholar and is a member of the Sigma Theta Tau International Honor Society of Nursing.

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**Author Summary:** Dr. Rachel Jones is the Principal Investigator of a clinical trial funded by the National Institute for Nursing Research to test the effect of Love, Sex, & Choices, created to reduce HIV risk in women of color. Dr. Jones was appointed to the Advisory Committee of the Office of Research on Women's Health at the National Institute of Health and served as an Ad Hoc Reviewer for the NIH Special Emphasis Panel on HIV Prevention.