


Entre Nosotras Between Us

 HEALTH SERVICES



YOUNG WOMEN'S HEALTH & WELLNESS COMMUNITY NEEDS ASSESSMENT

Action for Boston Community Development, Inc. Health Services Department has received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and provide a HIV/STI and Substance Use prevention program for adult women in the Greater Boston area. The goal of Entre Nosotras/Between Us II is to promote health equity by providing prevention education, HIV counseling and testing and, an environmental intervention in communities most impacted by disparities in HIV/STI among young women of color, aged 18-24, living in Boston and Chelsea. The following summarizes the findings of a mixed-methods community needs assessment which was conducted from February to May 2011.

WHAT DID WE DO?



Fellows from the Young Women's Health Leadership Academy

The goal of the needs assessment was to assess the health service needs and resources available to young adult Black and Latina women, and to collect suggestions for future HIV/STI programming in these communities. First, epidemiological data was reviewed to examine where HIV/AIDS and substance abuse rates are highest—Greater Boston and to determine who the target population should be—young Black and Latina women aged 18-24. Also, an online survey was administered to a sample of the target population (N=155). Finally, two in-depth interviews and 6 focus groups were conducted (4 with providers and community stakeholders and 2 groups with young Black and Latina women).

WHAT DID WE LEARN?



Socio-Demographics

According to survey responses, most women identify as being Hispanic/Latino (45%) or non-Hispanic Black (40%). Most women reside in Dorchester and Chelsea, did not have children (68%) and are either single or are in casual relationships (51%). Most women report being heterosexual (85.3%), 10% report being Bisexual, and 7.3% report being Gay/Lesbian. Forty one percent have completed high school/GED and 29% have completed some college; 66% are employed and live in households where the average income is below \$30,000.

Perception of Quality of Health Services

- » **Education/Knowledge**—Most women in the focus groups felt that although sexual health education was widespread, it was not necessarily comprehensive or applicable to their lives. Participants preferred broad and comprehensive programming that included a diverse range of topics including intimate-partner violence, mental health, and LGBT relationships. Focus group participants discussed the need for education efforts to include skills building around condom negotiation (including role-play), conflict resolution, sex education (including anatomy/physiology), building healthy sexual relationships, and consequences of sexual activity.
- » **Healthcare -Access**—Though most survey participants reported having health insurance (52% Mass Health, 21% private insurance), access to services remains a barrier. One provider summarized “if they’re 19 and not working, there is no health insurance. Unless they go in for family planning, they can’t get health care.” Young women are often unclear of what services are available to them, especially when there are concerns around insurance coverage and/or immigration. Confidentiality is a particular concern for younger women or those living with their parents and this often translates into reluctance to access care for HIV, STIs, or substance abuse. Latina young women expressed concerns about language and cultural barriers to both accessing care and openly discussing sexual health.



Behavioral and Social Determinants of HIV

» **Sexual Behavior**—Most women surveyed were able to recognize common sexual risk factors such as transactional sex or not knowing a partner’s sexual history. Many women in the sample (40%) did not have sex in the past 30 days. Many women report having unprotected sex (48% reported unprotected vaginal sex at last encounter and most women report unprotected oral sex). One provider of the target population said, “... they’re not necessarily voluntarily making informed choices involving sex. They’re doing it for survival and needs”. The survey found that 45% of women reported having their first sexual encounter between 15 and 18 years old, while 26% reported their first encounter at younger than 15 years old, 11% report never having sex. 43% report having been pregnant and 28% report that they have been diagnosed with an STI in their lifetime. 34% of women in the sample reported being tested for HIV less than 6 months ago, 22% report never being tested, and 21% report being tested 1–2 years ago. Glamorization of sex and multiple partners in the media was also cited as a driver of harmful norms that may contribute to risk factors for young women in relationships.



photo by David Castillo Dominig



photo by puck90

» **Intimate Relationships**—Relationships were unanimously identified as the strongest protective/risk factor for young women. On one hand, participants cited that young women were more likely to practice safe sex if their partner was educated about sexual health, encouraged them to practice safe sex, and if women were confident around discussing safe sex. On the other hand, disrespectful relationships were cited as a risk factor that is prevalent and somewhat normalized. 31% of women surveyed reported emotional abuse, 14% physical abuse,

and 8% sexual abuse. There is also a generalized passivity among women to discuss safe sex because of fear that it will ruin their relationship. Gender norms play a major role in women’s ability to negotiate condom use and safe sex. Women surveyed reported that their main reason for not using condoms is not a physical discomfort or lack of knowledge, but rather that “men don’t want to use condoms”. Significant age differences that create power imbalances and economic dependence on men were cited as being commonplace. Also, pregnancy was cited as a way to “save” the relationship and/or improve their financial situation.

- » **Substance Abuse**—Though most women reported that they regularly drink alcohol and smoke marijuana, there is a misperception of associated risks. 60% of those surveyed perceive drinking excessively as being very risky and only 31% perceived using marijuana as being risky. Young women reported that abuse of substances is often related to feeling hopeless and may be used as a coping strategy or may be related to mental health issues.
- » **Emotional Support, and Self-Esteem**—Presence of emotional support from role models and high self-esteem was cited as being a strong protective factor and their absence a strong risk factor. 2/3 of women surveyed reported feeling depressed in the last 30 days, and 14% of women in the sample reported having sometimes/often/very often seriously considered suicide within the last year.
- » **Future Aspirations**—Women who completed the survey were asked to report on what their goals were for their lives. Following are some of the goals young women highlighted: Getting their own apartment or owning a home, finishing college/trade school, a more successful career or getting a better job, and having a family or marriage and happiness. Some secondary goals included financial stability, wealth, and success, losing weight and buying a car. Latinas also mentioned achieving permanent residency or US citizenship as another goal.

RECOMMENDATIONS FOR ADDRESSING ROOT CAUSES OF HIV AND SUBSTANCE ABUSE AND SUPPORTING YOUNG ADULT WOMEN OF COLOR

- » **Create opportunities for Young Black/Latina women**—Participants all agreed on the need to enhance traditional prevention education with the creation of economic, career, and educational opportunities, financial literacy, job skills, and violence prevention.
- » **Social Support**—Participants expressed desire for more social support including intergenerational networking, positive role models, and mentoring programs with Black/Latina women.
- » **Holistic programming that emphasizes women's health and wellness, rather than disease-specific prevention**, was the most common theme among participants' suggestions. This includes a combination of physical, mental, emotional, and spiritual health. Including lessons on self-efficacy, self-esteem, healthy diet, stress management, life goal development, and life skills to create healthy communities. Expand programming outside of clinical contexts and use mid-level providers to make safe sex programs more accessible and approachable.

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