

## Black Women's Sex Lives Matter: Tips for Talking with Your Healthcare Provider

Ashley Townes & Debby Herbenick

To cite this article: Ashley Townes & Debby Herbenick (2020) Black Women's Sex Lives Matter: Tips for Talking with Your Healthcare Provider, American Journal of Sexuality Education, 15:2, 141-148, DOI: [10.1080/15546128.2020.1721389](https://doi.org/10.1080/15546128.2020.1721389)

To link to this article: <https://doi.org/10.1080/15546128.2020.1721389>



Published online: 11 Feb 2020.



Submit your article to this journal [↗](#)



Article views: 107



View related articles [↗](#)



View Crossmark data [↗](#)

LESSON PLAN



## Black Women’s Sex Lives Matter: Tips for Talking with Your Healthcare Provider

Ashley Townes and Debby Herbenick

School of Public Health, Center for Sexual Health Promotion, Indiana University-Bloomington, Bloomington, IN, USA

### ABSTRACT

This lesson plan is designed to help participants learn how to partner with their healthcare providers to improve their sexual health. This lesson plan describes how to achieve this goal with cis-gender Black adolescent girls and adult women (ages 16 and older).

### KEYWORDS

Sex education; Black women; sexual health; healthcare

### Goals and Objectives:

By the end of the session, participants will be able to:

- Identify barriers to accessing a healthcare provider
- Explain why preventive screenings are important
- Write talking tips for talking with their own healthcare provider

**Timing:** 75 mins

**Rationale:** It is widely known that unintended pregnancy and sexually transmitted diseases disproportionately affect Black women in the United States. Data from the National Survey of Family Growth and the National Center for Health Statistics found that, in 2011 Black women had the highest percentage of unintended pregnancies that ended in abortion as well as the highest rate of unintended pregnancies that ended in birth compared with White and Hispanic women (Finer & Zolna, 2016; Kim, Dagher, & Chen, 2016). According to the Centers for Disease Control and Prevention (CDC), Black women made up 59% of new HIV diagnoses among all women (CDC, 2017), and the rates of chlamydia, gonorrhea, and syphilis among Black women were 5 times, 6.9 times, and 4.7 times higher than White women, respectively (CDC, 2018). We utilized data from the 2018 National Survey of Sexual Health and Behavior (NSSHB), a U.S. nationally representative probability survey, to examine the prevalence and characteristics of sexual health patient-provider discussions as reported by Black women.

**Description of intended audience:** This lesson plan has been used with collegiate-level participants; however, it is intended to be for cisgender Black adolescent girls and adult women.

**Materials needed:** Attached Worksheet ([Appendix](#)), Flipchart Paper, Pens/Pencils, Markers

**Detailed, numbered procedural steps:**

1. **Introduce the lesson** by giving a brief overview. The lesson will cover reasons why Black women have not seen a healthcare provider in the last year (according to the 2018 National Survey of Sexual Health and Behavior, a U.S. nationally representative survey about sexuality), additional barriers to seeking healthcare, the differences between the types of preventive screenings that are recommended by the American College of Obstetricians and Gynecologists and the Centers for Disease Control and Prevention, and tips to discussing sexual healthcare needs and concerns with a healthcare provider. (5 mins)
2. **Barriers Activity**—Use the flipchart paper and ask the participants to name barriers or reasons why Black women may not have seen a healthcare provider within the last year. Write each of these on the flipchart paper. Then, compare to the national data. (5 mins)
  - a. 94% of Black women reported seeing a healthcare provider in the last year
  - b. Of the Black women who did not see a healthcare provider in the last year, here are the top three reasons why:
    - 31% said they didn't have insurance
    - 15% said they couldn't afford it
    - 15% said they don't like to go unless something is wrong
  - c. Research has identified the following (Amy, Aalborg, Lyons, & Keranen, 2006; Fiscella et al., 2004; Gelberg, Browner, Lejano, & Arangua, 2008; Townes, Guerra-Reyes, Murray, Rosenberg, & Herbenick, 2019b):
    - Not being able to find a provider that looks like them (i.e., a Black female healthcare provider) in their area
    - Not having the time or resources to attend a healthcare provider appointment (e.g., transportation, costs-associated)
    - Feelings regarding medical visits (e.g., fear, anxiety, stigma, lack of trust with medical provider, feelings related to gender or sexual identity)
    - Past traumas (e.g., sexual assault, past bad experience in medical settings)
3. **Large Group Discussion**—Ask participants to describe the types of topics they expect to discuss with a healthcare provider regarding their sexual health. (5 mins)

4. **Explain the types of preventive screenings.** (20 mins)
  - a. Attending a healthcare visit is important to maintain one's health. Preventive screenings are recommended so that if there is a health concern, it can be addressed quickly. The American College of Obstetricians and Gynecologists (ACOG, 2019b) and the Centers for Disease Control and Prevention (CDC, 2014) recommend the following: Pap Smear—This is done during a pelvic exam; the healthcare provider gently swabs the cervix to get a sample of cervical cells to screen for cervical cancer. For women 21–29 years of age, the screening is recommended every 3 years. For women 30 years of age and older, the screening is recommended every 5 years. [Note: These recommendations are for women with a uterus and/or cervix.]
  - b. Sexually transmitted infection (STI) screenings—For women 25 years of age or younger and currently sexually active, it is recommended that chlamydia and gonorrhea testing be offered annually. For women 25 years of age and older, who have new or multiple sexual partners, or a sexual partner has tested positive for a sexually transmitted infection, annual screenings are recommended. The CDC also recommends that all adults and adolescents ages 13–64 be screened at least once for HIV. All pregnant women should be screened for syphilis, HIV, and hepatitis B early in pregnancy. [Note: These recommendations are for applicable for cisgender women, transgender women, and gender nonconforming individuals.]
  - c. Mammogram or breast exam—Breast exams may occur during well-women visits and mammography may be recommended for women who are at higher risk (e.g., due to a family history). Otherwise, it is recommended that women begin annual screenings starting at age 40. [Note: These recommendations are for women with breasts.]
  - d. Other recommended screenings:
    - When considering birth control, a pregnancy test is recommended.
    - When considering pregnancy, genetic testing is recommended.
    - After age 45, it is recommended that women begin a lipid profile assessment and have a diabetes screening every 5 years.
    - Hepatitis C virus testing is recommended for any person born between 1945 and 1965 and is unaware of their infection status.
    - After age 50, it is recommended to begin colorectal cancer screenings every ten years, or more frequent for women with a higher risk.
5. **Provide data from the 2018 National Survey of Sexual Health & Behavior.**

Pass out the attached Worksheet ([Appendix](#)), then, explain details about the National Survey of Sexual Health and Behavior (Herbenick, Fu, Dodge, Beckmeyer, & Hensel, 2018): (15 mins)

- a. The National Survey of Sexual Health and Behavior is a nationally representative survey about a variety of sexual health topics. The 2018 survey included an oversample of African American/Black women for a total of 980 included in the sample, ranging from ages 18–83. The age categories are as follows: 8% (18–24), 14% (25–29), 18% (30–39), 17% (40–49), 18% (50–59), 14% (60–69), and 11% (70 and older). The majority of the women identified themselves as being heterosexual or straight (91%). We will use the national data to examine the prevalence and characteristics of sexual health discussions with a healthcare provider reported by Black women in the United States (Townes, Guerra-Reyes, Murray, Rosenberg, & Herbenick, 2019a).
- b. 40% of Black women reported discussing sex or sexual health with their healthcare provider in the last year. Included in those discussions:
  - 29% said they discussed preventing pregnancy (e.g., birth control/condoms)
  - 25% said they discussed how to prevent STIs and HIV
  - 18% said they discussed sexual difficulties (e.g., painful sex, vaginal dryness)
  - 12% said they discussed their sexual orientation
- c. Pass out Worksheet ([Appendix](#)), then ask the participants to rank the list of sexual health topics Black women reported being asked by their healthcare provider (from the highest to lowest percent). After giving them time to write it down, present the actual data (rankings are from highest to lowest below) and ask for their feedback:
  - 80% said their provider talked with them about birth control
  - 55% of Black women reported being asked if they were sexually active
  - 40% said they were asked about the number of sex partners they have
  - 39% said they were asked if they had penile-vaginal intercourse
  - 37% said they were asked if sex is painful for them
  - 23% said they were asked if they had oral sex (giving or receiving)
  - 18% said they were asked about their sexual orientation or what gender(s) of people they feel attracted to
  - 14% said they were asked if they had anal sex

Give the participants about 3–5 minutes to write a reflection about their rankings, which estimates differed and which estimates were similar from the actual data? Why do they think their estimates were different? Do they think these ranking would be different for women of other races, why or why not?

6. **Think-Pair-Share**—Ask the participants about their interactions with healthcare providers. Give them a few minutes to think about and write down their concerns when interacting with providers (on the Worksheet, [Appendix](#)) and share with 1–2 additional participants. Encourage participants to consider how women’s concerns may vary based on their sexual identity as well as their perceptions of how their provider feels about LGBTQ+ individuals, sex outside of marriage, pregnancy outside of marriage, abortion, contraceptive use, or other topics. Ask participants to volunteer to share their thoughts with the larger group. Discuss the following 2018 NSSHB data. (10 mins)
  - a. 91% of Black women *agreed/strongly agreed* that they felt comfortable talking with their healthcare provider about their sexual health
  - b. 94% of Black women *agreed/strongly agreed* that they had enough time to ask their healthcare provider questions they had about their sexual health
  - c. 95% of Black women *agreed/strongly agreed* that they can trust their healthcare provider to keep their sexual health information private or confidential
  - d. 94% of Black women *agreed/strongly agreed* that their healthcare provider gave them accurate information about their sexual health
  - e. 90% of Black women *disagreed/strongly disagreed* that their healthcare provider seemed to be judging them when talking about their sexual health
  - f. 87% of Black women *disagreed* that they felt like they had to hide some parts of their sexual experiences from their healthcare providerAsk the following questions: What do these findings mean? If a majority of Black women report attending a healthcare provider visit in the last year, and state they are comfortable discussing sexual health, what are some reasons why less than half of Black women report discussing sex or sexual health with a healthcare provider in the last year? What barriers might women experience in having sexual health conversations with their provider? What might make it easier?
7. **Summarize and provide the following five tips.** (15 mins)

In closing, it is helpful to share concrete suggestions to participants. As an example, the educator might share that:

  - a. Sexual health is important, and it is your right to have access to healthcare.
  - b. When seeking medical care, remember that you may not need an annual PAP screening as in previous years; however, other screenings may be needed. It is important to discuss these screenings with a healthcare provider so that you can get the most appropriate screenings for you.

- c. When possible, check with your health insurance to find out what is covered, if there are any up-front costs, and the amount (e.g., an office visit cost).

Educators may also wish to share tips for partnering with one's health-care provider to discuss their sexual health needs.

- *Tip 1:* Write down any questions or concerns you have and bring them to the appointment. Think about the following topics: personal and intimate relationships, gender and sexual identity, sexual trauma, stress related to sexual function, preconception and reproductive health, contraception options, preventive exams and screenings. [Note: ACOG provides a list of frequently asked questions on their website, it can be downloaded as a PDF and given to the participants (ACOG, 2019a) Visit [acog.org/Patients/FAQs/Your-Sexual-Health](http://acog.org/Patients/FAQs/Your-Sexual-Health).]
- *Tip 2:* If you are experiencing any pain or discomfort, tell your provider.
- *Tip 3:* If you want to receive a specific screening or test, it is okay to ask for it. When asking for STI or HIV screenings, ask the provider to confirm which tests they are going to do. Ask how and when you will be notified of the results.
- *Tip 4:* If you do not understand what the provider is telling you, ask them to stop and explain it to you (e.g., "I'm not sure what you mean, can you explain it to me?").
- *Tip 5:* If you are offered a prescription, be sure to ask what kinds of side effects it has. If you do not like what those side effects are, you've had a bad experience in the past, or you are uncomfortable with what has been offered to you, be sure to ask your healthcare provider for other options. Then, work together to agree on an option that is best for you.

Give the participants about five minutes to practice writing out their own talking points on their Worksheet ([Appendix](#)). They can use the tips provided as a guide to write their own questions and/or topics that they would want to discuss during their next healthcare provider visit.

### **Commentary on experiences using the activity**

The lesson plan was developed by a doctoral level sexuality educator and researcher who has professional experience in local, state, and federal public health settings. The lesson plan has been included as a one-day lesson during an undergraduate collegiate-level Human Sexuality course that was diverse in sexual identity. The participants were highly engaged in the activities and discussions. Participants were able to identify barriers and reasons for not attending healthcare provider visits. After the data portion,

participants expressed that they were not surprised at the types of questions asked by healthcare providers. Participants often mentioned they preferred to be asked questions by their provider than bringing it up themselves. Overall, participants liked discussing the various screenings and how often they are recommended, many participants were unaware that they may not need a PAP exam annually anymore. Participants indicated that they liked discussing the tips to partner with their healthcare provider. Participants commonly mentioned that they were unaware of this type of data specific to Black women. This lesson plan provides information for sexuality educators about Black women that is often under-represented in sexuality education materials. This lesson plan aims to assist sexuality educators by increasing knowledge and participatory skills related to the sexual healthcare experiences of Black women in the United States. [Note: As of this writing, these health recommendations are current; we encourage educators to peruse health recommendations regularly to make sure that they are sharing up to date information with participants.]

## Funding

Data are from the 2018 National Survey of Sexual Health and Behavior, supported by Church & Dwight Co., Inc. The development of this lesson plan is supported by a grant from the Patty Brisben Foundation for Women's Sexual Health.

## References

- American College of Obstetricians and Gynecologists. (2019a). *Frequently asked questions: Women's health*. Retrieved from <https://www.acog.org/Patients/FAQs/Your-Sexual-Health>
- American College of Obstetricians and Gynecologists. (2019b). *Your annual health care visit*. Retrieved from <https://www.acog.org/About-ACOG/ACOG-Departments/Annual-Womens-Health-Care/Your-Annual-Health-Care-Visit>
- Amy, N. K., Aalborg, A., Lyons, P., & Keranen, L. (2006). Barriers to routine gynecological cancer screening for White and African-American obese women. *International Journal of Obesity*, 30, 147–155. doi:10.1038/sj.ijo.0803105
- Centers for Disease Control and Prevention. (2014). *Which STD tests should I get?* Retrieved from <https://www.cdc.gov/std/prevention/screeningrecs.htm>
- Centers for Disease Control and Prevention. (2017). *HIV among women*. Retrieved from <https://www.cdc.gov/hiv/group/gender/women>
- Centers for Disease Control and Prevention. (2018). *STDs in racial and ethnic minorities*. Retrieved from <https://www.cdc.gov/std/stats18/minorities.htm>
- Finer, L. B., & Zolna, M. R. (2016). Declines in unintended pregnancy in the United States, 2008–2011. *New England Journal of Medicine*, 374, 843–852. doi:10.1056/NEJMsa1506575
- Fiscella, K., Meldrum, S., Franks, P., Shields, C. G., Duberstein, P., McDaniel, S. H., & Epstein, R. M. (2004). Patient trust: Is it related to patient-centered behavior of primary care physicians? *Medical Care*, 42(11), 1049–1055 doi:10.1097/00005650-200411000-00003
- Gelberg, L., Browner, C. H., Lejano, E., & Arangua, L. (2008). Barriers perceived by homeless women. *Women & Health*, 40(2), 87–100. doi:10.1300/J013v40n02\_06



- Herbenick, D., Fu, T. C., Dodge, B., Beckmeyer, J., & Hensel, D. (2018). 2018 National Survey of Sexual Health and Behavior. <https://nationalsexstudy.indiana.edu/>
- Kim, T. Y., Dagher, R. K., & Chen J. (2016). Racial/ethnic differences in unintended pregnancy: Evidence from a national sample of U.S. women. *American Journal of Preventive Medicine*, 50(4), 427–435. doi:10.1016/j.amepre.2015.09.027
- Townes, A., Guerra-Reyes, L., Murray, M., Rosenberg, M., & Herbenick, D. (2019a). *Black and White women's experiences with patient/provider sexual health discussions: Findings from a U.S. probability sample* (Dissertation manuscript). Indiana University, Bloomington, IN.
- Townes, A., Guerra-Reyes, L., Murray, M., Rosenberg, M., Wright, B., Long, L., & Herbenick, D. (2019b). "Somebody that looks like me" matters: A qualitative study of black women's experiences receiving sexual health information and services in the United States (Dissertation manuscript). Indiana University, Bloomington, IN.

## Appendix

### Worksheet—Overview of 2018 National Survey of Sexual Health Behavior Data

Name \_\_\_\_\_ Date \_\_\_\_\_

Read the following statements and rank each from the highest percentage to lowest percentage of Black women who reported being asked about these sexual health questions or topics by their healthcare provider in the last year.

% of Black women asked:	Rank (1–high, 8–low)	Actual Data %/Ranking
About being sexually active		
Number of sex partners		
If they had penile-vaginal sex		
If they had oral sex		
If they had anal sex		
If sex is painful		
About birth control		
About sexual orientation		

Write a reflection about the rankings. Which of your estimates differed from the actual data? Which ones were similar? Why do you think your estimates were different? Do you think this information would be the same for women of other races, why or why not?

What are your concerns when interacting with a healthcare provider and discussing your sexual health? What do you think would improve this for you?

Based on today's lesson, read and answer the following:

Identify three barriers that Black women report to accessing a healthcare provider

- 1.
- 2.
- 3.

Explain why preventive screenings are important

Practice writing your own talking points for your next healthcare provider visit