

Among Black Women Living with HIV in the U.S. Gendered-racial Microaggressions Relates to Lower Medication Adherence

Sannisha K. Dale, Ph.D., Ed.M.

Assistant Professor in Psychology, University of Miami
Director, **SHINE** Research Program

Rachelle Reid, MS, University of Miami

Sherene Saunders, MPH, University of Miami

Steven A. Safren, Ph.D., University of Miami



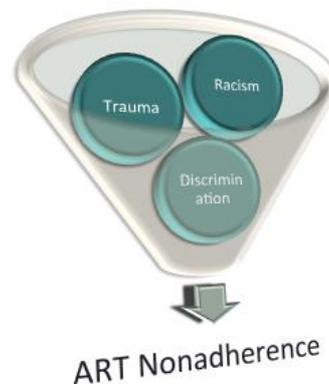
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Background

- Trauma, racism, HIV-related discrimination, sexism, and microaggressions are adverse experiences faced by Black women living with HIV (BWLWH) in the U.S.
- Existing literature has linked trauma, racism, and HIV- discrimination to medication non-adherence, however less attention has been given to nuanced/intersectional concepts such as gendered-racial microaggression (GRM) for BWLWH.



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Background: What are gendered racial-microaggressions?

GRM are everyday insults experienced by Black women on the basis of being both black and female (e.g. comments about Black women's hair and voice level).

Lewis et al.

767

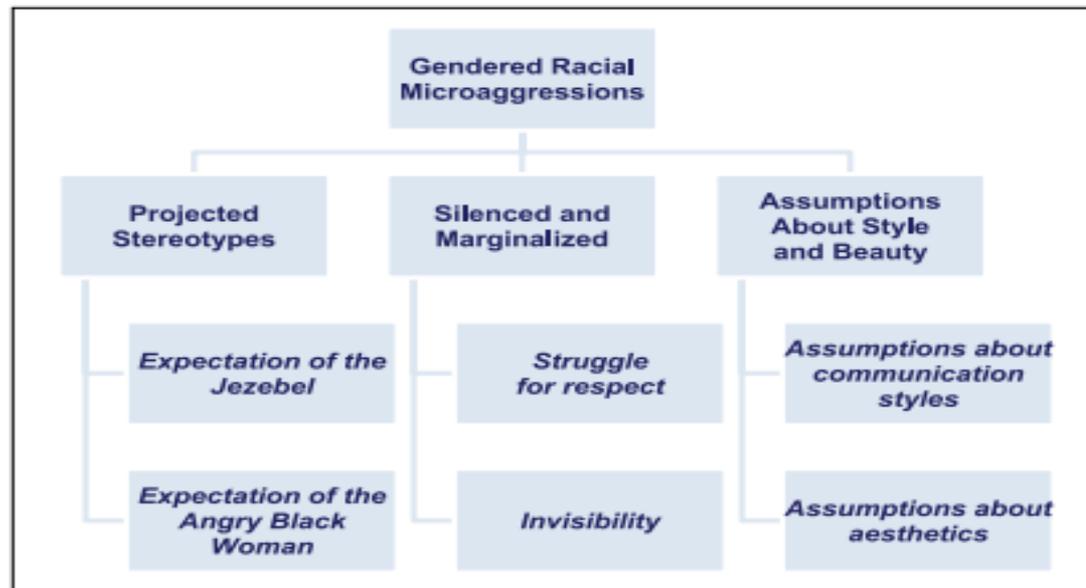


Figure 1. Gendered racial microaggressions: core themes and subthemes

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Background: Examples of GRM

Someone accused me of being angry when I was speaking in a calm manner

Someone assumed that I did not have much to contribute to a conversation

Someone has told me that I am too independent

Someone assumed I was on welfare or used "food stamps"

Someone made a negative comment to me about my skin color/tone

Someone perceived me to be sexually promiscuous (sexually loose)

Someone has made a sexually inappropriate comment about my butt, hips, or thighs

Someone has imitated the way they think Black women speak in front of me (for example, "g-i-r-l-f-r-i-e-n-d")

I have received negative comments about my hair when I wear it in a natural hair style

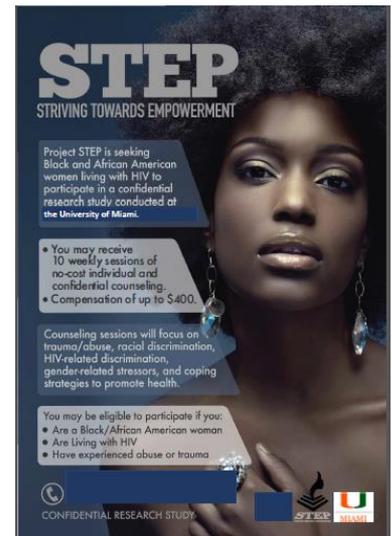


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Methods

- Seventy BWLWH in the U.S. completed baseline assessments to participate in an intervention development study (Striving Towards EmPowerment and Medication Adherence [STEP-AD])
- STEP-AD is an intervention for Black women with HIV that combines
 - evidence- based strategies for trauma symptom reduction
 - strategies for coping with racial and HIV-related discrimination and gender role stressors
 - problem solving techniques for medication adherence
 - other resilient coping techniques



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Methods: Measures

ART Adherence (Wisepill, over 2 weeks)

Gendered Racial Microaggressions Scale for Black Women

Multiple Discrimination Scale - Race subscale

Multiple Discrimination Scale - HIV subscale

Davidson Trauma Scale

Positive Religious Coping Subscale (of the Brief RCOPE)



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Methods: Statistical Analyses

- Linear Regressions controlling for age and education were conducted to analyze the relationship between GRM, racial discrimination, HIV-related discrimination, religious coping, and ART continuous adherence
- Logistic regressions controlling for age and education were conducted to analyze the relationship between GRM and ART dichotomized (<80% or >80%)



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Results – Sociodemographic Characteristics

Characteristic	n/mean (%/sd)
Age	50.04 (10.176)
High school graduate/ GED (or above)	39 (56.5%)
Single	22 (31.4%)
Christian or Baptist	48 (96%)
U.S. born	49 (98%)
Annual income less than \$12,000	30 (60%)
Parents of children	42 (94%)
Exclusively heterosexual	34 (72.3%)
Years since HIV diagnosis	20.90 (9.297)
ART adherence below 80% over 2 wks	14 (20.3%)
Gendered racial microaggression	F: 52.63 (38.70) A: 49.09 (44.04)



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Results

Independent Variables	Dependent variable	B	P
GRM (Appraisal)	Continuous ART Adherence	-.29	.01
Racial discrimination	Continuous ART Adherence	-.30	.01
Trauma	Continuous ART Adherence	-.32	.01
Religious coping	Continuous ART Adherence	.33	.01



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Results

GRM Score	Dichotomized Adherence	Wald	df	p	OR	CI
GRM Frequency	ART Adherence (>80 vs <80)	7.999	1	.005	.97	.95-.99
GRM Appraisal	ART Adherence (>80 vs <80)	8.436	1	.004	.97	.96-.99



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Conclusions

Our findings

- (a) Highlight the importance of examining intersectional adversities such as gendered-racial microaggressions in relation to ART adherence for BWLWH
- (a) Echo that utilizing religious coping relates to higher ART adherence among BWLWH
- (a) Corroborate negative associations between trauma symptoms, racial discrimination, and adherence



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Implications and Future Directions

- Studies with larger samples are needed to continue to understand the nuances and intersectional concepts related to medication adherence for BWLWH
- As we begin to take a closer look at intersectional issues as it relates to treatment adherence it is important to consider and assess for the role of daily microaggressions



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THANK YOU 😊

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Contact Information

Sannisha K. Dale, PhD, EdM

sdale@med.miami.edu

(305) 243-3288

SHINE Research Program

(305) 243-6714



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