

An Empowerment Forum for Women Living with HIV

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Abstract

The Women's Empowerment Forum is a one-day educational event for women living with HIV to receive information and encouragement to be proactive in their self-care, in a safe, affirmative atmosphere where they are able to make connections with other women living with HIV. Relational Cultural Theory is used to explain how a gathering of HIV positive women can be a source of hope and empowerment. The essential elements to growth-fostering relationships, mutual empathy and authenticity, are able to flourish at the Women's Empowerment Forum. The planning, implementation and evaluation method successfully used by one group of women is offered.

Keywords: Community-based intervention, HIV, Relational Cultural Theory, women

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Now that antiretroviral medications have transformed HIV into a chronic medical condition women living with HIV must engage in regular health visits and maintain lifelong treatment adherence in order to benefit fully from these advances (Gaston, Gutierrez, & Nisanci, 2015; Volberding & Deeks, 2010). Effective chronic illness management can improve health and extend life yet requires a high level of self-care (i.e., actions a person can take on her own behalf to maintain health and deal with illness; WHO, 1983). HIV self-management interventions must consider the social and environmental context of women's lives (Webel et al., 2012).

For many women an HIV diagnosis exacerbates other already existing psychosocial problems; issues of powerlessness, racial and gender inequity, and poverty (Brown, Vanable, Naughton, & Carey, 2015; Phillips, Moneyham, Thomas, & Vyavaharkar, 2011). Women living with HIV are significantly more likely to come from impoverished backgrounds, be unemployed, have annual incomes below the poverty line, have low educational attainment and report symptoms of major depression (Aziz & Smith, 2011; Eller et al., 2010; Vyavaharkar et al., 2010). Histories of childhood abuse, adult abuse, and substance abuse are pervasive (Leenarts, 1999; Roger, Migliardi & Mignone, 2012). For many vulnerable women living with HIV poverty is a more pressing issue than their HIV diagnosis (Lichtenstein, Sturdevant, & Mujumdar, 2010). In reality other life stressors are often more important than HIV-specific stressors (Brown et al., 2015) and women may be more focused on meeting basic needs such as food and housing (Peterson, 2010; Phillips et al., 2011). An HIV diagnosis simply adds to a woman's burden (Roger, Migliardi & Mignone, 2012).

As primary caregivers for children and family women often put caring for others ahead of caring for themselves which may result in neglecting self-care and negatively impacting their health (Holstad, DiIorio, & Magowe, 2006; Webel et al., 2013). Women are more likely to hold off on their own medical care to deal with other responsibilities that are perceived as more important (Hackl, Somlai, Kelly & Kalichman, 1997; Hernandez & MacGowan, 2015). Indeed, many women identify themselves in terms of their relationships with children, partners, friends, parents, and others (Castaneda, 2000). A gendered approach to promoting health and wellbeing in women living with HIV is needed because of the importance of relationships in the lives of women.

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Relational Cultural Theory proposes that women are motivated to be in emotional connection with others, value such relationships and suffer when they are isolated and disconnected (Jordan, 2008). Due to the fear of negative reactions and discrimination from intimate partners, family, friends, and the community women may not disclose their HIV status and may keep this information to themselves (McIntosh & Rosselli, 2012; Peterson, 2010; Teti, Bowleg & Lloyd, 2010). Women living with HIV fear not only the breakup of relationships but also family, peer, and societal rejection (Hackl et al., 1997; Teti et al., 2010). This fear may keep women isolated, lacking support and empathy (Harris & Larsen, 2007).

The importance of relationships to women may explain why social support has a strong effect on their health (Hurdle, 2001). Social support is defined as “the emotional support, advice, guidance, and appraisal, as well as the material aid and services, that people obtain from their social relationships” (Ell, 1984, p. 134). Studies indicate that higher social support, whether perceived or actual, can minimize the effects of stress and lessen depression associated with being HIV positive in rural African American women (Vyavaharkar et al., 2011). By disclosing her HIV status, a woman can access crucial social support in order to cope with her disease. Supportive social relationships may help build her self-esteem and self-efficacy, and in turn may facilitate better self-care and HIV management (Vyavaharkar et al., 2011). When HIV positive women experience caring and support from others they became empowered to replicate the self-care strategies by caring for themselves (Leenerts, 1999). In fact, a woman may internalize a more accepting view of herself by emulating the nonjudgmental attitude and empathy she feels in a supportive accepting environment (Vyavaharkar et al., 2010).

For many women living with HIV a necessary component of a good support system is the presence of other HIV positive women (Tufts, Wessell & Kearney, 2010). Building connections with peers has been shown to be a particularly important source of support for women living with HIV (Carter et al., 2013). According to Relational Cultural Theory “healing takes place in the context of mutually empathetic growth-fostering relationships” (Comstock et al., 2008, p. 279). Women living with HIV are an ideal group of people that might be available to share mutually empathetic relationships with each other due to their understanding of the experience of being a woman diagnosed with HIV. Who can better understand and acknowledge the difficulties of living with HIV than someone else who knows the experience personally? Peers possess an ability to empathize because of their experiential knowledge of living with HIV, knowledge that other persons cannot have (Messias, Moneyham, Vyavaharkar, Murdaugh, & Phillips, 2009). This is noteworthy because participating in a mutual and empowering relationship with another person is vital to the development of self-esteem in women (Lesser et al., 2004). Interacting with other HIV positive women can provide opportunities for mutually empathetic relationships with women who have the same diagnosis (Dutcher et al., 2011).

A feminist perspective indicates that programming for women living with HIV must take into consideration their unique life challenges, the intersectionality of coping with multiple societal stigmas and the importance of social connections for women (Emlet, Tangenberg & Siverson, 2002). Unfortunately, many HIV care interventions do not always accommodate the diverse needs of women (Bernardin, Toews, Restall, & Vuongphan, 2013). Gender responsive interventions that address women’s multifaceted lives and needs have been recommended (Brown et al., 2015; Tufts et al., 2010; Webel et al., 2013).

Literature Review

Evidence-based cultural and gender-specific HIV *prevention* interventions with HIV positive women are readily available but brief community-based *care* interventions are lacking (Peragallo, Gonzalez-Guarda, McCabe, & Cianelli, 2012). Beginning research has revealed that the community-based interventions are an effective approach to improve the wellbeing of people living with HIV, yet more intervention strategies are needed that are sensitive to differences related to culture, gender, age, and location (Tufts et al., 2010; Wu & Li, 2014). Interventions designed to increase self-care behavior in women living with HIV are needed, yet there is a dearth of community-based, gender-specific interventions for this population. Three community-based educational workshop interventions for women living with HIV have been found in the literature.

Community Programming for Women Living with HIV

DeMarco and Johnsen (2003) report on a three-year series of educational programs, specifically for women living with HIV, created and delivered by a collaboration of a medical center, an AIDS service organization, a university school of nursing, and women living with HIV in the community.

The educational programs covered a broad range of topics related to HIV such as: (a) types of therapies available, (b) self-care and wellness, (c) reproductive issues, and (d) connections between sex, drug, and alcohol use, and violence. The first two years of educational programming for HIV positive women were in a series format of meetings. The third year offering was a one-day event, "Healing Our Community: A day long retreat for women impacted by HIV/AIDS," which focused on the women's shared history of trauma and abuse and combined information about the mind-body connection with instruction in relaxation techniques by a psychologist. The one-day retreat was held in a church and was the most well attended of all the programs. Having contact with other HIV positive women through growth-fostering relationships resulted in the community of HIV positive women being empowered to take action. The women shared the lessons they had learned through life experiences to help other women in their community by creating an HIV prevention video program.

The Positive Life Skills (PLS) workshop was a theory-driven educational and supportive group for HIV positive women that met weekly (90 minutes each and included a meal) for 10 weeks and focused on the positive skills needed to live a full life despite HIV status (Bova, Burwick & Quinones, 2008). The PLS workshop was professionally facilitated by an HIV nurse practitioner, licensed clinical social worker, and a bilingual case manager. During the time the PLS workshops were funded (6 years) 187 women participated in 18 workshops. The workshops were held in a community clinic, a community health center, or a hospital, all accessible by public transportation. Although the PLS workshops were not guided by Relational Cultural Theory, it does appear that there was the potential for the women attending to make healing connections with each other in a setting where they could be their authentic selves. An evaluation of aggregated pre and post-workshop results suggest that the PLS workshop was successful at helping women to increase HIV medication adherence, improve mental well-being, and reduce stress.

Rao et al. (2012) present results from a stigma reduction workshop for African American women living with HIV. This intervention, named the Unity Workshop, was adapted from the International Center for Research on Women's HIV Stigma Toolkit and held on two consecutive weekday afternoons. The 24 women who participated in the workshops decreased their total stigma scores from pre-intervention to post-intervention and one-week follow-up. The intervention used techniques such as role playing, modeling of behaviors through video, social support, and contact with peers. Contact with other African American women living with HIV including the workshop's moderator, also a woman living with HIV, presented the capacity for these women to develop healing connections with each other through mutual engagement and empathy. Rao et al. (2012) revealed that the women strengthened their social support networks by exchanging phone numbers with each other to reconnect outside of the workshop.

These three community-based workshop interventions for women living with HIV were delivered in conditions that were generally supportive of women's relational needs; they all offered the opportunity to experience engagement with peers where mutual empathy, authenticity and empowerment could be achieved (Sormanti, Kayser & Strainchamps, 1997). A community-based women's forum is a suitable format to convey accurate health information and self-care strategies to women living with HIV in a supportive group environment where they can meet and bond with other women like themselves (Hurdle, 2001). This article will describe the planning, implementation and evaluation of a healing retreat activity designed to empower women living with HIV through education and peer support.

The Women's Empowerment Forum

A day-long educational conference specifically for women living with HIV was held annually for two consecutive years to promote health and wellbeing in the women attending by way of providing support and information in an all-female group format. The goals of the Women's Empowerment Forum were (a) to build connections among HIV positive women as a source of support and empowerment and (b) to promote self-care in health and wellbeing in HIV positive women through information acquired at the forum. The Women's Empowerment Forum was developed as a community-based care intervention for women living with HIV. The University of Memphis' Institutional Review Board determined that this program evaluation did not meet the Office of Human Subjects Research Protections definition of human subjects research (Protection of Human Research Subjects, 2009).

Planning

Organization began due to the concern about the lack of women-specific HIV services in a large urban mid-south community. A small group of women service providers convened to discuss opportunities for filling this void. The idea for a one-day women's empowerment forum came from the first authors' experience of participating in such an event hosted by AIDS Survival Project in Atlanta, Georgia (Johnson, 2003, 2004). The volunteer group of women took the name Women's Empowerment Committee and made launching the first annual women's empowerment forum its goal.

The first *Women's Empowerment Forum* was integrated into a macro service learning project in the first author's Social Work in Health Care class. MSW students enrolled in the course undertook the project as a learning experience that fit within the larger course goals. The objectives of the assignment were for students (1) to gain experience partnering with communities to plan, implement, and evaluate health programs and services, and (2) to experience working with other health professionals within a community setting. A 501c3 AIDS service organization (ASO), Friends for Life, served as our community partner. Friends For Life committed staff time, resources and \$400 toward the project. They also served as the fiscal agent so that the committee members and students could solicit donations from the community for the event. The MSW students joined with the Women's Empowerment Committee in organizing and implementing the first women's empowerment forum (held in December 2013).

The first consideration in planning was to gather information about agenda items that women attending would find most helpful. Focus groups of HIV positive women were held to explore what would motivate them to attend a women's empowerment forum and what program content would be most helpful (i.e., educational topics, healing activities, etc.). Members of these focus groups, held at two different ASO's, acted as consultants to the Women's Empowerment Committee by sharing their input on all aspects of planning the forum such as; locations that would be acceptable (those not affiliated with HIV), the most convenient hours of the day for the program (end by 2:00 P.M. so they could pick up children from school), and food they would like for lunch (healthy). Women consultants made recommendations of local HIV providers that they would like as presenters. Several members of the focus groups volunteered to be part of a women's stories speaker's panel.

The Women's Empowerment Committee was able to locate non-HIV-related conference facilities at no cost that would allow the event to take place at a location convenient to most women attending. Marketing the event was done through contacting all regional HIV case managers and social workers by phone and email and sending informational flyers requesting them to invite their female clients to attend. Women interested in attending were asked to call a phone number listed on the flyer (or their case manager could call) so that a reservation list could be kept. The forums were held on a weekday, and as a result, most children were in school. For women who needed care for pre-school children, childcare was provided onsite by volunteer social work students. Transportation assistance was available to women requesting it in the form of either a one-day bus pass or a \$5 gas card. Finally, each woman received a goodie bag at the end of the forum. These are canvas gift bags filled with small items such as hair, skin, and beauty products or other health and wellness products that have been donated from local businesses and agencies.

Volunteers on the day of the event were indispensable for helping with set-up, registration and check-in, childcare, and clean up. In addition to the Women's Empowerment Committee members, approximately twenty volunteers, students in the Department of Social Work, gave their time to make the forums successful. A volunteer orientation was held one week before the event to explain the activities volunteers would be doing along with the importance of confidentiality. All volunteers signed a confidentiality contract. Several community professionals and women living with HIV volunteered their time and expertise to speak at the forums. Local community agencies set up informational tables to provide information about their services for the participants.

Agenda

The agenda and format for the first and second year was very similar (see Table 1). Sessions and activities were planned to meet the goals of the Women's Empowerment Forum and incorporate the suggestions of the women consulted. The forum agenda will be described below and differences between year one and year two will be indicated if they occurred.

The registration table opened at 8:00 A.M. and women who pre-registered received a name badge, a program, a pen, a pre-evaluation survey and signed a confidentiality and permission to photograph consent form. Walk-ins could register onsite. The forums began with live music performed during registration and breakfast. Year one had a guitar soloist (brother of a committee member) and year two was a flute duet (students from the local university). Attendees, volunteers and community providers were able to gather and mingle before the program began. Buffet-style breakfast was available both years. At 9:00 A.M. the program began with a welcome and blessing by a local African American female ordained minister. Incorporating a spiritual component in the forum was important as religion has a strong role in the lives of many women in this region of the country (Dalmida, 2006). With all participants together in one room the first segment began with "Our Stories" a diverse panel of women living with HIV who share their personal story and disclose experiences of overcoming challenges in their lives since being diagnosed. We intentionally start the day off with women sharing stories of their personal experiences, triumphs, and hardships of living with HIV to utilize the therapeutic factor of hope (Harris & Larsen, 2007). After the panel presentation, a group photo of the occasion is taken. All women attending are welcome to be part of the group photo and each attendee gets a copy to commemorate the event.

Following the group picture women could choose to attend one of two 30-minute educational sessions presented by local HIV service providers. One session was geared toward the newly diagnosed (less than two years) and the other session was for women who had been living positive for several years. These sessions provided basic information that helped women to increase their understanding of the virus, reinforce the importance of adherence to treatment, and strengthen her sense of empowerment in taking control of her health (Harris & Larsen, 2007). After the educational session, women were assigned to attend a forty-minute session; either (a) a small support group meeting or (b) getting "pampered." At the end of the forty-minute session, women switched and those in the support groups had their turn getting pampered and the women who had been pampered joined a small support group meeting for the next forty minutes. The small support group sessions were facilitated by HIV social workers or mental health providers familiar with the HIV community. The small groups gave women the opportunity to share their stories with others. The pampering sessions featured mini-makeovers by MAC cosmeticians. This type of programming is an essential component of the holistic care required by women living with HIV as it addresses the importance of taking care of mind, body, and spirit (Tufts et al., 2010). If they choose to do so, after the makeover, women could have their photograph taken by a volunteer photographer that would be developed and sent to her case manager. Permission was obtained to provide the photo to the HIV case manager who would return it to her.

In year one a massage therapist provided neck and shoulder massages during the pampering sessions. Women took turns getting a soothing massage to relieve their stress and tension. In year two a glass artist offered an art activity. A large array of clear flat glass marbles, markers, pens and images were spread across several tables. Women could sit at a table and create a design which was then glued onto the back of the glass to make personalized bubble magnets that they took home or contributed to a large group mosaic which was put together by the glass artist and will be displayed at subsequent forums. The pampering sessions took place in a separate room with a relaxed, informal group format so the women could interact with each other as they were waiting their turn for services.

After the small group meetings and pampering sessions, everyone present – the attendees, volunteers and community providers – gathered together. The first year's agenda included a buffet lunch and the keynote speaker in the same large room. In year two the keynote speaker made her presentation and then everyone had lunch. The timing of lunch was based on where in the building the facility would allow the group to eat. The first year women got their food and brought it in to a large room where the keynote speaker could present while people were eating. In year two the facility where the event was held required participants to eat in a designated dining area. No food was allowed in the auditorium. Each year a catered hot lunch and keynote speaker was sponsored by a pharmaceutical company. The first Women's Empowerment Forum had lunch sponsored by Gilead Pharmaceuticals who provided a keynote speaker on "HIV and Women." The second Women's Empowerment Forum had lunch sponsored by Janssen Pharmaceuticals. The keynote speaker was a local pediatric HIV specialist who is the physician for all children who are born to positive mothers. Her topic was "HIV Positive Women and Childbirth."

In the first year, after lunch, attendees assembled for a final presentation, "Coping Skills," by a very engaging local HIV mental health therapist who was recommended by women in the focus group. In year two, after lunch, attendees gathered in the auditorium for a provider recognition ceremony and door prizes. Awards were given to the winners of the "most helpful social worker" and "most helpful HIV agency" nominated by the women attending on their morning questionnaire. The final session was "Project SWARM (Southern Women's Advocacy Response Mobilization)" presented by a peer leader and advocate who ended the event with an invitation to all attendees to join together with other HIV positive women to become active in advocacy. Attendees were asked to complete a brief post-evaluation of the event. Women were given a goodie bag of donated self-care items when she turned in her evaluation.

Evaluation

A pre and post-survey (see Appendix) was created to assess the achievement of the Women's Empowerment Forum goals and to improve service delivery for future forums. The pretest questionnaire had 13 questions/statements and the post-test had fourteen. To measure the impact of the Women's Empowerment Forum in meeting the goal of building connections among HIV positive women as a source of support and empowerment there were four paired questions addressing this on both the pre and post-survey. The four paired questions were numbers 1, 2, 4 and 5 on both surveys yes/no question about whether the participant knew other HIV positive women she could talk to for support and three 5-point Likert scale statements (1 = *Strongly Agree* to 5 = *Strongly Disagree*). They examined whether the attendee made new friends with other HIV positive women, received support from other HIV positive women, felt other HIV positive women were examples of hope for her, and whether she enjoyed being in the presence of other HIV positive women. Lower scores indicated a more positive response.

To measure the impact of the Women's Empowerment Forum in meeting the goal of promoting self-care in health and wellbeing in HIV positive women through information acquired at the forum two 5-point Likert scale statements on the post-survey (numbers 6 and 7) assessed whether the information acquired at the forum would be useful in promoting the attendees' self-care and whether it provided information on needed community resources. Again, lower scores indicated more favorable responses. Three open-ended questions explored women's opinion about the event, things they did not like about the event, and services they would like to see available locally for HIV positive women. Year two's survey asked attendees to respond (check all that applies) to a pre-formatted list of services for HIV positive women including an option to write in ideas. Written and verbal reactions from the volunteers were requested as the forums were embedded in social work course curriculum as service learning. Because the Women's Empowerment Forum was not designed as research, participants were not asked to sign an informed consent form. However, women attended the forums voluntarily; they were able to leave at any time or refuse to fill out the evaluations without any consequences.

Results

Women's Empowerment Forum evaluation results from two years have been combined. Fifty-nine HIV positive women completed pretest-posttest questionnaires. As a non-research program evaluation no demographic information on the participants is reported. Information obtained to evaluate the program's goals is explained below. At the beginning of the day 68% of attendees maintained that they knew "other HIV positive women that I can talk to if I need support" (question 1 on the pre-survey). At post-survey almost all of the attendees (94%) reported that they "made new friends with HIV positive women" at the event. Paired samples t-tests comparing pre and post survey response data found that most of the attendees came to the Women's Empowerment Forum expecting to receive support from other HIV positive women as evidenced by 88% either *strongly agrees in go agreeing* with question 2 on the pre-survey. There was an increase to 94% of attendees on post-survey who either *strongly agreed* or *agreed* that they actually received support from other HIV positive women at the event but this was not statistically significant; $t(48) = -1.52, p = 0.13$. Pre and post-survey comparisons on question 4, "Other HIV positive women are good examples of hope for me," found a significant difference in the pre and post-survey scores; $t(49) = -2.75, p \leq 0.05$. Yet on question 5 pre-survey data found that the majority of attendees (87%) came to the Women's Empowerment Forum with the attitude of liking to be in the presence of their peers. The post-survey data was consistent with this viewpoint as there was not a significant difference in scores; $t(49) = -1.46, p = 0.15$.

Post-survey evaluation comments to question 10 regarding what attendees liked about the Women's Empowerment Forum found that being among their peers was very important to many women as they learned they were not alone in living in with HIV. Attendees cited the *important connections that they made with other women* like themselves as being very valuable. One woman commented, "Being able to share with women just like me, going through the same things as I am, is a joy!" Another attendee stated, "Today was overwhelmingly awesome. I've been living with HIV several years and today was my first time meeting and speaking publicly." "The camaraderie was great!" wrote another attendee. Combined post-test surveys reveal that 94% of attendees agreed with question 6 that they "learned how to take good care" of themselves at the forums and 92% agreed with question 7 that they "learned how to get more services" that they need. On the post-survey many attendees readily mentioned that the *information they received at the event* was helpful. Comments written in response to question 10 found that they "really liked the speaker panel," that they "learned a lot of new information" and learned about "help that is available to me."

Attendees overall satisfaction with the forums, question 9 on the post-survey, was positive. Combined post-test surveys show that 80% of the participants felt the Women's Empowerment Forum was *very good*, and 20% thought the event was *good*. There were very few comments to question 11 on the post-survey that offered changes areas for improvement. Most of the women wrote that they "enjoyed everything." One comment relayed that they would like to have the women's empowerment forums more often and a two attendees commented that they would have liked more time at the event. Comments from open-ended questions validated the favorable quantitative scores on the pre and post-surveys. Attendees relayed that they appreciated the pampering, getting new information, and sharing experiences with their peers. Women attending were queried about what local services *just for HIV positive women* they would like to have, question 12 on the post-survey. Year one's responses, in order of priority, were: 1) women's support groups, 2) women's health services, 3) educational opportunities, 4) more women's empowerment forums, 5) housing, 6) food assistance and 7) employment opportunities. Year two's responses, in order of priority, were: 1) women's support groups, 2) women mentors, 3) life skills classes, 4) employment and 5) educational opportunities.

Reactions from students who were volunteers at the Women's Empowerment Forum revealed that they were moved by observing the emotions expressed by the women in attendance. They witnessed the women's excitement as they enjoyed the different sessions offered, and as the women made connections with each other and with agency personnel regarding community resources. Volunteers gained altruistic pleasure by "seeing the joy we brought to all of the participants of the Women's Empowerment Forum. They all left with such a wonderful smile on their faces. It was rewarding to know that all of our hard work paid off and we put on something so meaningful to these ladies." Expressions of gratitude by the women throughout the day were also mentioned by volunteers as making their service learning experience significant.

Discussion

Evaluation results from the pre and post-surveys data revealed that attendees came to the forums with positive anticipation and hopeful attitudes about the support they might experience and, in fact, their expectations were fulfilled. All Likert scale scores were in the direction expected. Attendees largely agreed that the information they received at the event was helpful and that they learned self-care strategies at the forums. Quantitative and qualitative responses from attendees of the two consecutive Women's Empowerment Forums document that the goals of (a) building connections among HIV positive women attending the forums as a source of support and empowerment and (b) promoting self-care in health and wellbeing in HIV positive women through information acquired at the forum was accomplished.

The Women's Empowerment Forum offers women the unique opportunity to be in the presence of other HIV positive women with multiple possibilities to engage in conversation with them. The conference setting is prepared to be woman-friendly as it is located at a convenient non-HIV related facility, is accessible to public transportation, and offers free childcare and meals. Women are able to be their authentic selves in a safe, supportive environment and share their authentic thoughts and feelings with other attendees. Relational Cultural Theory is a good fit to explain how an all-female gathering of HIV positive women can be a source of hope and empowerment. From an initial place of shame and unworthiness an HIV diagnosis may lead women to believe that they are defective and thus unlovable. Fearing rejection, women use strategies of disconnection and isolation: the *central relational paradox* (Jordan, 2008).

To heal shame women must come to believe that they are respected, that they are important, and that another person can respond empathetically to her experience. The essential elements to growth-fostering relationships, such as mutual empathy and authenticity, are able to flourish at the Women's Empowerment Forum where women can readily appreciate that they are not alone. From hearing other HIV positive women tell their stories to participating in small support groups where each woman can share her own story there were many chances for women to experience mutual empathy. These empowering connections with other women can create new relational images and new expectations for future relationships (Jordan, 2008).

Although women attending the forum may be strangers at the beginning of the day, because it is a gathering of peers, there exists an openness to let one's guard down and be authentic that cannot be achieved by professional caregivers (Messias et al., 2009). Knowing that other women can understand by virtue of comparable experiences makes sharing personal feelings easier. A woman's sense of worth grows when she is able to be authentic. One study found that when women were verbally and non-verbally given "permission to be authentic" their shame and isolation decreased (Dubus, 2013).

Forming relationships with peers provides multiple benefits. Peers can provide a wide net of social support, reducing isolation through meaningful human connection (Harris & Larsen, 2007; Vanable, Carey, Blair & Littlewood, 2006). Peer relationships are valuable in combating stigma through sharing their experiences, being role models, and bringing to life the message of hope and resilience (Carter et al., 2013; Messias et al., 2009). Having hope can be a powerful internal motivation that may be used to encourage women to engage in self-care practices. Reports of increased self-esteem and confidence and greater knowledge and skills resulting from peer relationships have prompted women to maintain a healthier lifestyle (Messias et al., 2009).

We acknowledge that the evaluation portion of the Women's Empowerment Forums is limited, but given the paucity of data on community-based women's HIV care interventions, felt that presenting this information with its limitations would be valuable. We strongly encourage future research examining a more comprehensive evaluation of the Women's Empowerment Forum program and its association to improving HIV positive women's health and self-care practices.

Conclusion

This article elucidates the planning, implementation and evaluation of a one-day educational and healing-oriented conference for women living with HIV based on Relational Cultural Theory. Effort is made to foster an environment where women attending can form mutually enhancing relationships on which to build support and promote self-care behaviors. Because this event may empower women living with HIV to take an active role in their own self-care other AIDS Service Organizations may want to replicate this community-based intervention in their own geographic area.

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Appendix

Evaluation Pretest

Please circle the answer that is most like you or your experience:

1. I know other HIV positive women that I can talk to if I need support.
Yes No Unsure
 2. I expect to receive support from other HIV positive women today.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 3. I feel good about myself.
A lot like me A little like me Neutral Very little like me Not like me
 4. Other HIV positive women are good examples of hope for me.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 5. I like to see other HIV positive women that have my same experiences.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 6. How old are you? _____
 7. Where do you live?
Subsidized Housing Own or Rent Temporary Housing Living with Friends/Family
 8. Do you have a high school diploma or a GED? Yes No
 9. What was the highest grade you completed in school? _____
 10. How many children UNDER 18 years old live with you? _____
 11. Do you work?
Full-time Part-time Unemployed Student; Not Working Volunteer
 12. Do you see a doctor regularly to care for your HIV?
I don't have a HIV doctor I go to the doctor sometimes I have regular doctor visits
 13. During the past month have you often been bothered by feeling down, depressed, or hopeless? *
Not at All Rarely Occasionally Every Day *would you like a follow-up? Yes No
- Your confidential ID number _____

Evaluation Posttest

Please circle the answer that is most like you or your experience:

1. I made new friends with HIV positive women that I did not know before.
Yes No Unsure
 2. I received support from other HIV positive women today.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 3. I feel good about myself
A lot like me A little like me Neutral Very little like me Not like me
 4. Other HIV positive women are good examples of hope for me.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 5. I like to see other HIV positive women that have my same experiences.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 6. Today I learned how to take good care of myself.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 7. Today I learned how to get more services that I need.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 8. I liked to hear the stories of other women.
Strongly Agree Agree Neutral Disagree Strongly Disagree
 9. What did you think of today's event?
It was very good It was good It was OK Not very good Not good at all
 10. What did you really like today?
 11. What are some of the things you did not like about today?
 12. What services just for HIV positive women in Memphis would you like to have?
 13. In the past 12 months, have you been hit, slapped, kicked or physically hurt in some way by someone? *
Not at All Rarely Occasionally Every Day *would you like a follow-up? Yes No
 14. If you drink and/or use drugs, do you think you drink or use drugs too much? *
Not at All Rarely Occasionally Every Day *would you like a follow-up? Yes No
- Your confidential ID number _____

Table 1: Program Agenda

	<i>2013</i>	<i>2014</i>
8:00-9:00am	Guitar Music Registration and Breakfast	Flute Music Registration and Breakfast
9:00-9:10am	Welcome and Blessing	Welcome and Blessing
9:15-9:40am	“Our Stories” Panel	“Our Stories” Panel
9:45am	Group Picture	Group Picture
9:50-10:20am	<i>Choose One</i> Newly diagnosed or not in care: Taking charge of your health! Staying Healthy with HIV: Managing your HIV care!	<i>Choose One</i> Newly diagnosed: Taking charge of your health! Planning For a Successful Future.
10:30-11:10am	Group 1 - Pampering Time Group 2 - Small Support Groups	Ongoing - Glass Art Group 1 - Pampering Time Group 2 - Small Support Groups
11:15-11:55am	Group 1 - Small Support Groups Group 2 - Pampering Time	Group 1 - Small Support Groups Group 2 - Pampering Time
12:00-12:30pm	Buffet Lunch sponsored by <i>Gilead</i>	Keynote: HIV Positive Women and Childbirth
12:35-1:00pm	Keynote: “HIV & Women”	Buffet Lunch sponsored by <i>Janssen</i>
1:10pm	“Coping Skills”	Announcements & Door Prizes “Southern Women Advocacy Response Mobilization”
1:45pm	Evaluations & Goodie bag	Evaluations & Goodie bag