

BARRIERS TO SAFER SEX PRACTICES AMONG AFRICAN AMERICAN COLLEGE STUDENTS

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African American college students are among the age group of African Americans with significantly higher heterosexual transmission of HIV. It has been projected that young African Americans of college age will be the next group to be affected by the HIV/AIDS epidemic. The goals of this research were to identify barriers to African American college students engaging in safer sex behaviors; determine whether barriers to safer sex differ for African American men versus African American women; and use the findings to help identify strategies likely to promote safer sex practices among African American college students.

The Nominal Group Technique (NGT) was used to collect the information. The results yielded the following themes. For males and females, the combined themes, negative views of condoms were ranked the most important with a score of 70. Trust issues were ranked the second most important with a total score of 47. The third highest ranked theme was living for the moment with a total score of 43. The fourth highest ranked theme was feeling invincible with a total score of 42. The authors provide a number of recommendations for consideration in the development of HIV prevention programs for African American college students. (*J Natl Med Assoc.* 2002;94: 944-951.)

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In America, HIV/AIDS has shifted from a disease found predominately among white gay males to one that disproportionately affects African Americans. Presently, HIV/AIDS is devastating the African American community.^{1,2} Although African Americans represent only 12% of the US population, they accounted for 45%

(21,752) of the 48,269 cases of AIDS reported in 1998. In 1998, the rate of AIDS cases among African Americans was 66.4 per 100,000 population, which is more than twice the rate among Hispanics and eight times that for whites. In the 25 states with integrated reporting systems, African Americans represent a high proportion (45%) of the AIDS cases diagnosed and even a higher proportion (57%) of all HIV diagnoses. Further, among young persons age 13 to 24, 63% of those diagnosed with HIV are African Americans. In fact, from 1985 to 1998, the rate of AIDS among adolescent and adult women has more than tripled from 7% to 23%. The epidemic has had its greatest impact on women

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of color. African American women and Hispanic women account for 77% of AIDS cases reported among women to date in the US.³

In keeping with national trends, in Louisiana (the state in which the study was conducted), the gap between the case rate among African Americans and white Americans continues to increase. By 1997, Louisiana ranked ninth among states with the highest AIDS rates. Among US cities, New Orleans ranked 11th while Baton Rouge ranked 19th in the number of diagnosed cases of AIDS. Sixty-nine percent of the cases of AIDS diagnosed in 1997 occurred in the African American population. African Americans accounted for 73% of the HIV cases diagnosed in 1997. Furthermore, a steady increase in the number of HIV/AIDS cases has been noted in the heterosexual population of the state. In 1990, 5% of the cases were among heterosexuals, but by 1997, it had grown to 18%, more than a threefold increase. While the number of AIDS cases appears to have reached a plateau, and the rate of deaths from AIDS has declined in the white community, the rate continues to rise among African Americans.⁴

After reviewing a decade of literature on HIV/AIDS risk in heterosexual college students, Bazargan and his colleagues conclude that college students continue to engage in behaviors that place them at high risk of HIV/AIDS infection. These researchers suggest that the college environment "provides students with a sense of new independence, self-determination and strong peer pressure to experiment with a variety of sexual behavior."⁵ Based on this analysis, college students are more likely to have multiple sexual partners and less likely to consistently use condoms. Thus, college students in general and African American college students, in particular, engage in behaviors likely to place them at high risk of contracting HIV. The long delay from the time of initial infection to the manifestation of symptoms may lead college students to mistakenly believe that they are immune to HIV.

Bazargan and his colleagues suggest that Af-

rican American college students will experience the next shift in transmission rates.⁵ That is, African American college students who engage in risky sexual behavior are at a much greater risk of contracting HIV than their white counterparts. The significantly higher HIV rates in the African American community, particularly among young adults, is a major factor that places African American college students at a greater risk of contracting HIV.⁵ Many African American college students experiment with sex. They tend to have multiple partners and use condoms inconsistently, if they use them at all. Experimentation with sex is quite common among this age group as is their personal belief in their own invincibility.^{6,7}

Much of the early research on African American college students and HIV risk was descriptive in nature focusing on knowledge of HIV/AIDS transmission,^{8,9,10} attitudes towards condom use,^{11,12} and the degree to which at-risk behaviors occurred.^{6,7} In one of the more comprehensive studies done to date, Bazargan and his colleagues investigated the effect of HIV knowledge, motivation, and behavioral skills on HIV risk-taking behaviors. They found that the greater the HIV knowledge, less age, nonmonogamous relationship, more experience using condoms and the greater the behavioral skills (negotiating safer sex behavior), and male gender were significant predictors of condom use.⁵ However, much of the research in the area suggests that for the vast majority of African American college students, there is little or no relationship between knowledge of HIV transmission and safer sex behavior.^{9,12,8} Thus, simply being knowledgeable about HIV transmission is not sufficient to change behavior.

Bazargan and his colleagues' research seems to distinguish the characteristics of those African American college students who consistently use condoms (greater HIV knowledge, less age, non-monogamous relationship, more experience using condoms and greater behavioral skills).⁵ However, the research does not elucidate the factors that serve as barriers to those

who either fail to use condoms at all or do so inconsistently. Based on a pilot study conducted using the Nominal Group Technique (NGT), it was apparent that the barriers to engaging in safer sex are often complex and subtle. One finding of this pilot research was that trust issues often interfere with some African American college students' ability to engage in safer sex. More specifically, it was stated that suggesting the use of condoms could be interpreted by a partner as an indication that the other person was cheating or implying that the other partner has an STD. Also, there was some skepticism expressed about the effectiveness of free condoms. Free condoms were thought to be less reliable than those that could be purchased.¹³ The genesis of this skepticism may be rooted in the historical experiences of African Americans in this country. Unequal treatment by the medical profession coupled with past abuse (Tuskegee Syphilis Study) sustains the distrust among African Americans for the medical system, particularly public health.

Efforts to educate and promote safer sex practices as a means of preventing the spread of HIV have met with some disappointing results.^{14,15} Despite years of emphasizing condom use, the frequency of using condoms remains low. Only 40% of men and 20% of women use condoms with casual sexual partners on a consistent basis and only 57% of men and 44% of women indicated having ever used a condom. In addition to education, an understanding of more subtle factors that are involved in condom use and safer sex practices must be elucidated if more effective methods of prevention are to be found.¹⁶

Given the complexity and subtleties in assessing the nature of the barriers to practicing safer sex, the NGT represents one means for garnering information that can be helpful in understanding and developing safer sex behavior. The NGT was developed by Delbecq, Van de Ven and Gustafson.¹⁷ This technique has been commonly used for problem identification in fields such as health, education and social ser-

vices. While the NGT method has been frequently used, there is a dearth of publications using this method. According to Morgan, group techniques afford the researcher a more precise description of a participant's thinking.¹⁸ The use of a qualitative group technique can be useful in developing intervention strategies and hypotheses for future research.^{19,20} Therefore, the purpose of the research project is to use the NGT and card sort to determine the specific barriers to safer sex among African American college students attending a historically black college/university in a community with a high HIV prevalence rate, map the themes in order of importance, and develop hypotheses for future research. Ultimately, this information will be used to design more effective intervention strategies to promote safer sex behavior among African American college students.

Specific Goals of the Research

- 1) Identify barriers to African American college students engaging in safer sex behaviors.
- 2) Determine whether barriers to safer sex differ for African American men versus African American women.
- 3) Use the findings to help identify strategies likely to promote safer sex practices among African American college students

Research Question

NGT Research Question: What are the barriers that prevent individuals from engaging in safer sex behaviors?

Assumptions

The NGT requires one question, but the researchers assumed that this one question would address the following assumptions about barriers to HIV prevention.

- 1) Does reduced sexual sensitivity (discomfort) in using condoms serve as a barrier to their use?

- 2) Do trust issues between sexual partners serve as a deterrent to negotiating safer sex (use of condoms, oral dams). For example, is the suggestion to use condoms taken as an indication that the other person has a sexually transmitted disease or is cheating on the partner?
- 3) Does having sex under the influence of drugs (alcohol, marijuana, etc.) serve as a barrier to engaging in safer sex.

METHOD

Participants

Four separate NGT sessions were conducted at a historically black college/university (HBC/U) with college students ranging in age from 18 to 25. Seventeen females (11 in the first group and six in the second group) and 13 males (six in the first group and seven in the second group) participated in the four NGT sessions. Participants were represented from all classification (freshmen [15], sophomores [12], juniors [1], seniors [1] and graduate students [1]). Two sessions were conducted with females only and two sessions with males only.

Procedure

The project included the following qualitative group experience. In the introductory phase of the NGT meeting, participants were informed about the purpose of the research and told that their participation was voluntary. The format of the NGT meetings consisted of a number of steps. First, participants were informed that the purpose of the meeting was to address the question, "What are the barriers that prevent college students from engaging in safer sex behaviors?" This question was written on a flip-chart and each participant was then given a worksheet and asked to work independently for between five and 10 minutes to generate as many short phrases as possible to represent their thoughts in response to the question. Participants were encouraged to think about the question from the perspective

of their own experiences and avoid censoring responses.

The second step involved a round-robin of group sharing of individual responses. Participants were encouraged to follow-up on other members' responses as a way of generating additional ideas. Each response was recorded on a flip chart so that it could be visible to the entire group. To promote equal participation among all group members, group members were asked to state their responses briefly and without accompanying discussion. The round-robin listing of responses continued until participants were unable to provide additional responses. Step three consisted of a voting process that permitted all members to nominate responses as the five most important among the items generated.

Each participant then ranked the relative importance of his/her five most important issues by assigning one of five possible votes to each item (a vote of 1=least important of the five selected barriers or issues and a vote of 5=most important of the five selected barriers or issues, while a vote of 3=moderate degree of importance). Individually assigned ranks were tallied to determine the relative importance of barriers as perceived by the group.

RESULTS

In addressing the question, "What are the barriers to engaging in safer sex practices among college students?" students generated a wide array of responses that they viewed as barriers. Highly ranked responses are discussed in detail. The first group of females generated 47 issues that serve as barriers, while the second group generated 37. The first male group generated 43 barriers and the second 28.

Barriers with similar themes were combined to designate the higher ranked items, while those that did not fall under any specific theme are presented separately, if rated highly by respondents. The inclusion of common themes was based on both sexes listing items under similar categories. Further, only those issues that received a score of six or above were in-

Table 1. Combined Themes of Perceived Barriers to Safer Sex

Combined Themes Males	Rating	Combined Themes Females	Rating	Total
Negative Views of Condoms	17	Negative Views of Condoms	53	70
Trust	28	Trust	19	47
Living for the Moment	25	Living for the Moment	18	43
Feel Invincible	15	Feel Invincible	27	42
Lack of Self Control	14	Lack of Self Control	18	32
Peer Pressure	7	Peer Pressure	7	14

cluded in the analysis except when a particular item fell within a theme. Redundant items were culled and the remaining unranked items were excluded from the analysis.

Among the combined themes for males and females, negative views of condoms were ranked the most important with a score of 70. Trust issues were ranked the second most important, with a total score of 47. The third-highest ranked theme was living for the moment, with a total score of 43. The fourth-highest ranked theme was feeling invincible, with a total score of 42. The fifth-highest ranked theme was lack of self-control, with a total score of 32. The sixth-highest ranked theme was peer pressure, with a total score of 14 (see Tables 1 and 2 for the responses provided).

The single issue with the highest ranking was found among women. Women ranked "under the influence of drugs/alcohol" or "intoxication" with scores of 23 and 17, respectively. The most common second- and third-ranked single issues for women were, "Doesn't really realize the consequences" and "Lacks self-respect," which each received scores of 15. The top three barriers for men included: no availability of condoms (11), pull-out method (6), got so excited and just forgot to use protection (6), decided to get pregnant (6).

DISCUSSION

Negative views of condoms, the highest ranked combined theme, on the surface appears to be related to reduced sensitivity and pleasurable feelings. However, under closer

scrutiny, the preference for not wearing a condom may be related to a desire for greater intimacy. For example, women stated, "If you allow guys to have sex without a condom, it takes the relationship to another level of intimacy." Such an assertion could serve as a serious barrier to promoting safer sex among African American college students. In order to address this issue, prevention programs must encourage alternative ways of fulfilling intimacy needs between partners that is consistent with the practice of safer sex. For example, self-disclosure of feelings/dreams/personal experiences, longer foreplay and after-play such as hugging, cuddling, kissing, and leaving love notes are just a few alternative ways of building intimacy.

Trust, the second highest ranked theme, appears to differ qualitatively between males and females. Males seem to stress the idea that a female may be trusted because she is viewed as not having a sexually transmitted disease (STD). Men attribute quality of good health to

Table 2. Miscellaneous Themes of Perceived Barriers to Safer Sex

Male Miscellaneous Items	Rating	Female Miscellaneous Items	Rating
No Condoms Available	11	Under the Influence of Drugs/Alcohol-Intoxicated	23
Pull Out Before Ejaculating	6	Doesn't Really Realize the Consequences	9
Get So Excited Forget to Use Protection	6	Lack of Self Respect	9
Decided to Get Pregnant	6		

a woman based upon her appearance. For example, males may state that they can “trust partner, because she doesn’t have anything.” Females suggest that a male can be trusted because she believes that they are in a monogamous relationship after a period of time (one month) or number of encounters (12). For example, females state their reason for not engaging in protected sex as “thinking you are in a monogamous relationship, and so you don’t need to use condoms.” Thus, females view the relationship as a committed one and feel they do not have to worry about contracting an STD. Findings show that a female is more likely to assume the relationship is a monogamous one without having discussed it with her partner. Similarly, males are more likely to assume a female to be free of any STD based on appearance and without discussion. Both sexes make assumptions about each other and fail to communicate explicitly with one another about these important sexual/relationship matters.

Invincibility, the third-highest ranked combined theme, is a commonly held view among young adults. College students are in the healthiest years of their lives, just beginning to explore the adult world and what it has to offer. They are filled with optimism and empowered by their youth. Still, this sense of invincibility must be tempered with a realistic view of potential dangers. This is the time when issues of self-efficacy and decision-making are paramount. Living for the moment, the fourth-highest ranked combined theme, is related to the theme of invincibility in that, it demands that young adults exercise self-regulatory skills if they are to remain healthy. Peer pressure, the fifth-highest ranked combined theme, is related to issues of self-esteem and self-confidence. Students are less likely to be influenced by peer pressure when they have high self-esteem and are confident enough to trust their own appraisal of a variety of situations which young people face, particularly sexual activity. Furthermore, the ability to resist peer pressure is a skill that can be acquired.

Under the influence of alcohol and drugs

(intoxication), the highest ranked single issue, addresses the fact that greater risk-taking behaviors are more likely to occur when individuals are intoxicated. Inhibitions are lowered and cognitive processing is impaired, so students are less likely to engage in safer sex practices. The influence of alcohol and drugs was noted as a significant barrier among women. Although mentioned by men, the influence of alcohol and drugs was not rated among the top five items. This may be because women are more often the victims of sexual abuse while under the influence. There are so many subtle messages that are conveyed when one sexual partner requests that they use a condom. A sexual partner may view the request to wear a condom as an indication that the other partner is cheating on him/her, has an STD or is only interested in a causal relationship. The actual meaning conveyed often depends on the situation and nature of the communication. All of these barriers reflect a lack of communication and negotiation skills surrounding personal competence to make decisions regarding sexual matters.

Based on these findings, a number of salient considerations need to be taken into account when developing a prevention program for African American college students. An assessment of problem solving (decision making, communication, negotiation specifically related to sexual matters), basic knowledge of HIV transmission, drug and alcohol education, and health beliefs is needed to determine training needs so that the program can be tailored to address specific problem areas. If the assessment indicates weaknesses in any of the aforementioned assessment areas, specific training modules will need to be developed to address existing deficits. The NGT, used in this study, can be a useful technique to assess barriers. Following are some recommended components that may be included in a prevention program:

1. The HIV education component should include general information regarding

relationships, personal responsibility and building intimacy as a backdrop to discussing information on HIV transmission and safer sex practices. The myths that students have about sexuality, relationships, intimacy, and HIV and other STD transmission should be debunked so that students may make decisions based on accurate information. Also, it is important to help students to identify their health beliefs and understand how these beliefs may hamper, as well as support, practicing safer sex.

2. The problem-solving component should include identifying relevant considerations, generation of alternatives, consideration of potential consequences of options, managing peer pressure, practice in communicating, and negotiating with partner about sexual matters. This component should include role playing, coaching, and feedback to assist students in acquiring skills needed to communicate with partners about sexual matters, as well as negotiate safer sex practices.
3. Drug and alcohol education should stress accurate information about physical effects of alcohol and drugs, the impact of substance use on decision making (sexual matters), and prevention strategies to reduce or eliminate abuse.

Prevention programs should target freshmen students who are often the most vulnerable because they are in a period of transition (more likely to experiment and engage in risky behaviors) and lack the sophistication of more seasoned college students. Freshmen living away from home, often for the first time, tend to test their limits and explore new behaviors. Also, freshmen are more apt to succumb to peer pressure and engage in behaviors they normally would avoid. For example, freshmen may be encouraged to experiment with alcohol and other drugs as a way to gain group acceptance. In turn, the use of alcohol and drugs diminishes their capacity to make sound deci-

sions. A comprehensive program of prevention must be designed to halt the spread of HIV among African Americans of college age.

The greatest threat of spreading HIV to the heterosexual population in America is found among young African Americans of college age. If the shift in populations vulnerable to the HIV epidemic is to be thwarted, an aggressive and systematic prevention program must be established. University administrations must take the lead in publicly supporting HIV prevention efforts and establish an open atmosphere for discussions about HIV and other STDs.

NGT is particularly useful in generating hypotheses. Based on the results of the NGT conducted for this study, future research should focus on building hypotheses to address the following:

1. Identify strategies to reduce or eliminate the abuse of substances that might interfere with practicing safer sex.
2. Identify prevailing myths with regard to sex and HIV transmission that may hamper individuals from engaging in safer sex.
3. Develop effective public service announcements (PSAs) to educate the African American community about safe sex practices.
4. Identify strategies for teaching appropriate ways of expressing intimacy and developing trust as related to practicing safer sex.
5. Determine whether providing practice in communicating and negotiating with a partner about sexual matters will be sufficient to transfer these skills to real-life situations.
6. Identify factors that serve to motivate individuals to engage in safer sex practices.

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