

Intersection Between Race, Gender, and Sexual Risk: Implications for STI/HIV on HBCU Campuses

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Abstract

There is a disproportionate incidence and prevalence rate of Human Immunodeficiency Virus (HIV) among African Americans. HIV/AIDS is one of the leading cause of death among Blacks, aged 25-44. It is likely that many of these individuals contracted HIV while they were college aged. Black college students are an understudied group. The behaviors of college students in general, and the combination of environment and individual behaviors, warrants further investigation of sexual risk behaviors among Black college students. Furthermore, it is important to understand both the risk and protective factors that different environments may play. A substantial number of Black students attend Historically Black Colleges and Universities (HBCUs), which have purported to have protective affects on risk behaviors. This paper will give a cursory review of the sexual risk literature of Black college students and identify some of the risk and protective factors associated with HBCUs.

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Introduction

While African Americans comprise approximately 13% of the U.S. population, they have higher incidence and prevalence rates of acute and chronic diseases, and overall poorer health outcomes in comparison with other racial groups. Nowhere are these disparities more evident than in the HIV/AIDS epidemic. Identified by the Centers for Disease Control and Prevention (CDC) in 1981, the human immunodeficiency virus (HIV) emerged in U.S. metropolitan cities among large numbers of homosexual males or men who have sex with men (MSM) and intravenous drug users (IDUs). These early cases led individuals to believe that HIV, which was originally coined as gay related immunodeficiency disease (GRID), mostly affected gay White males.

Much of the early prevention efforts targeted the gay community and despite CDC data suggesting that Blacks¹ may be at an increased risk for the disease as early as 1982, African Americans did not become a high priority group for prevention efforts until the 1990s. This early lack of focus and prevention efforts on communities of color may have indirectly influenced the increasing HIV incidence and prevalence rates among people of color and specifically, African Americans, while the rates of other groups began to decline or stabilize (CDC, 2007). Once Blacks became a high priority group for research and surveillance, the majority of research focused on low-income, urban, or intravenous drug using populations despite the fact that the risk behaviors of other segments of the Black population (i.e., college students) placed them at increased risk for sexually transmitted infections (STIs) including HIV, and it is likely that a substantial proportion of African Americans contracted HIV while in college (Ferguson, Quinn, Eng, Sandelowski, 2006). This paper will: (1) provide a cursory overview of the current literature on the understudied Black college student population, (2) the unique

¹ For the purposes of this paper, the labels African Americans and Blacks will be used interchangeably.

influence that HBCUs can have on risk and protective factors, and (3) examine how previously identified factors such as gender, race, and sexual risk intersect to play a role in the behaviors of Black college students.

Blacks and HIV/AIDS

In 1992, 11 years after the CDC's identification of HIV, Blacks were 3.5 times more likely to contract AIDS than Whites and Black women were 13.8 times more likely to contract AIDS than White women (Jenkins et al. 1993). Eighteen years later in 2005, Blacks accounted for 49% of the new HIV/AIDS diagnoses (CDC, 2007). In 2005, Blacks were 10 times more likely than Whites to have an AIDS diagnosis and Black women were 23 times more likely than their White counterparts to have an AIDS diagnosis. Among Blacks, men who have sex with men remain the primary risk group for HIV followed by IDUs, and high risk heterosexuals (CDC, 2007). As of 2002, HIV was the second leading cause of death for individuals aged 25 to 44 (CDC, 2007). The majority of these individuals probably contracted HIV when they were college age.

Moving Beyond the Biomedical Framework

Researchers have speculated about the multiplicity of risk factors that place Blacks at increased risk for HIV. Diverging from the biomedical model, the CDC reports that race and ethnicity alone are not risk factors for HIV infection. The second generation of HIV/AIDS research examines sexual risk behavior from an ecological perspective, examining how individuals interact with their environments and the resulting behaviors. Increased susceptibility to HIV is a function of behaviors, environment, and predisposing physiological conditions such as the existence of ulcerative and non-ulcerative STIs that make individuals biologically more susceptible to contracting HIV by compromising the mucosal barrier that normally protects against infection (Berman & Cohen, 2006; Clan, 2006). Despite comparable or higher rates of condom use reported between Blacks and Whites, Blacks remain more likely than Whites to have an STI which increases one's chance 3 or 5 fold of contracting HIV (CDC, 2007; Quinn, 1996). This finding of similar rates of condom use among some Blacks and Whites, but higher rates of STIs among

Blacks is purported to result from other social and economic factors. For instance, Blacks have historically had less access to healthcare including early diagnosis and treatment of STIs, mistrust of the medical establishment, higher rates of intravenous drug use, higher rates of incarceration, and a male-female sex ratio imbalance which may result in serial monogamy, or shared partner networks, power imbalances in relationships, homophobia, and risky social norms (Ferguson et al., 2006). Combined, all of these factors place Blacks at higher risk than their White counterparts for contracting an STI/HIV.

The majority of early research on Blacks and HIV has examined the proximal determinants of HIV and has taken a deficit perspective, focusing on the individual risk behaviors. Individual risk factors alone, to not explicate the disparate rates of HIV among the various racial and ethnic groups. As previously mentioned, there are a number of environmental or contextual factors to take into account. Additionally, there are inherent strengths within the Black community that can act as protective factors against sexual risk. Discourse on HIV is incomplete without an examination of both the risk and protective factors that influence sexual behavior.

Black College Students

Black college students represent only one segment of the heterogeneous Black population. Research on Black college students can provide invaluable information about the 14% of African Americans over the age of 25, who hold a B.A. degree (U.S. Bureau of the Census, 2003). HBCUs enroll 13% to 14% of all Black students in higher education in the U.S., although they constitute only three percent of America's institutions of higher education. In 2001, more than one-fifth of all bachelor's degrees awarded to Blacks were from HBCUs (Provasnik & Shafer, 2008). Despite the high risk behaviors of college students in general, Black college students remain an underrepresented and understudied group. Blacks are often indirectly studied in small sample sizes as part of larger studies of the general college population at predominately White institutions (PWIs). When Blacks are the sole focus of a study, the risk and protective factors of these community and clinical (often low-income or IDU samples),

may not be generalizable to the experiences of other segments of the Black community (i.e., college educated samples). Although extensive epidemiological studies of the general college population are lacking, one early study speculated that the rate of HIV among college students is 2 per 1,000 students and are purported to be even higher among Black college students (Gayle, Keeling, Garcia-Tunnon, Kilbourne, Narkunas, Ingram et al., 1990).

Adolescents and Risky Behaviors

The 2005 national survey of 9th through 12th grade U.S. public and private school students known as the National Youth Risk Behavior Surveillance (YRBS). Study reported that Black high school students were more likely to report having ever had sexual intercourse, having sexual intercourse before the age of 13, having more lifetime partners, being currently sexually active, and less likely to report using a condom the last time they had sex in comparison with their White counterparts. However, Black students were less likely to report using a number of illicit substances and having had an episode of heavy drinking, than their White counterparts (YRBS, 2006). These risk behaviors often carry over to the college years. It is estimated that greater than 80% of all college students are sexually active by their freshmen year, and less than half use condoms consistently (Fisher, Spurlock-McLendon, DelGado, & Melchreit, 1999; Lewis, Malow, & Ireland, 1997). Previous studies suggest that college students in general, consistently engage in high-risk behaviors including inconsistent condom use, illicit substance and alcohol use during sex, and sex with multiple partners (Hightow, Leone, MacDonald et al., 2006).

HBCUs in the Forefront

The current interest in HBCUs and their roles in the HIV epidemic was stimulated in 2003 when the CDC published a report entitled “HIV Transmission Among Black College Student and Non-Student Men Who Have Sex With Men.” Based on the findings from this retrospective study conducted by the North Carolina Department of Health with the assistance of the CDC, researchers and the general population began to speculate about the role that men who have sex with men (MSM) played as vectors in the HIV

epidemic among African American women. The discussion over MSM became even more publicized in the popular media with the 2004 release of J.L. King's book, "On the Down Low: A Journey into the Lives of "Straight" Black Men Who Sleep with Men." The term downlow has been in existence in the Black community for a number of years, but it is currently used to describe the behavior of men who have sex with other men as well as women (MSM/W) and do not identify as gay or bisexual. While some women have been infected through intercourse with bisexual men, there is simply not enough empirical evidence to confirm this claim as a major route of transmission (CDC, 2007). Despite the misguided efforts of the mainstream media to assist Black women in identifying or revealing non-identified MSM/W as the main scapegoats in the contemporary HIV/AIDS epidemic in the Black community, Black MSM continue to have the highest risk for contracting HIV of all groups, and there remains a lack of understanding of this "difficult to reach" and often misunderstood group.

Black men who have sex with men

The White gay community has effectively mobilized and organized HIV education and prevention efforts to reduce HIV incidence rates. In contrast, the Black gay community is not as visible and cohesive. Hence there is a significant proportion of Black MSM who, due to racial, cultural, or religious reasons, do not embrace a "gay identity." Racism, cultural beliefs about masculinity, sexual orientation, and religious doctrine (which often condemns homosexual behavior) decrease the desire to take on the label of "gay." Therefore, researchers have focused on the behavior of 'men who have sex with men,' rather than the identity of being gay.

With the advent of the internet including chat rooms and networking sites, Black MSM may find it easier and more comfortable to meet and interact with other MSM with a certain level of anonymity and confidentiality. Consequently, the internet also exposes individuals to a high number of potential sex partners with various HIV risk statuses. This perceived anonymity may sometimes cause individuals to engage in riskier behaviors-behaviors in which they would not typically engage. Consequently, the internet becomes

a new frontier for researchers to recruit and understand sexual risk behaviors under different social networks.

Individuals are often first exposed to vastly new social networks during their college years. Coincidentally, college becomes a time when individuals of all sexual orientations may attempt to exercise their new independence and autonomy and engage in sexual exploration and experimentation and/or practice safer sexual behaviors including abstinence, monogamy, and consistent condom use (Foreman, 2003).

Black Heterosexual Males

An area of research that is receiving an increasing amount of attention is heterosexual African American male behavior. Researchers have long claimed that men are likely to be more casual than women in their sexual behaviors and to engage in greater sexual risk taking (Poppen, 1995). However, research indicates that gendered sexual risk difference is complicated and context specific. There are a number of sociocultural factors that influence the sexual risk behaviors of Black heterosexual males.

Traditional gender roles dictate that men be the initiators of sexual activity and many of the HIV prevention campaigns that target women, hold this supposition. However, there is evidence that men will engage in unwanted sexual activities because of their partner's tactics (Russell & Oswald, 2002; Struckman-Johnson, 1988). The types of sexual coercion by women may differ than the type of male initiated sexual coercion. Interestingly, some studies estimate that up to 44% of male college students reported being the recipient of a sexually coercive tactic (Russell & Oswald, 2002). Moreover, male initiated sexual coercion tactics are more likely to be viewed as threatening or capable of doing harm than women initiated sexually coercive tactics which may be viewed as promiscuous (Oswald & Russell, 2006). Unlike males who may be more likely to use alcohol, verbal, or physical strategies, women are more likely to use verbal tactics. Black males who are sexually coerced by women may have their masculinity questioned, and feel the need to have to prove their manhood through sexual acts, although more research in this area is needed to support this assertion.

Despite engaging in high-risk activities, college students (including Black college students) have a low subjective perception of HIV risk (Payne, 2006). In a qualitative study conducted by Thompson-Robinson and colleagues (2007) of the perceptions of heterosexual (N=57) African American males' high risk sexual behaviors, participants reported partner attractiveness, being in love, sensation seeking, substance use, knowing that another man had sex with a woman and did not contract a disease, and physical arousal as some reasons why heterosexual African American males may engage in unprotected sexual intercourse. When asked about cultural influences on African American males' sexual behaviors and practices, the participants reported that their friends and acquaintances, media, and spirituality all influenced sexual behavior. While religious doctrine was reported as influencing sexual decisions and behaviors, concerns regarding pregnancy and acquiring HIV or other STIs also acted as deterrents to risky behaviors. In a 2003, qualitative study of Black college women (n=15), similar findings as those of Thompson-Robinson and colleagues, were reported. Participants reported sensation seeking or pleasing their partners as a primary reason for not using condoms.

In a longitudinal, within group, cluster analysis of the heterogeneity patterns of sexual risk behaviors among African American youth, Burrow and colleagues (2007) found that patterns of sexual risk were related to lifetime psychiatric diagnoses, which is consistent with previous research in this age group (Shrier, Harris, Kurland, & Knight, 2003). African American are overrepresented in at risk populations that are susceptible for compromised mental health due to economics, incarceration, foster care, exposure to violence, access to health care (SAMHSA, 2008) therefore, prevention efforts need to target these groups specifically.

Black Heterosexual Women

The HIV epidemic does not uniformly affect African American women. Instead, the increasing incidence rates are most commonly found among women of lower socioeconomic statuses and hence most of the research has focused on this group. Few studies have examined the risk factors of African American women college

students. One sociocultural factor that transcends social strata is interpersonal power. Interpersonal power has demonstrated to be necessary to engage in HIV protective behaviors within the context of dyadic relationships and there exist a number of cultural factors that are hypothesized to intersect and predict interpersonal relationship power in relationships that are generalizable to all women.

Wingood and DiClemente's (1998) Expanded Theory of Gender and Power (TGP) explains how interpersonal power influences HIV protective behavior among African American women, while taking into account the intersection of culture, gender relations, and various traditional cognitive behavioral factors. Namely, among Black college students, these power imbalances may be less influenced by threats of violence, gender and peer norms, perceived sex ratio-imbalance, and the desire to be in a relationship, also known as the structure of Cathexis in TGP. Foreman (2003) found that Black college women would rather relinquish their power to engage in safer sex and give in to their own or a partner's needs or desire, than engage safer sexual behavior. In Foreman's study, participants reported that their longing for intimacy and desire for a long-term relationship overshadowed or even compromised their risk reduction (e.g., condom negotiation) capabilities (Fullilove, Fullilove, Haynes, & Gross, 1990). This compliance with partners' actual or perceived preferences may be a result of the gender ratio imbalance articulated early in the HIV epidemic by Mays and Cochran (1988) and Fullilove and colleagues (1990).

The gender ratio imbalance among Blacks exists in the general society and particularly among Black college students, with Black females outnumbering Black males for the last several decades. The actual and perceived gender ratio imbalance, is purported to result in men having multiple sexual partners and women having to decide whether or not to accept this and perhaps knowingly engage in the act of man sharing (Ferguson et al., 2006). An additional consequence of the gendered sex ratio imbalance may be women who engage in serial monogamy in hopes of securing an intimate relationship while increasing their number of lifetime sexual partners, and in turn increasing their risk of contracting an STI. Subsequently, African American college women have reported being more likely to

engage in risky sexual behaviors such as condom non or inconsistent use, when they were in a committed romantic, sexual relationship (Winfield & Whaley, 2005).

Gender Roles

Another influential social construct is gender roles which set up different sexual expectations for men and women. While biological gender differences transcend race, class, and sexual orientation, gender roles are socially constructed and may vary depending on cultural norms. In general, gender roles dictate that men initiate sexual activity and women are suppose to resist or limit sexual activity and be more concerned with romance and affection than sex (Peplau & Gordan, 1985). Although children are socialized to various gender role norms and expectations based on their cultural mores, the college years are a time of exploration during which ideas about gender are particularly salient and may shift according to the environment. College students may be exposed to mainstream and more common stereotypes in new domains such as generalizations about masculinity and femininity in dating relationships.

Traditionally defined gender roles within the confines of a relationship can have a significant impact on how individuals engage in sexual encounters. Traditional gender roles can influence sexual coercion or intimidation, which has been identified as a serious issue on college campuses (Owald, 2005). Though much of the initial research focused on men as the aggressor, recently, researchers have begun to acknowledge that women also behave in a coercive manner in their sexual encounters (Oswald & Russell, 2005). There is evidence that people judge men and women differently when they engage in the same aggressive behaviors (Oswald & Russell, 2005). Subsequently, there is a double standard in how individuals of different genders are perceived. Women who are sexually assertive or who carry condoms may be viewed as promiscuous. Conversely, men who refrain from sex or are not assertive may have their masculinity questioned. In a recent study conducted by Shearer (2005), the more men endorsed the idea that men should not behave in a feminine manner, the greater their likelihood of engaging in risky sexual behavior.

Substance Use

In addition to the psychosociocultural factors that influence sexual risk behaviors, there are salient biological factors that place African American youth at increased risk. There is a well established behavioral and biological link between sexual risk behaviors and substance use including alcohol and other drugs (AOD). Individuals who abuse alcohol and other substances have demonstrated to be at increased risk for STIs including HIV (CDC, 2007). This relationship between substance use and increased risk for STIs can be caused by using substances which impair decision making, and/or comprising immune system functioning and in turn, cause individuals to be more susceptible for contracting an infection.

As previously noted, college is often a time of sexual exploration, and exploration/ experimentation with various substance. The aforementioned 2005 YRBS also examined substance use behavior in a national survey of 9th through 12th graders. Black students reported lower rates of cigarette smoking, lifetime and current prevalence of alcohol use, and all other illicit substances in comparison with their White counterparts (YRBS, 2006). Studies confirm that students at HBCUs and African American students in general drink substantially less and suffer fewer consequences than do students at predominantly White institutions (PWI). Researchers purport that the disparity in alcohol consumption appears to be strongly related to protective factors such as HBCUs' general emphasis on character development in their institutional missions and possibly, their enrollment of many students with strong religious values and their own religious foundations (Kapner, 2003). The environment at HBCUs may mitigate against the "culture of drinking" and other substance use found on many PWI campuses (Kapner, 2003). However, evidence suggests that Black students who attend PWI, also have lower rates of substance use in comparison with their White counterparts therefore, the protective factors may exist prior to entering college and be reinforced on HBCU campuses.

In a 2003 study of marijuana use at two HBCUs, Bowen-Reid and Rhodes found that 52% of their sample reported at least one instance of lifetime marijuana use. Twenty five percent of their sample reported starting to smoke between the ages of 15 to 17,

while 16% of their sample reported starting to smoke marijuana in college. Approximately 6.5% of the sample reported smoking marijuana daily. Gender differences also exist, males were more likely than females to smoke marijuana. The findings from this study also demonstrated that lower rates of marijuana use were related to higher levels of spirituality. Therefore, as previously noted, spirituality has demonstrated to be a protective factor against risky sexual behavior and substance use. Researchers are increasingly interested in the role of protective or factors that buffer against adverse health behaviors. If identified, these factors can be instrumental in developing effective prevention interventions. Among a number of identified protective factors are the family, social support, and spirituality and religiosity.

Role of the Family

Parents play a critical role in shaping their children's behaviors. "Generally, the role of the family is to act as the primary socialization agent and provide support and codes of conduct for social competence for children within a given network" (Younge & McAdoo, in press). Traditionally, Blacks adhere to a communalistic or collectivist worldview and the Black family has been identified as one of the most enduring strengths in the resiliency of Blacks (McAdoo, 1992). Additionally, the Black family has been purported to act as a buffer or protective factor against "menacing societal stimuli" (Hayles, Bell, Evans, Floyd, Monteiro, Daniels & Harrell, 2004, p. 410). Previous research demonstrates that parents exert more power on the behavior of adolescents, than previously thought (Hutchinson & Montgomery, 2007). Parental factors that influence risk behaviors include parent-teen closeness, social support, parental monitoring, parental expectations, and parent-child communication (Jaccard, Dittus, & Gordan, 1996; DiClemente, Wingood, Crosby, Cobb, Harrington, Davies, Hook, & Oh, 2001; Li, Feigelman, & Stanton, 2000; Miller et al., 1999; DiLorio, Kelly, & Hockenberry-Eaton, 1999; Dutra, Miller, & Forehand, 1999, St. Lawrence, Brasfield, & Jefferson, 1994).

Some studies have shown that children will refrain from certain risky behaviors (e.g., substance use) for fear of disappointing their family and communities (Jordan, 2001). Black parents often

encourage their children to surpass the achievements of previous generation and children are commonly informed of the sacrifices made by their parents and prior generations. These expectations can enhance an investment in future orientation. Constructs such as future orientation or 'planning for tomorrow,' has demonstrated to positively predict African American college women's condom frequency. "Using condoms in the present provides an individual with a safeguard against possible negative future consequences associated with failure to use condoms consistently during sexual activity" (Burns & Dillon 2005:184).

Previous research has demonstrated that parental monitoring plays a critical role in the decrease of risky sexual behavior among adolescents (DiClemente et al., 2001). As individuals transition to college, parental monitoring becomes inconsequential and "social ties to family and other social institutions that promote conventional norms" (Voisin et al., 2006, p. 72) may act as a buffer for risky sexual behaviors. Another study examined parental influences on the sexual risk attitudes, beliefs, and behaviors of African American, late adolescent HBCU students (Hutchinson & Montgomery, 2007). The results demonstrated that female students had a greater amount of parent-teen sexual risk communication with their mothers, in comparison with male students. As expected, male students reported greater parent-teen sexual risk communication with their fathers in comparison with female students yet there were no significant differences between males and females in the total amount of communication from parents. Students who reported higher levels of communication also reported feeling closer to their parents during their high school years, and a greater perceived importance of their parent's opinions. This research indicates that an increase in mother sexual communication is associated with more conservative attitudes towards sex by students and less difficulty discussing sexual topics with their partners. Greater communication with fathers has also been associated with more positive attitudes toward condom use among female students and less difficulty discussing condoms among male students.

Media Influences

In addition to parents, the media is influential in framing individuals' (particularly adolescents) perceptions and images about how relationships should and do function. Relatively little research has examined whether exposure to sex in the media has a long-term impact on teens' sexual behavior. In a recent longitudinal study conducted by Brown and colleagues (2006), researchers assessed whether early Black and White adolescents (aged 12 to 14) who have more exposure to media were more likely than those with less exposure to media to have more advanced precoital and coital behavior by middle adolescence? Their findings indicated that younger adolescents with the highest exposure to sexual media, were 2.2 times more likely than older adolescents to have had sexual intercourse. In their study, Black adolescents' sexual activity was more likely to be influenced by parental expectations and peer behavior, than media influences. This is consistent with the aforementioned influence of the Black family.

Currently, one of the most popular and influential entertainment mediums is hip-hop or rap music. Although hip hop has gone through several major iterations, the latest ongoing debate regarding its depiction of African American lifestyles remains controversial. Most recently, the misogynist portrayal of women in some music videos, television shows, and movies has been publicized and criticized. One of the major concerns of most critiques is the youth who are influenced by certain propaganda and ascribe to the stereotypical roles being portrayed. Thompson-Robinson and colleagues found that the media had an impact on the sexual behaviors and perceptions of HIV risk among their Black male, college participants. One male participant reported that the images of females in the music videos had an "impact on one's psyche" and if a rap artist was not having sex with all of the women in their [videos], they were "less of a man" (Thompson-Robinson et al., 2007, p. 162). The use of certain aspects, such as sex, fame, and glamorization of the hip-hop culture is used as a medium to promote the sale of products and lifestyles. The inability of some young people to discern entertainment from reality becomes even more troubling and results in the emulation by both men and women, to behave

in a manner which is consistent with certain aspects of some hip hop artists (i.e., the objectification of women as being hyper sexual, and men as abusive, the glamorization of casual sex, promiscuity, substance use), with little attention to consequences such as the acquisition of STIs. Another study of African American female adolescents sought to determine whether perceiving portrayals of sexual stereotypes in rap music videos was associated with adverse health outcomes including substance use and sexual risk behaviors (Peterson, Wingood, DiClemente, Harrington, & Davies, 2007). Peterson and colleagues demonstrated a relationship between increased perception of sexual stereotypes and binge drinking, marijuana use, multiple sexual partners, and negative body image. It appears that exposure to rap videos had a negative impact on the health behaviors of African American adolescent girls. However, these findings must be cautiously interpreted and it must be noted that this study can not determine the direction of the relationship such that does rap have an affect on health, or does one's sexual behavior influence how they perceive rap music? Given the current age of technology, it is apparent that the media's influence health behavior warrants further investigation.

Conclusion

In accordance with the recognition that individual level, proximal factors such as beliefs, knowledge, attitudes, and behaviors alone do not sufficiently explain the disproportionate burden of HIV/AIDS on African Americans, researchers have begun to look to environmental or contextual factors. Additionally, rather than overwhelmingly focusing on specific segments of the Black population (e.g., low income, substance users, MSM), researchers are currently expanding their investigations to other segments of the Black population including college students. This focus on college students despite, little epidemiological data on their actual HIV rates is supported by the fact that many African Americans were infected while they were college age.

Application of an ecological model of health behaviors would lead to the examination of different environments for college students and the risk and protective factors associated with those

students and their environments. Differences in disease rates have demonstrated to be influenced by the differential distribution of risk behaviors including, smaller partner pools (e.g., small vs. large student populations), and risk behaviors (e.g., low vs. high substance use, IDU use versus alcohol or marijuana use). These differences influence the higher rates of STIs and HIV in certain populations, but also indicate that certain aspects of the HBCU environment may contain certain risk and protective factors against sexual risk. The college experiences of Black students vary by the type of institution they attend. Research has demonstrated that there is a distinction between Black students enrolled in predominantly White institutions (PWI) versus historically Black colleges or universities (HBCU), that needs to be further explored (Greer, 2007).

The goal of this paper was to describe how race and gender can interact to influence the sexual risk behaviors of Black college students with a specific interest on students attending HBCUs. College students may not face some of the same inequalities as the general population (e.g., lack of access to health care and education), therefore, prevention interventions need to address the specific challenges faced by this population. It must be noted that HIV incidence in the United States is highest in the Southeastern region, which is the same region of the United States which contains the highest concentration of HBCUs. College students often have sexual partners who are not college students; therefore, it is imperative that risk be conceptualized from a comprehensive perspective.

The nature of college campuses dictate that college students will be exposed to an abundance of sexual risk knowledge, but as demonstrated in numerous studies, knowledge alone is not enough to promote healthy behaviors. Despite the increased levels of self-report risky sexual behaviors, college students in general and Black college students inaccurately do not perceive themselves to be at risk (Braithwaite, Stephens, Sumpter-Gaddist, Murdaugh, Taylor, & Braithwaite, 1998; Payne, 2006). It is important to examine the reasons why Black college students still participate in risky behaviors despite their knowledge of the HIV/AIDS epidemic within the Black community. Some studies indicate that these personal fables of the consequences of sexually risky behaviors may be culturally

influenced. In order for prevention researchers and practitioners to be proactive and prevent Black college students from being the next leading group in the HIV/AIDS epidemic, more research and effective interventions are critical. Lastly, it is not enough for researchers to take conceptual models developed on White college student samples and simply generalize them to Black college students. Instead, the nuances of this group should be understood from a culturally congruent perspective.

Future Directions

A large multi-site epidemiological study should be conducted on college campuses with adequate samples of Black students. There is an increased need for more accurate estimations of the STI/HIV incidence and prevalence rates of Black on college campuses. Second, in order to test some of the questions raised in this paper (i.e., protective/risk factors of HBCUs), the environments of Black students attending HBCUs and those attending PWIs should be examined and compared. Lastly, those individuals who are practicing healthy behaviors and in turn lowering their sexual risk, should be examined in depth. Correlates of protective behaviors can be identified and implemented into effective interventions.

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