

*Original Research***Black college women sexual health peer education at Clark Atlanta University**

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**ABSTRACT**

**Background:** This research was based on the premise that various factors, such as social determinants, cultural competency, use of statistics and location, contribute to the efficacy of the transmission of sexual health education. In the United States, African American women account for 60% of the cases of human immunodeficiency virus (HIV) of women. Considerable research has noted the high rates of HIV among African-American women. The present research, however, focused exclusively on Black college women at Clark Atlanta University (CAU).

**Methods:** A mixed method approach using surveys and participant observation in an exploratory case study was used to evaluate responses of Black college women at CAU to sexual health peer education.

**Results:** Most of the Black college women who attended an event sponsored by Health Services, the Health Peers Educating and Encouraging Responsible Students (H-PEERS), reported that it effectively impacted their overall sexual health.

**Conclusions:** Although, the female students reported having prior knowledge of sexual health information prior to attending CAU, including risk reduction behaviors, they reported participating in sexual risky behaviors. Many of the female students whom reported attending an event sponsored by the H-PEERS effectively had an impact on their sexual health knowledge, attitudes and beliefs towards sex, sexual behaviors, and sexual health status. Further research is needed on how the overall sexual health of black college women at Historically Black Colleges and Universities (HBCU) and predominantly white schools (PWI), and how strategies, such as peer-led health education, differ in transmission and efficacy.

**Key words:** Black college women, HBCU, Peer Education, African-American women, HIV/AIDS, college resources, student involvement

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**INTRODUCTION**

The purpose of this research was to evaluate the effect of Sexual Health Peer Education (SHPE) on the sexual health knowledge, attitudes and beliefs towards sexuality, sexual behaviors, and sexual health of Black college women who attend Clark Atlanta University (CAU) in Atlanta, Georgia. This research focused on the

health peer education programs at CAU. The aim was to evaluate responses of Black college women to the strategies used by the SHPE program at CAU. For Black college women, various scholars have investigated sexual health knowledge, attitudes toward sexuality, sexual behaviors, and sexual health status (Gray & Saracino, 1991). The present research encourages a dialogue on the efficacy of

strategies used by SHPE programs to identify the most effective interventions to transmit sexual health information to African-American women. Research pertaining to culture, race, and gender in relation to transmission of sexual health education and values appears to be part of the discussion.

Institutions of higher education have implemented health peer education programs to address health issues affecting college students, and scholars (Caron & Free, 2008) assess the reported efficacy of peer led education. Caron and Free's (2008) research states there is minimal evidence that identifies the significance of health peer educators and that there should be a further examination of the research designs regarding efficacy of programs. On college campuses, a popular topic addressed by peer education is sexual health. The responsibility of a health peer educator is to learn accurate health information and use innovative ways to present the various topics to students on college campus. Such educators are often requested by students, faculty, and staff to make presentations on topics such as drugs and alcohol abuse, sexual health (sexually transmitted infections, contraception, and safer sex), mental health (stress, depression, and body image), fitness and nutrition (obesity, eating disorders, exercising), chronic illnesses, and sexual assault to college students using innovative ways (BACCHUS, 2011).

An early health peer education program was created at the University of Florida in 1975 ("Organization History", 2011). It was founded by students with the help of the Dean for Student Services, Tom Goodale, and a graduate student in Counseling Education, Gerardo Gonzalez. The organization, focusing solely on alcohol awareness and abuse prevention, was given the title "BACCHUS," an acronym for Boosting Alcohol Consciousness Concerning the Health of University Students. BACCHUS is now a national organization for college health and wellness initiatives that acts as a resource to health peer education organizations on college campuses nationwide. According to BACCHUS (2011), the objective of peer education is to give: "The peer education experience gives students the confidence to believe in themselves and the power of influence they have on others. For some, peer education is a life-changing moment for themselves or someone they help."

In the United States, there are health peer education organizations on various campuses

(Gould & Lomax, 1993). The topics focused on for peer education initiatives are based on the culture of the institution. However, the present research focused on transmission of sexual health information by CAU's health peer education organization.

CAU's program is similar to those at schools such as Bowling Green State University (BGSU). Both institutions share similar missions and strategies. BGSU is a predominantly White institution, in which Whites account for 77.3% and Black/African Americans 9.9% of the student population. The mission of the BGSU's health peer education program, Student Wellness Network, is to provide "a prevention, education, and advocacy group that strives to promote holistic wellness through interactive presentations, community events, service, and role modeling" ("Department of Recreation and Wellness," n.d.). BGSU's Student Wellness Network, which meets regularly to plan and prepare for events and presentations on campus, is focused on the following topics: nutrition, alcohol, sexual health, sexual assault, body image, stress, and fitness. To become a health peer educator at BGSU, a student must complete a semester course in health promotion. The Student Wellness Network is affiliated with the BACCHUS Network. At BGSU, health peer educators are trained to make presentations on various health-related topics in a professional and objective manner. They are discouraged from sharing personal stories or offering medical advice, which is reserved for medical professionals. Peer educators are encouraged to avoid misinformation or inappropriate behavior, which might reduce the efficacy of the messages that are transmitted to the students.

In contrast, CAU is an HBCU, an African-American institution, in which most of the students are Black/African American (86.6%). The peer-to-peer education unit of CAU's Student Health Services is the Health Peers Educating and Encouraging Responsible Students (H-PEERS) program. CAU H-PEERS comprises a trained group of students who raise awareness, provide education, and serve as a resource to other students on a variety of health issues. The program is designed to meet the health education needs of the CAU student community. Members of H-PEERS are recruited by the Student Health Services staff and by former H-PEERS. Weekly meetings are held to offer training and plan events on campus. The trainings are offered from various CAU

departments, such as Psychology, Africana Women's Studies, and Counseling and Disability Services, and from local community partners who serve the metro-Atlanta area, such as AID Atlanta, Planned Parenthood, and the Fulton County Health Department. For the health services staff and H-PEERS, Morehouse School of Medicine (MSM) is also a resource for services and health education.

Higher education is designed to equip adults with the tools necessary to succeed in society. Regardless of an individual's career goals, one's health is an important component to education. The significance of the present research is that it offers opportunities for collaborative research among various disciplines to address an issue that disproportionately affects Black women. It offers Black college women a voice in their sexual health education and provides a guideline to develop culturally competent SHPE programs. For many health issues, Black women have disproportionately higher rates. The top ten health risks for Black women are cancer (breast, cervical cancer, colorectal, lung, ovarian, uterine), depression, diabetes, heart disease, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), kidney disease, obesity, sexually transmitted diseases and infections (STDs), stroke, and violence (Hoytt and Beard, 2012). The present research focused on the sexual health disparities of Black women.

The CDC (2012) reported that women accounted for 26 percent of annual HIV/AIDS diagnoses and that Black women represented 65 percent of the total number of women currently living with HIV/AIDS. In 2011, the primary cause of death for African-American women from ages 35 to 44 was related to HIV/AIDS (CDC, 2011). It is estimated that, in their lifetime, one in 30 Black women will be diagnosed with HIV (CDC, 2013). For women, unprotected sex with an infected male partner is the main cause for contracting HIV. For this issue, researchers have attempted to discover the contributing factors and to provide solutions (Dixon, 2010). Along with health disparities, such as hypertension, sexual health disparities can be preventable. During their matriculation in college, African American women should receive sexual health education, since they have high rates of sexual health disparities.

An effective method of sexual health promotion is dissemination of relevant health information.

SHPE programs have been adopted on many campuses (Gould & Lomax, 1993). The benefits of the programs are that students have access to sexual health resources (health information, contraceptives, and STDs testing) and are involved in efforts to offer youth-friendly health education to their peers. For these efforts to be effective on campus, however, the university must be a stakeholder in the health education programs. Based on the assessment by Hayes and Boone (2001) of the level of service provided to women on HBCU campuses, these institutions offer basic health services, such as first aid, limited immunizations, and some pregnancy counseling and testing. Yet, the women's healthcare needs for women on college campuses are left to the student through a referral process to external medical providers. Also, of the fifteen National Centers of Excellence in Women's Health supported by the Department of Health and Human Services through the Office on Women's Health, there are none at an HBCU. However, MSM, an HBCU located in Atlanta, GA, has a Center for Excellence in Health Disparities and Sexual Health. MSM has projects housed in various departments, such as the Take Charge Project in the Departments of Psychiatry and Behavioral Sciences and Community Health and Preventive Medicine.

The conceptual framework used this research is the Sexual Health Model (SHM) (Robinson et al., 2002). This model assumes that sexually healthy persons will be more likely to make sexually healthy choices, such as consistent condom use and other safer sex practices. Robinson et al. (2002) described a sexually healthy person as one who is sexually literate, comfortable with the topic of sexuality, sexually competent, and free from sexual dysfunctions. This framework was used to evaluate the SHPE program at CAU and identify how they address the issues of dialogue about sex, culture and sexual identity, sexual anatomy functioning, sexual health care and safer sex, challenges, body image, positive sexuality, intimacy and relationships, and spirituality. This model was selected because it offers an inclusive perspective of health education while focusing solely on sexual health.

The research available on the sexual health of Black women is focused on their sexual health knowledge, attitudes toward sexuality, sexual behaviors, and sexual health statuses (Dixon, 2010; Gray & Saracino, 1991; Nguyen, 2010).

Education is effective for AIDS prevention (Gray and Saracino, 1991). Accurate knowledge alone, however, does not lead to safer sex (Baldwin et al., 1990). Gray and Saracino (1991) performed a study to assess the correlation with self-reported behavior changes and accurate information and attitudes towards individuals with AIDS and knowledge of AIDS. According to the findings (1991), Gray and Saracino concluded that students continue the practice of “unrealistically believing that one is immune to the disease and a sublevel fear of the consequences of personal sexual activity. This finding of college students’ assumed immunity to adverse consequences to risky behaviors is significant to this research.

Mindy Thompson Fullilove (1990) identifies gaps in AIDS education and prevention. She argues to further the development of gender and culture-specific strategies that can assist black women at risk to incorporate the high rates of AIDS knowledge into safer sex behaviors. Fullilove (1990) maintains the root to the increase of AIDS rates among African Americans can be contributed to the crack cocaine epidemic and changes in the economy. Fullilove posits the loss of jobs for black men contributed to the epidemic of HIV/AIDS among African Americans. This information is important when disseminating sexual health information to black female students rather than solely focusing on risky sexual behaviors. It is essential to consider ideologies that primarily focus on black women when evaluating the issues affecting black women. This research extends on these findings with a focus on Black college women.

## METHODS

### Participants

Included in this research were 123 CAU Black female students

### Assessments/Survey Instruments

Data were collected through surveys and participant observation. For five months, the survey was made available online, and paper copies were distributed in selected classrooms at CAU. Participants were recruited on social media networks, such as Facebook and Twitter, to complete the online surveys. Participants from Facebook groups were recruited by members who attended CAU. There were collaborations

with the faculty of CAU’s African-American Studies, Africana Women’s Studies, and History to allow students to complete the surveys in their classrooms. Face-to-face, phone, and email correspondence was used to contact CAU professors for dissemination of the survey in their classrooms. The initial portion of the survey focused on demographic information, including sex, classification at CAU, age, sexual identity, socioeconomic status, racial/ethnic background, religion, and hometown. This research attempted to answer the following research questions:

1. Given that SHPE is provided at CAU, what impact does the program have on the overall sexual health of Black college women?
2. What are the least and most effective strategies to disseminate sexual health information to Black college women?
3. In what ways do culture, race, and gender play a role in the efficacy of transmission of sexual health education and values?

The survey concerned students’ sexual health knowledge, status, attitudes, and beliefs prior to attending CAU. To maintain anonymity of students, names were not recorded, and consent forms were collected prior to administration of the survey.

### Statistical Analyses

This research consisted of a mixed method, including a critical program evaluation, and participant observation that involved SHPE and both male and female students. However, the focus of this article is on Black college women students attending CAU. The present researcher served as a health peer educator at Bowling Green State University (BGSU) and a graduate assistant for the health peer education program at CAU. While in the position at CAU, the researcher assisted in the management of health educators. This research examined the mechanics of CAU’s SHPE program, including the strategies used to transmit sexual health education to students, interpretations from advisors of each group, and requirements for members of SHPE. The survey focused on the students’ sexual health education received prior to attending college and how they perceive efficacy of the SHPE programs on sexual behaviors, attitudes toward sexuality, and sexual health status. Survey questions were those included in the SHM. The participants were asked about their attendance at events sponsored

by CAU's H-PEERS, such as campus-wide programs or class presentations and asked to report its efficacy on their overall sexual health (sexual health knowledge, attitudes and beliefs towards sexuality, sexual behaviors, and sexual health). Also, there were questions relating to their perception of the content covered by SHPE. Although this research mainly targeted undergraduate traditional Black college women, it did not exclude data on graduate students and non-traditional students.

## RESULTS

Majority of the 123 females who completed the survey identified as Christian (90%, 112), heterosexual (90%, 111), African American (97%, 119), undergraduate students (95%, 117) between the ages of 18-21 (82%, 101). Although, most female students identified as African American, there were race/ethnicities reported as in addition: 6% Caribbean (7), 1% African (1), and 6% other (7) and 9 female students (7%) identified with multiple racial/ethnic backgrounds. Other ethnicities reported were Native American (4%, 5), Irish (1%, 1), and White or Caucasian (1%, 1). There was representation of students from all classifications: 46% freshmen (57), 15% sophomores (18), 17% juniors (21), 17% seniors (21), and 5% graduate students (6). Their ages ranged 17 to 46: 7%, 17 year olds (8); 82%, 18-21 (101); 8%, 22-25 (10); and 3%, 26 or higher (4). Most female students identified their socioeconomic status prior to attending CAU as middle class (65%, 80 students), 31% working class (38), 1% upper class (1), and 5% other (6). While 90% (111) of the female students identified as heterosexual, female students also reported to identify as homosexual (3%, 4), bisexual (6%, 7), and questioning (1%, 1). Questioning is an undefined sexual identity used when an individual is unsure of their sexual orientation. None of the female students identified as intersex, asexual, or non-binary. Most students identified their religion as Christian (91%), 3% Muslim, 1% Catholic, and 4% other. The other religions represented included spiritual, Buddhist, and non-denominational. The female students identified their hometown regions as: 35% southeast (43), 25% northeast (31), 23% Midwest (28), 11% west (14) and 6% southwest (7). Some students did not offer information in regard to sexual identity, religion, hometown, and race/ethnicity.

According to the survey, students received, prior to attending CAU, information relating to sexual health from school, home, peers, media, and other sources. The most common source of sexual health education was school (85%, 105), followed by home (74%, 91), peers (66%, 81), media (50%, 66), and other sources (5%, 6). The other sources included extracurricular activities outside of school (i.e., community-based organizations and summer camp). Although the students reported similar sexual health knowledge, the sexual health education received in different regions varied in where or from whom they received information and what information was received prior to attending CAU. Most students reported receiving information from school (85%, 105) and home (74%, 91). More students from the North and South reported receiving sexual health information from peers than students from the East and West. Many female students reported their peers as being a source of sexual health information, which offers significance to peer-led initiatives on campuses.

According to the SHM, the following components are necessary for sexual health education programs: abstinence only, sexually transmitted diseases, contraceptives/birth control, sexual anatomy/reproductive system, body image, healthy/unhealthy relationships, and other components that will not be included in this research. Most students reported receiving information on STDs (79%, 97), contraceptives and/or birth control (83%, 102), and sexual anatomy/reproductive system (71%, 87). Over half received information on abstinence only (59%, 73), body image (65%, 80), and healthy/unhealthy relationships (70%, 86). Two students reported receiving no health information, one reported receiving information from private healthcare providers, and four received information from unidentified sources.

Students reported participating in a variety of risky sexual behaviors such as: multiple sexual partners (4%, 5), unprotected sex (41%, 51), having sex while under the influence of drugs/alcohol (20%, 24), one night stands (7%, 8), and changing sex partners frequently (4%, 5). There were students that reported not participating in these activities and were excluded from these numbers. More students from Western states reported having multiple partners. Over half of students from all regions reported having unprotected sex. Nearly half of

all students from all regions reported having sex while under the influence of drugs or alcohol.

Female students reported participating in risk-reduction sexual behaviors such as: open communication with sexual partners (59%, 62), regular testing for STDs (39%, 48), practicing monogamous relationships (46%, 57), use of barriers during sexual activities (48%, 59), abstaining from sex (29%, 36), and use of contraceptives/birth control (48%, 59). Students from southern states reported the lowest of practicing communication with sexual partners and use of barriers during sexual acts. Students from the east reported lowest of receiving regular testing for sexually transmitted infections and practicing abstinence. However, those students from eastern states reported practicing monogamy and use of barriers during sexual acts. Students from northern states reported lower at practicing monogamy but higher at practicing communication with sexual partners. Students from the western states reported higher regular STI testing and practicing abstinence.

According to the findings, 70% (43) of the 62 female students whom attended an event sponsored by H-PEERS reported it effectively impacting their health knowledge, attitudes and beliefs towards sex, sexual behaviors, and sexual health status. The data collected confirms the benefits of the program on the overall sexual health of Black female students. There are links between one's self-esteem and depression to participation in risky sexual behaviors, which McCree et al (2010) posit that "supportive peer network can reduce the risk of STDs acquisition or transmission" (p. 6). According to the survey, most female students rated their body image as good, very good, or excellent. There were incidents of some form of sexual assault, which could have had an effect on one's self-esteem or body image.

Thomas et al. (2008) noted that religiosity has an effect on sexual risks taken by African-American females. The survey illustrated that CAU female students deemed spirituality as an important aspect of sexuality/sexual health, along with sexual health care and safer sex. However, fewer women identified religion/spirituality as most influential to their attitudes and beliefs towards sexuality

## DISCUSSION

According to the findings, sexual health peer education from H-PEERS effectively had an impact on the overall sexual health of Black college women. Researchers (DiClemente & Wingood (1995); Dixon, 2010) have identified key components that have been proved beneficial to include in sexual health education for black women based off of their research. DiClemente and Wingood (1995) stress the importance of cultural sensitivity in sexual health interventions. This research considered these components along with the concepts suggested by the SHM. The access to sexual health resources, such as peer-led initiatives like H-PEERS, allows opportunity for students to receive information from their peers, which share similar ethnic backgrounds and age.

The opportunity for Black college women to contribute to this research allows their voices to become visible. It can encourage them to become more active in the direction of their sexuality/sexual health and that of other women. Black women's ability to connect with one another by disclosing shared and individual experiences is celebrated by womanism. Womanist author, Alice Walker, offers the definition of womanism "A woman who loves other women, sexually and/or nonsexually, appreciates and prefers women's culture, women's emotional flexibility (values tears as natural counterbalance of laughter), and women's strength" (Walker, 1983, p. xi)

## CONCLUSIONS

The findings revealed that female students come to CAU aware of basic sexual health information (STDs, contraceptives/birth control, and sexual anatomy/reproductive system, body image and healthy/unhealthy relationships). Students reported by attending H-PEERS-sponsored events as impacting their overall sexual health (knowledge, attitudes and beliefs, sexual behaviors, and status). However, female students reported practicing both risky sexual behaviors as well as risk-reduction behaviors. A longitudinal study of Black college women from their freshman year to graduation would be helpful in documenting changes or continuity of their sexual health during their matriculation at CAU. Further research is needed on how the overall sexual health of black college women at Historically Black Colleges and Universities (HBCU) and predominantly white schools

(PWI), and how strategies, such as peer-led health education, differ in transmission and efficacy.

Institutions of higher education should acquire knowledge and address the issues of all ethnicities that attend the institution. It cannot be assumed that all African-American students, or students of other ethnicities, share the same background and experiences. Institutions should assess their population of students in order to address issues affecting that population. The inclusion of cultural beliefs, spirituality, and mental/emotional topics, which are not commonly discussed in sexual health education, is necessary to have an effect on those populations; for social determinants and culture have an influence on sexual health decisions and realities McCree (2010) suggests that social determinants of black women have an effect on their sexual health. He recommends that interventions address contextual and structural environmental factors that affect African-American women. Fullilove argues that development of gender and culture-specific strategies can aid in the decrease of sexual health disparities among black women. The collaborative efforts made by CAU's H-PEERS, Student Health Services, and community partners must continue and improve in order to aid in decreasing sexual health disparities and increasing empowerment among Black women to have access to adequate information and resources to make decisions that will lead them to healthier lifestyles. The present results can encourage adoption of SHPE programs at other institutions of higher education.

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