2011

The influence of gender scripts on African American college student condom use

Kelechi Nkeiruka Ihenacho

Christina Nicole Burden

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THE INFLUENCE OF GENDER SCRIPTS ON AFRICAN AMERICAN COLLEGE STUDENT CONDOM USE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kelechi Nkeiruka Thenacho
Christina Nicole Burden
June 2011
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Approved by:

Dr. Rosemary McCaslin, Faculty Supervisor
Social Work

Judi Cruz, Coordinator, Pride Center and Osher Adult Re-Entry Center

Dr. Rosemary McCaslin,
M.S.W. Research Coordinator
ABSTRACT

The study examines how African American gender scripts influence condom use for disease and pregnancy prevention. African Americans are at greater risk for AIDS and STDs than most ethnic groups. Past research has been conducted on disadvantaged African Americans populations but little attention has been given to the college student population. This study assesses the presence of African American cultural gender scripts in African American college student condom behavior. The findings of the study were that African American females engage in condom behavior and discussion more than African American males. Both African American males and females report the same cultural scripts as factors influencing condom behaviors.
ACKNOWLEDGMENTS

I give thanks to my entire family who carried and supported me through my education. Special blessings to my parents (Billy and Mary), who provided me with unconditional love, support, and wisdom. Thanks to my sister, (La-Keisha) who loves me and took care of Amari while I studied numerous times. Thanks to my aunt, Skuggie (Levoria) who graciously helped me with many things, but especially, with free childcare for the first two years of Amari's life while I attended school. Thanks to my boyfriend, Alexander who supported me through my papers and emotional struggles.

Abundant thanks and love to my son, Amari, who is a precious gift from the Lord. He inspired me to continue to work hard and overcome my educational and life struggles. At nights, when I felt like giving up, I would look at my son and instantly knew I could not give up because of him.

To Ms. Kelechi Ihenacho, my research partner, thank you and I love you! To all my other family members and friends thank you for all your support. I love everyone with all my heart.

I bow down to my Heavenly Father for making my education happen; GLORY TO GOD!

-Christina Burden
I would like to thank God for my life and the beautiful people He has blessed me with who have got me through this long struggle called my life as a beautiful educated black woman. I would especially like to thank my wonderful mother, Rita Ihenacho who has shown me the power of perseverance and the strength of a Nigerian woman. Thank you mother for all those long nights that you gave me strength through your warm hugs and encouraging words: "FIGHTING!"

Thank you to my siblings: Chukwuemeka, Ugonna, Ifeanyi and Amauche, and boyfriend: James Hong for always encouraging me and helping me to relax, have fun, and take a break. I do not think I could have got through this program without all of you in my life.

Thank you to my wonderful research partner Christina Burden. Your persistence, dedication and drive helped us finish this. Thank you for lending me your strength and humor on nights when I just wanted to sleep.

-Kelechi Ihenacho

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analysis. She is an amazing person and we are so glad to have had her assistance throughout the final chapters. We would like to thank Judi Cruz, Coordinator, Pride Center and Osher Adult Re-Entry Center for allowing us to have access to the participants. To our friends Ron-Niece Paul and Namona Nachembe thank you for the laughs and encouragement throughout these years. Life is so much better with two in it. We love you!
DEDICATION

I dedicate my entire education and life to the Lord Almighty, who provided me with his unconditional love and grace.

-Christina Burden

This is dedicated to my cousin Nkechi Adjawara who died of cancer just before my second year. Your life and death helped me to see the things that really matter in life. I am sad that I am left behind but thank you for the memories and lessons learned.

Rest in Peace

July 24, 2010

-Kelechi Ihenacho
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CHAPTER ONE
INTRODUCTION

In this chapter problems related to African American sexual behaviors are discussed. The focus of the research on African American college student experiences with gender scripts and condom use are introduced. This is followed by the purpose of the study. Implications of the potential contributions to social work practice are reviewed.

Problem Statement

The Center for Disease Control and Prevention (CDC) has unintended pregnancies as a priority for national health (CDC, 2008a); these could be prevented by proper condom use. Lack of preventative measures results in higher risk of infant mortality and poor conditions at birth because these mothers often do not receive any prenatal care. In the state of California, African Americans had the highest rates of low birth weight live births for San Bernardino County in years 1990 to 2000 (San Bernardino County Department of Public Health, 2002). Having a child under such strenuous conditions can make it difficult for the mother and her family. The
mother will need support from those around her. However African American mothers are having difficulty finding such support.

African American men are not taking responsibility as fathers. While unintended pregnancy rates for the United States have gone down, they are still highest among the African American population. While these rates have remained high, fatherhood rates in the African American community have decreased, meaning fewer men are acknowledging their children and taking responsibility for their growth and development (Martin, Hamilton, Sutton, Ventura, Menacker, & Munson, 2003). This places the African American community at a greater disadvantage because of the financial burden placed on the mother. As a result, African American mothers seek government assistance for support. For example, in 2000, 43% of mothers who gave birth in San Bernardino county used MediCal to pay for their birth (San Bernardino County Department of Public Health, 2000).

On the other hand, unintended pregnancies are not the only sexual outcome that proper condom use could prevent. African Americans between the ages of thirteen and twenty-four, make up 56% of all African American AIDS
infection ever reported (Kerrigan, Andrinopoulos, Johnson, Parham, Thomas. & Ellen, 2007). Many AIDS infections can be prevented by proper condom use yet African American adolescents and young adults are at greater risk for infection. The government and human service agencies are concerned, however their attempts to rectify the situation are not always adequate.

Several federal policies have attempted to address these problems. Policy makers have used family benefits such as childcare provision and access to education, as a way to encourage monogamy and decrease the number single-parent families (Strand, 2008). The federal government and school systems have been great advocates of abstinence only education in school as the primary method of preventing risky sexual behaviors (Santelli, Ott, Lyon, Rogers, Summers, & Schleifer, 2006). Programs such as, Real AIDS Prevention Project (RAPP), Sisters Informing Sisters on Topics about AIDS (SISTA), and Healthy Relationships, are also implemented in urban communities where HIV and AIDS infection rates are high because these programs realize that contracting such infections significantly alters an individual’s life.
Likewise, unintended pregnancies have the potential to change an individual’s life forever.

Proper condom use has great benefits, which could prevent such outcomes. Education on both safer sex and abstinence has increased within schools, and family planning clinics offer affordable contraceptives, including condoms. Many prevention programs can be found in urban communities, where there is a high concentration of African Americans, yet policy makers and agencies are still struggling to help the African American community with disease and pregnancy prevention.

To adequately serve the African American community, service providers need to understand some of the cultural variables that may be present. The African American community has a rich culture; it would be impossible to understand issues related to sexual behaviors, without understanding some of the values this culture places on certain genders and sexual behaviors. Likewise it is difficult to understand the African American community without looking at factors like oppression, which have helped create some of these cultural norms and gender scripts.
Purpose of the Study

This study examines the role of African American gender scripts in condom use. Several studies regarding African American condom use have been conducted with disadvantaged African American populations, yet perceived advantaged African American populations, such as college students, struggle with condom use as well. While African American women have greater chances of becoming infected with HIV and AIDS than men, studies have found that most African American female college students do not discuss condom use with their partners (Lewis, Melton, Succop, & Rosenthal, 2000; Ferguson, Quinn, Eng, & Sandelowski, 2006). African American’s already have large amounts of knowledge about AIDS and HIV, however they struggle with applying that knowledge to their actual behaviors in a consistent manner (Burns & Dillion, 2005). Although African American college students know that condoms are the best way to prevent STDs and AIDS, college students do not see condom use behavior as something common among their friends (Lewis, Melton, Succop, & Rosenthal, 2000).

Other studies conducted with advantaged African Americans females found that African American female college students, with high goals and aspirations,
negotiate and use condoms more frequently than males (Alleyne & Gaston, 2010). Moreover, the negotiation strategies used by men and women differ based on the gender-power differences in the relationship (Bisanz & Rule, 1989; Falbo & Peplau, 1980; Johnson, 1976; Lips & Colwill, 1978). Therefore, there are differences in the way men and women respond to condom use requests as well as differences in the way condom use is negotiated, and these differences need to be studied (Otto-Salaj, Reed, Brondino, Gore-Felton, Kelly, & Stevenson, 2008). There are differences between advantaged and disadvantaged African American communities and disease and pregnancy prevention; yet there is little information available on African American populations that are not disadvantaged (Foreman, 2003).

The literature review demonstrates how the African American culture influences African American sexual behaviors, beliefs, and practices. Due to these implications, information is needed on how these gender scripts, and perceptions of power and control, are reflected in the African American college community.

African American male and female college student perceptions of gender scripts and the scripts’ influence
on condom use are the focus of this study. The research used surveys of African American male and female college students to discover how this specific population experiences gender scripts and the affect this may have on their sexual behaviors. The surveys were collected using quantitative research methods and data analysis. The hypothesis is that the gender scripts and sexual behaviors of African American college male and female students would be different, as shown by previous studies. Therefore, this study explores how gender scripts and sexual expectations affect African American male and female beliefs in condom use and condom related behaviors for prevention of disease and unintended pregnancies.

Significance of the Project for Social Work

By understanding the communities served, social workers can enhance programs and policies created for African Americans. This study brings to attention, instinctive aspects of African American culture that affect behavior. Such knowledge has the potential to change how service providers assess the needs of their African American client populations, as well as the
interventions used to create new programs related to sexual behaviors and outcomes. Social work service providers may gain an understanding that could change the approaches used for disadvantaged and advantaged African Americans populations. Organizations such as the government run Fatherhood Organization, which is design to increase fatherhood throughout the United States by providing educational resources and support to fathers, could benefit from such findings and use the information for their engagement strategies. Likewise, the California State San Bernardino (CSUSB) Student Health Center and community programs such as SISTA may benefit from the findings of this study for their own outreach.

This study could help policy creators gain a better understanding of the underlying values guiding the experiences of disadvantaged and advantaged African American populations. This understanding may help to provide more programs and services to change the type of information sent out for public education on condom use and may cause college campuses to reevaluate and revise the programs that are or are not made available to college female and male students.
Summary

This section discussed problems related to the African American community, including unintended pregnancies and disease. Efforts made by the federal government and abstinence only programs were discussed. This was followed by information related to the purpose of the study as an attempt to uncover hidden cultural scripts in the African American community. Finally the study population was chosen due to lack of information on advantaged African American populations.
CHAPTER TWO
LITERATURE REVIEW

Introduction

This literature review discusses past research regarding African American gender scripts. Literature related to problems the African American community has had with prevention techniques are discussed and followed with gender scripts held by the community. Finally power differentials are explored with condom use. The literature review is concluded with the theoretical framework being used to research advantaged African American males and females condom use.

Norms

African Americans are often part of the low-income population bracket. This, coupled with the lack of opportunities, marginalization, poverty, and violence, has helped shape the gender norms of the African American population (Whitehead, 1994). Low socioeconomic status African American women, tend to view becoming pregnant as a good choice because it offers more government assistance that could counter the lack of socioeconomic opportunities (Fernandez & Patricia, 1994). As a result,
women accept lack of monogamy in their relationships and have incorporated this into their gender ideologies (Sobo, 1995).

One study by Kerrigan et al., (2007) found that these situations and ideologies add to the creation of the belief that women should be financially independent but men should be able to provide financial support. However, in that study the belief was also found that women should be emotionally strong. Kerrigan et al. (2007) also found that the majority of both men and women in the study grew up without fathers. Moreover, being sexually active, and having multiple partners, was seen as part of being a man. The ideologies were found that African American women should be emotionally strong, financially independent, and acceptant of males having multiple partners, and African American men should only have to worry about their ability to provide financially.

These ideologies do not leave much for men to be responsible for in terms of sexual outcomes because their sexual needs supersede any other need. In addition, the woman is strong enough financially and emotionally to deal with any problems. McCabe, Tanner, and Heiman (2010) explored this concept further.
Scripts

McCabe, Tanner, and Heiman, (2010) found that men in general might be more focused on their own sexual satisfaction and overlook the needs of their female partners. One gender ideology found was that men place greater importance on sex than women and that sex objectifies women. Because of this, a female’s pleasure or desire to have sex may not be considered, nor her request for a condom followed, since the sexual encounter is more for the man (McCabe, Tanner, & Heiman, 2010). However there is still some concern about whether or not these gender ideologies and scripts actually do influence male and female sexual behavior.

Witt and Wood (2010) assert that gender ideologies influence behavior and as a result, they become part of an individual’s gender identity as a man or a woman. Sexual scripts also illustrate gender-typed behavior expectations (Sahl & Keene, 2010). Physical aggression is one of the expected male behaviors in the American culture script for men (Weaver, Vandello, Bosson, & Burnaford, 2010). As a result of this script women are reluctant to negotiate condom use for fear or inciting anger or violent reactions from their partners.
(Otto-Salaj et al., 2008). A related cultural script is the expectation for women to be more responsible than men in the relationship (Sahl & Keene, 2010). This expectation places women in the position where men have more power to do emotional damage because women are responsible for what happens in the relationships (Sahl & Keene, 2010). These perceptions of men and the scripts allow men to be more assertive and places more responsibility on women. Furthermore, these same scripts and the perceptions of men may cause African American females to experience more difficulty with negotiating terms for sexual engagement.

Cultural scripts are such that men are expected to be in charge of the sexual relations. As a result women may be more willing to submit to men even after an African American male has refused to use a condom. Therefore, because African American men are in control of sexual engagement, information is needed to find out what is happening with African American males that is inhibiting them from using effective prevention methods such as condoms.
Prevention

Condoms, unlike birth control pills, are something that African American men can directly control; women have a lack of power in negotiating condom use (Otto-Salaj et al., 2008). Yet African Americans between the ages of thirteen and twenty-four make up 56% of all AIDS cases ever reported within this ethnic group, while African Americans account for 49% of all new cases and females made up 64% of all cases in 2004 (Kerrigan et al., 2007; CDC, 2008b; Thompson-Robinson, Weaver, Shegog, Richter, Usdan, & Saunder, 2007). African Americans are either not utilizing condoms or are using them ineffectively (Kerrigan et al., 2007).

Previous studies found that African American males often make the decision of whether or not to have sex with a girl on the first date (Kennedy, Nolen, Applewhite, Waiters, & Vanderhoff, 2007). Other sexual behaviors reported by men were that if they have a condom, they will use it. If they do not have a condom, they will still have sex with a girl regardless (Kennedy, Nolen, Applewhite, Waiters, & Vanderhoff, 2007).

A study conducted by Kennedy, Nolen, Applewhite, Waiters, and Vanderhoff (2007), found that men lack
interest in condom use because the time it takes to put condoms on properly kills the mood. This may be related to a lack of knowledge on how to use condoms properly. Issues related to improper condom use were fit and feel, breakage, loss of erection, and slippage during withdrawal and sex (Melby, 2009). These issues could result in disease or unintended pregnancies. This means there is a lack of communication about condom use.

Otto-Salaj et al., (2008) argue that lack of communication, among African American couples, about condom use is because of perceptions of power in relationships. Some explanation of why discussion about condom use does not occur starts with gender and cultural scripts. African American men do not discuss condom use with their friends and even less with their partners. There are also African American cultural perceptions of other pregnancy prevention techniques such as withdrawal that inhibit condom discussions. Studies have shown that African American adolescents see withdrawal as more intimate and familiar because it allows the male to control ejaculation and pregnancy, while showing concern and love for his partner by withdrawing immediately before ejaculation (Horner, Salazar, Romer, Vanable,
DiClemente, Carey, Valois, Stanton, & Brown, 2009). Other studies have also found that African American males between the ages of eighteen and twenty-four still engage in such risky sexual behaviors (Kennedy, Nolen, Applewhite, Pan, Shamblen, & Vanderhoff, 2007). Similarly, the communication received by men differs from the communication women receive.

Women engage in conversation with their parents about sex more frequently than men. A study conducted with adolescents found that parents talk with their daughters about sex more than they do their sons (Dankoski, Payer, & Steinberg, 1996). Thus sons are given fewer opportunities to discuss sex with their parents; yet male sexuality is encouraged while female sexuality is suppressed (Dankoski, Payer, & Steinberg, 1996). This increases the risk of infection because African American females are less likely to discuss condom use with their partners and males usually have their sexual debut earlier than females (Otto-Salaj, et al.; Ferguson, Quinn, Eng, & Sandelowski, 2006; Dankoski, Payer, & Steinberg, 1996).

When an African American male begins a long-term relationship, using a technique such as withdrawal and
later decides he wants to change to a more effective preventions such as condoms, he runs the risk of his partner calling him unfaithful because the condom implies lack of trust (Kennedy, Nolen, Applewhite, Waiters, & Vanderhoff, 2007). As a result the male will avoid the introduction of discussions about condom use altogether (Kennedy, Nolen, Applewhite, Waiters, & Vanderhoff, 2007). African American males have also discussed negative associations made as adolescents about condom use and getting in trouble if they were caught with one because it meant they were having, or planning to have sex (Kennedy, Nolen, Applewhite, Pan, Shamblen, & Vanderhoff, 2007). Likewise, males use fewer resources for reproductive health than females (Collins & Champion, 2009). All of these factors contribute to male reluctance to discuss condom use with their partners, yet these findings could be significantly different from female condom use discussions and behaviors.

Theories Guiding Conceptualization

Social Cognitive Theory (SCT) is the theoretical approach used for this study. The focus this theory has on the influence of beliefs and the social environment on
individual behavior is ideal for this study. Whereas most studies utilized power theory, social cognitive theory allows the influence of cultural values and beliefs in gender scripts on African American health behaviors, such as condom use, to be shown. This theory also shows how these expectations and values are based on perceptions of an objective reality (Glanz, Rimer, & Viswanath, 2008).

Gender Power Theory would also help explain what is happening in relation to male and female negotiation of condoms because of self-efficacy. African American female college students lack self-efficacy, or confidence, to negotiate condom use. Men have more confidence in controlling condom use than women (Wingood & DiClemente, 2000).

Research was conducted with implications for how these theories relate to condom use of African American male college students. These theories help bring awareness to the power imbalance between men and women through discussion of the data and discussion of the objective reality of this population.
Summary

This section covered research related to African American norms, and gender ideologies. Differences between advantaged African American men and women were provided as well as insight into the limited information available on advantaged African American populations. African American males having the most power over condom use in a relationship was discussed and the reason for the study of males and females. This was followed by the rationale for using Social Cognitive Theory and Gender-Power Theory.
CHAPTER THREE

METHODS

Introduction

This chapter discusses the design used for this study as well as the research question and hypotheses. The population targeted for sampling and rationale for that sample are discussed along with discussion of the test instrument and data collection process.

Study Design

The purpose of this study is to explore the influence of African American gender scripts on condom behaviors. Quantitative research methods were used. A quantitative survey was created to measure condom behavior and cultural gender scripts and beliefs related to those behaviors.

The research utilized a non-experimental, two-group posttest-only design. This design allows for exploration of the influence of African American male and female college students’ gender scripts on condom related behaviors and beliefs. Such exploration may have implications for condom use interventions for African American male and female college students.
One research question for this study is, do African American cultural gender scripts prevent healthy condom behaviors in the African American college student community. The other question for this study is, is there a relationship between African American cultural gender scripts and African American college student condom use. There are three hypotheses related to these questions:

Hypothesis 1: African American utilization condoms will be different based on gender
Hypothesis 2: African American discussion of condom different based on gender
Hypothesis 3: African American cultural scripts will be different based on gender.

Sampling

One-hundred African American CSUSB students were selected to participate in this study. Fifty African American males and fifty African American females were surveyed for this study to be representative of the African American community on campus. Only students between the ages of eighteen and twenty-four were selected. Participants had to be of black ethnicities. Extensive research has been conducted on disadvantaged
young-adult African American populations and their attitudes toward condom use. Likewise, research has been conducted on African American college age females and their attitudes and willingness to negotiate condom use. This large sample will allow for comparison between males and female of the same age group, while exploring disadvantaged and advantaged African American male and female attitudes toward condom use.

Data Collection and Instruments

Firsthand data for the dependent variable, condom behavior, were collected from African American males and females through a 36-item self-administered 30-minute questionnaire. (See Appendix A.) The questionnaire gathered information on perceptions African Americans have about sex by collecting demographic information through nominal and ratio scales. Health behaviors, attitudes toward commitment, condom use, and condom negotiation were measured through 5-point ordinal scales.

The variables being measured were cultural gender scripts, the independent variable, and condom behavior, the dependent variable. Questions related to the independent variable have face validity because cultural
gender scripts are subconscious beliefs that an individual acquires about gender, throughout their life. It is difficult to measure because a person is not consciously aware of cultural gender scripts. Questions related to the dependent variable have content validity because they directly ask questions about individual condom related behaviors such as negotiation and condom use.

The thirty-six-item questionnaire was created to directly address the research question from the study population's perspective. The Cronbach's Alpha for the study's subscale of condom behaviors was .731. Therefore this instrument may consistently measure what it is intended to measure.

Procedures

Data were collected from one hundred African American college students, aged 18 to 24 in order to provide findings that could be representative of the population of interest. Study participants were solicited at CSUSB's Student Union. A poster was put up inside the Adult Re-entry Center and participants were asked to fill out the survey. A box was placed with a slot for surveys
to be dropped in. Upon completion of the surveys participants were encouraged to take pieces of candy that were placed on the table.

Researchers distributed surveys and provided information on available times to drop off the surveys. Surveys were distributed without bias. Only surveys from individuals who met the criteria were considered as data.

Protection of Human Subjects

Data were kept confidential. The covered box with a slot helped ensure confidentiality of surveys because answers were not left in plain sight. Participants in the study were asked not to put their name on their surveys when handing them back because no further contact would be needed. Completed surveys were locked in a chest away from campus at a location the researchers have access, to maintain confidentiality. All participants were informed that their responses are confidential and will not be used for purposes outside of this study. Therefore confidentiality of participants was maintained in the preservation and disclosure of data. Informed consent and debriefing statements were provided. (See Appendix B & C.)
Data Analysis

Data was analyzed using SPSS. Univariate analysis was done using frequencies. Bivariate analysis was done using t-test and chi-square.

Summary

This section discussed the use of a non-experimental study design to test cultural gender scripts and condom behaviors. Rationale for a large sample of one hundred African American, CSUSB college students was provided. Explanation of the preservation of participant confidentiality was provided as well as explanation of the methods to be used to record data. Data analysis through SPSS was stated.
CHAPTER FOUR

RESULTS

Introduction

This results section provides percentage breakdown of responses to the condom behaviors subscale and the type of sampling method used to recruit the participants. A brief description of the population criteria and a table reference for the categorization of the demographics is discussed. A narrative reporting of the bivariate analysis will be given, followed by a summarization of what the results section covered.

Presentation of the Findings

Table 1. Percentages Breakdown of Responses to the Condom Behaviors Subscale (M = 4.15)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth control being part of responsible sex</td>
<td>4.4%</td>
<td>0.9%</td>
<td>8.8%</td>
<td>8.8%</td>
<td>77.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Condom Use &amp; Availability</td>
<td>10.6%</td>
<td>1.8%</td>
<td>6.2%</td>
<td>14.2%</td>
<td>67.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Variable</td>
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<td>Disagree</td>
<td>Neither Agree or Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>Missing</td>
</tr>
<tr>
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<td>----------</td>
<td>---------------------------</td>
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</tr>
<tr>
<td>Condoms are part of safe sex</td>
<td>4.4%</td>
<td>1.8%</td>
<td>2.7%</td>
<td>4.4%</td>
<td>86.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Knowledgeable on *STIs</td>
<td>7.1%</td>
<td>5.4%</td>
<td>7.1% 20.5% 59.8%</td>
<td>0.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledgeable on AIDS and HIV</td>
<td>7.1%</td>
<td>3.5%</td>
<td>1.8% 19.5% 68.1%</td>
<td>0.0%</td>
<td></td>
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</tr>
<tr>
<td>When sexually active, condoms are the best way to prevent *STIs and AIDS</td>
<td>8.1%</td>
<td>3.6%</td>
<td>18.0% 62.2% 1.8%</td>
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<tr>
<td>Discuss condom use with their partner(s)</td>
<td>9.8%</td>
<td>10.7%</td>
<td>20.5% 50.0% 0.9%</td>
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<td></td>
</tr>
<tr>
<td>Regularly negotiate condom use with their partner(s)</td>
<td>27.0%</td>
<td>10.8%</td>
<td>21.6% 11.7% 28.8%</td>
<td>1.8%</td>
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<td></td>
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</tbody>
</table>

*STIs: Sexually Transmitted Infections.

All the above variables are combined to generate a condom behaviors subscale. This subscale variable was used in the bivariate analysis. The condom behaviors subscale range from 0.0%-86.7%.

The participants were recruited by convenience sampling, which is a nonprobability technique. The study population consisted of 113 CSUSB African American females and males aged between 18 to 24 years old with a mean age of 20.56. The population consisted of 46.9%
females and 53.1% males. The most selected ethnic background was 70.3% Black American (Non-Hispanic). The highest level of education completed that was reported was some college at 46.4%. The participants indicated that third year undergraduate at 27.7% was the most frequently response for current education status. The data analysis revealed that 46.0% have an income less than $10,000. Finally, out of the 113 participants, 46.4% (52) reported that they grew up with both parents. A complete description of the population’s demographics can be viewed at Appendix D, Table 2.

An independent sample t-test was conducted to compare condom behaviors by gender. There was a significant difference between males and females on condom behaviors, ($t = -2.855$, $df = 111$, $p = .005$), with females reporting a higher mean ($M = 4.36$) than males ($M = 3.98$).

In addition there was also a significant different between males and females on discussion of condom use with partner(s) and gender, ($t = .2.440$, $df = 110$, $p = .016$) with female reporting a higher mean ($M = 4.25$) than males ($M = 3.63$).
Independent sample t-tests were conducted for the following variables: social networks and peers’ effect on male and female desire to have sex, television and music videos effect on male and female desire to have sex, religious effect on male and female desire to have sex and whether culture does not effect male and female desire to have sex. Each individual variable was run against discussion of condom use with partners. These t-tests were examined and none were significant.

Chi-square analyses were utilized to provide comparison of the nominal data for cultural scripts. There was a significant pattern in the way participants responded to cultural scripts having an influence on sexual practices. A majority of participants believed that the following influence sexual practices: 1) Social networks and peers affect male and female desire to have sex, 2) television and music videos affect male and female desire to have sex, 3) Religion affects male and female desire to have sex and 4) culture does not affect male and female to desire to have sex. The values for chi square analyses are in Appendix E.
Summary

The univariate condom behavior subscale was depicted in Table 1.1. The sampling method and brief outline of the characteristics of the participants were discussed. A table reference of the population’s demographic breakdown coupled with a brief synopsis of the demographics was provided. The findings of the bivariate analysis were reported by t-test statistics for the two variables and chi-square testing of nominal data was explained.
CHAPTER FIVE

DISCUSSION

Introduction

This section covers the implications of the results. Limitations of the study are discussed. Recommendations of what the study findings can contribute to the social work profession is provided. Overall summarization of the entire study is depicted.

Discussion

The study findings show that condom utilization among the African American college-aged (18 to 24 years) population is gender based. The African American college-aged female seems to be more likely to engage in condom use than their male counterparts. This supports Hypothesis 1 and is probably due to the fact that African American females are educated on the negative social outcomes such as unplanned pregnancies, AIDS and other STIs that are associated with unprotected sex, more than their male counterparts. African American men can control condom use to help prevent sexually transmitted diseases and pregnancy, but they do not. Why? This may be due to the reported condom related issues (i.e., breakage or
slippage, being time-consuming). These reported condom related issues may lead African American males to have little or no interest in condom use whereas, African American females do not experience the condom related issues directly and are therefore more willing to utilized condoms.

In addition, this study also found that discussion of condom use with partners was gender based. This supports Hypothesis 2 because African American college aged males are less likely to engage in discussion about condom use than are African American college aged females. The determination of whether or not condoms should be used is strongly influenced by sexual communication between partners (Otto-Salaj et al., 2008). If partners effectively communicate about condom use and how to solve the condom related issues, it may alleviate some of the negative social outcomes and balance conversations between partners. According to Kennedy et al. (2007) peer communication about condom use among not only partners, but friends as well is a protective factor in reducing HIV/AIDS and unintended pregnancies. However, providing services such as psycho-education groups on sex health and positive peer communication and
skills-training interventions may help decrease unsafe sexual practices and increase negotiating skills in the African American population.

The study findings have demonstrated that regardless of gender, both males and females believe that following cultural scripts of social networks and peers, television and music videos, and religion affects sexual practices. Because African American males and females did not respond differently to questions related to cultural scripts, Hypothesis 3 was not supported. However, Sahl and Keene (2010) state that sexual roles are rooted in cultural norms about sexuality and reflect shared gender-typed behavioral expectations. The participation of engaging in sex differs among genders. While men are motivated primarily by physical reasons (e.g., pleasure focused), women tend to be motivated by emotional reasons (e.g., love) (McCabe, Tanner, & Heiman, 2010); therefore culture still affects both African American male and female sexual behaviors.

Even though, this study revealed no significant differences between cultural gender scripts and negotiation other research showed relationships between these two concepts. The intentions, attitudes towards
buying and carrying and negotiating condom use with a partner are all factors that have been found to have gender differences (Smith, 2003). Therefore, more research is needed in the African American community on how these gender identities influences sexual behaviors because of the gap between the intention and actual use of condoms.

Limitations

The construction of the questionnaire is the main limitation to the study. The questionnaire wording is a problem because it had vague language and lack of specificity. The language was vague in the sense that language, words, and phrases had different meanings to respondents. A lack of specificity is when it is not clear from the questions what information is desired. Also, certain questions may have generated social desirability in the responses. Social desirability is responding desirably to questions to appear in positive light to the researcher.
Recommendations for Social Work Practice, Policy and Research

The study highlighted a subsection population of the African American (college-aged) community that according to research only gets little attention. Understanding both the disadvantaged and the advantaged African American communities may enhance how social workers can empower and initiate change at the local, state, and national levels. Furthermore, research is needed to examine how these gender scripts and perspectives are determined in the advantaged African American community in a larger sample. In addition, researchers may want to examine other evidence-based interventions that are used with college-aged African Americans.

The study findings can help social workers assess the needs of the African American advantaged community in regards to sexual practices on both the micro and macro levels. For instance, the findings of college-aged females engaging in both condom utilization and discussion of condom use more than the college-aged males, informs social work practitioners that the steps of the generalist model on both micro and macro levels needs to be further examined, especially from the African
American males' perspective. Since, cultural scripts seem to have influence on sexual practice in the African American community, regardless of being college-aged or not, programs and policy interventions need to consider the cultural scripts.

Therefore, by creating or improving such as policies that provide monetary assistance to various programs' delivery systems will help implement possible effective culturally-driven interventions such as negotiation skills and behavioral change techniques that may decrease high-risk sexual practices among the African American college-aged community. As a result, the social work profession needs to conduct more research to further understand how in-depth cultural scripts affect sexual practices in the college-aged African American.

Conclusions

This study discussed issues associated with sexual behaviors in the African American community. Implemented federal government programs, the purpose of the study and an explanation of why the advantaged (college-aged) African American was selected were discussed.
A literature review of norms, gender ideologies, and prevention were provided. Information about the differences between men and women in the advantaged African American and the little insight about this population were provided. The premises of why the Social Cognitive Theory and Gender-Power Theory are the theoretical frameworks were provided.

The study’s used a non-experimental design to examine the cultural gender scripts and condom behaviors and the rationale for the sample size of one hundred African American, CSUSB college students were discussed. How participants’ confidentiality was maintained and what methods were utilized, which was by analysis SPSS of independent t-tests sampling (comparing the means) and chi-squared tests (comparing nominal data).

The studying findings were that advantaged African American females engaged in both condom utilization and condom-use discussion with their partner(s) more than their male counterparts. In addition, the advantaged African American community believes that cultural scripts have influence on sexual practices.

The limitation of the study was the construction the questionnaire because of the wording of the questions. In
addition, there may have been social desirability because of the topic of sexual practices.
APPENDIX A

QUESTIONNAIRE
QUESTIONNAIRE

Please circle one answer for the following statements:

1. What is your age:
   a. 18  e. 22
   b. 19  f. 23
   c. 20  g. 24
   d. 21

2. Gender:
   a. Male
   b. Female

3. Ethnic background
   a. Black American (non Hispanic)
   b. Black Hispanic American
   c. Black Latin American
   d. African American
   e. Other (please specify): ______________________________

4. Highest level of education completed
   a. High School Diploma
   b. AA Degree
   c. Some College
   d. Bachelors Degree
   e. Masters/PhD

5. I am an:
   a. Undergraduate 1st year
   b. Undergraduate 2nd year
   c. Undergraduate 3rd year
   d. Undergraduate 4th year
   e. Graduate Student
   f. Other (please specify): ______________________________

6. Household Income
   a. Less than $10,000
   b. $10,000 - $30,000
   c. $30,000 - $50,000
   d. $50,000 - $80,000
   e. More than $80,000
7. I grew up living with:
   a. My mother
   b. My father
   c. Both parents
   d. Another Relative
   e. In foster care

Please circle one answer for the following statements:

8. A woman should have sex using a condom if:
   a. The couple has been seeing other people
   b. She cheated or suspects her partner of cheating
   c. The partner is unattractive and is not in good health
   d. The partner has STIs, AIDS, or HIV.
   e. She is having sex

9. Please select the statement that best describes your views of commitment
   a. I am committed in a relationship when:
   b. I am not dating anyone else
   c. I decide not to have sex with anyone else
   d. I have sex with a person
   e. I have been dating a person for a couple months or longer
   f. You are only committed when you marry each other

10. In a committed non-marital relationship:
    a. Condoms should be used regularly
    b. Condoms will be used if available
    c. Condom should be used if someone is suspected of cheating
    d. Condoms only need to be used if the couple took a break
    e. Condoms are not needed

11. In a committed non-marital relationship:
    a. Condom use should be discussed regularly
    b. Condom use should be discussed only in the beginning of the relationship
    c. Condom use should be discussed at least once
    d. Condom use should be discussed if brought up by a partner
    e. Condom use does not need to be discussed
12. A man should have sex using a condom if:
   a. The couple has been seeing other people
   b. The man cheated or suspects his partner of cheating
   c. The woman is unattractive and is not in good health
   d. The woman has STIs, AIDS or HIV.
   e. He is having sex

Please rate the following statements on a scale of 1-5 (1= strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree, 5= strongly agree). Write your answer on the corresponding line.

13. A man should share responsibility for birth control

14. A woman should share responsibility for birth control

15. Birth control is part of responsible sex

16. Condoms do not need to be used in committed relationships

17. Condoms should be used if a partner request them

18. Condoms should be used if they are available

19. Condoms are part of safe sex practice

20. When sexually active, condoms are the best way to prevent pregnancy

21. Condoms reduce sexual pleasure

22. Condoms usually slip or break during sex

23. Condoms cause a loss of erection

24. I am very knowledgeable about STIs are

25. I am very knowledgeable about AIDS and HIV are

26. When sexually active, condoms are the best way to prevent STI & AIDS

27. If I own condoms, I am planning to have sex

28. If I have condoms with me, I am planning to have sex

29. I discuss condom use with my partner/partners
Please rate the following statements on a scale of 1-5 (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree). Write your answer on the corresponding line.

30. I discuss condom use only if my partner has had sexual partners in the past .................................................................

31. Negotiating condom use is something I do regularly with my partner/partners.................................................................

32. When I was a teenager, my mother talked to me about sex frequently .............................................................................

Please circle all answers that apply for the following statements:

33. Even if he knows the risk, an African American male college student will still have unprotected sex with a woman if:
   a. The woman is attractive and appears to be in good health
   b. He is in love with the woman
   c. He prefers the feeling of sex without a condom
   d. He wants sex
   e. The woman says she does not want to use a condom
   f. A friend had sex with her and did not get HIV, AIDS or STIs
   g. He is on drugs or drunk
   h. If his desire to have sex is too strong to think about a condom
   i. The woman is on a birth control pill
   j. There is no good reason for having unprotected sex with a woman who is at risk for HIV, AIDS, or STIs.

34. Culture influences African American male decisions about sexuality and sexual practices because:
   a. Social networks and peers affect male desire to have sex
   b. Television and music videos affect male desire to have sex
   c. Religion affects male desire to have sex
   d. Culture does not affect male desire to have sex
   e. Other:______________________________________________________
Please circle all answers that apply for the following statements:

35. Even if she knows the risk, an African American female college student will have unprotected sex with a man if:
   a. The man is attractive and appears to be in good health
   b. She is in love with the man
   c. She prefers the feeling of sex without a condom
   d. She wants sex
   e. The man says he does not want to use a condom
   f. She is on female birth control
   g. She is on drugs or drunk
   h. A friend had sex with him and did not get HIV, AIDS or STIs
   i. Her desire to have sex is too strong to think about a condom
   j. There is no good reason for having unprotected sex with a woman who is at risk for HIV, AIDS, or STIs.

36. Culture influences African American female decisions about sexuality and sexual practices because:
   a. Social networks and peers affect female desire to have sex
   b. Television and music videos affect female desire to have sex
   c. Religion affects female desire to have sex
   d. Culture does not affect female desire to have sex
   e. Other: ____________________________________________

Developed by Kelechi Ihenacho
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The study in which you are being asked to participate is designed to assess California State University, San Bernardino African American student health behaviors and attitudes. Kelechi Ihenacho and Christina Burden are conducting this study under the supervision of Dr. Rosemary McCaslin, Professor of Social Work. This study has been approved by the School of Social Work Sub Committee of the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to complete an anonymous 36-item survey. This self-administered survey should take no longer than 30-minutes to complete. This survey is designed to measure sexual health behaviors. When you complete the survey simply insert the survey into slot of the box provided on the research table. No follow up or further contact will be needed. Your responses will be used to assess health behaviors and will only be used for purposes of this study. Your responses will be locked in a chest that only the researchers can have access.

Your participation in this study is voluntary. If at any point you wish not to participate in the study, you may withdraw without penalty. There are no benefits to participating in this study. There are some risks associated with this study however the risk are minimal and may be the experience of slight discomfort while answering some of the questions.

If you have any questions or concerns please feel free to contact Dr. Rosemary McCaslin, Professor of Social Work at rmccasli@csusb.edu, or 909-537-5507.

By marking “X” in the box below,
- I consent to participate in this study
- I understand the purpose of the study and how my responses will be used
- I am at least 18 years old
- I consent to have my responses used for the purposes of this study

Mark “X” here □ Date____________________
APPENDIX C

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

The survey you just completed for Christina Burden and Kelechi Ihenacho was designed to assess African American condom behaviors. We anticipate that understanding cultural scripts will lead to healthier sexual health behaviors. If you would like to discuss those issues further please contact the Student Counseling Center at, 909-537-5040.

Thank you for your time and participation. Results of this study will be published in the John M Pfau Library in the thesis section on the third floor in Fall 2011. If you have any question or concerns, please contact Dr. Rosemary McCaslin at 909-537-5507 during the Fall 2011 quarter.
APPENDIX D

DEMOGRAPHICS
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<th>Variable</th>
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</tr>
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<tr>
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</tr>
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<td>African American</td>
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</tr>
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<td>46.4%</td>
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</tr>
<tr>
<td>Circle more than one education level</td>
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<td>Other</td>
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<tr>
<td><strong>Household Income</strong></td>
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<td>My Father</td>
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<td>Both Parents</td>
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APPENDIX E

CROSSTABS ANALYSIS
## Crosstabs

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<td>AA males cultural influence on sexual practices</td>
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### AA males cultural influence on sexual practices * AA females cultural influence on sexual practices Crosstabulation

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<td>AA males cultural influence on sexual practices</td>
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<td>Expected Count</td>
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52
### Chi-Square Tests

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a. 0 cells (0%) have expected count less than 5. The minimum expected count is 8.03.
b. Computed only for a 2x2 table

### Crosstabs

#### Case Processing Summary

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<td></td>
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<tr>
<td>AA males cultural influence on sexual practices * AA females cultural influence on sexual practices</td>
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</tr>
</tbody>
</table>

53
### AA males cultural influence on sexual practices * AA females cultural influence on sexual practices Crosstabulation

<table>
<thead>
<tr>
<th>AA males cultural influence on sexual practices</th>
<th>AA females cultural influence on sexual practices</th>
<th>Total</th>
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<tbody>
<tr>
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<td>Count</td>
</tr>
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### Chi-Square Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
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<th>Asymp. Sig. (2-sided)</th>
<th>Exact Sig. (2-sided)</th>
<th>Exact Sig. (1-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>36.527a</td>
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<tr>
<td>Continuity Correctionb</td>
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<td>Likelihood Ratio</td>
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<td>Fisher's Exact Test</td>
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<td>.000</td>
<td>.000</td>
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<td>N of Valid Cases</td>
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</tbody>
</table>

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.71.
b. Computed only for a 2x2 table
# Crosstabs

## Case Processing Summary

<table>
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<tbody>
<tr>
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<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>AA males cultural influence on sexual practices * AA females cultural influence on sexual practices</td>
<td>112</td>
<td>99.1%</td>
<td>1</td>
<td>.9%</td>
<td>113</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

## AA males cultural influence on sexual practices * AA females cultural influence on sexual practices Crosstabulation

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td></td>
<td>Count</td>
<td>Expected Count</td>
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## Chi-Square Tests

<table>
<thead>
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<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
<th>Exact Sig. (2-sided)</th>
<th>Exact Sig. (1-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>67.771&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
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<td>.000</td>
<td>.000</td>
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<td>Continuity Correction&lt;sup&gt;b&lt;/sup&gt;</td>
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<tr>
<td>Fisher's Exact Test</td>
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<tr>
<td>Linear-by-Linear Association</td>
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</tbody>
</table>

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*a*. 0 cells (.0%) have expected count less than 5. The minimum expected count is 17.25.

*b*. Computed only for a 2x2 table

## Crosstabs

### Case Processing Summary

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<td>Percent</td>
<td>N</td>
</tr>
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<td>AA males cultural influence on sexual practices * AA females cultural influence on sexual practices</td>
<td>112</td>
<td>99.1%</td>
<td>1</td>
</tr>
</tbody>
</table>
**AA males cultural influence on sexual practices * AA females cultural influence on sexual practices Crosstabulation**

<table>
<thead>
<tr>
<th></th>
<th>AA females cultural influence on sexual practices</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
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<td>Count</td>
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<td>76</td>
<td>112</td>
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<tr>
<td></td>
<td>Expected Count</td>
<td>36.0</td>
<td>76.0</td>
<td>112.0</td>
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</tbody>
</table>

**Chi-Square Tests**

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymp. Sig. (2-sided)</th>
<th>Exact Sig. (2-sided)</th>
<th>Exact Sig. (1-sided)</th>
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</thead>
<tbody>
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<tr>
<td>Fisher's Exact Test</td>
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</tbody>
</table>

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.32.
b. Computed only for a 2x2 table
REFERENCES


This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:
   Team Effort: Christina Burden & Kelechi Ihenacho

2. Data Entry and Analysis:
   Assigned Leader: Christina Burden
   Assisted By: Kelechi Ihenacho

3. Writing Report and Presentation of Findings:
   a. Introduction and Literature
      Assigned Leader: Kelechi Ihenacho
   b. Methods
      Assigned Leader: Kelechi Ihenacho
   c. Results
      Assigned Leader: Christina Burden
   d. Discussion
      Assigned Leader: Christina Burden