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## To Test or Not to Test: Barriers and Solutions to Testing African American College Students for HIV at a Historically Black College/University

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### Abstract

Young African Americans are disproportionately affected by sexually transmitted infections, including HIV. The purpose was to identify reasons that African American college students at a historically Black college/university (HBCU) identified as barriers to HIV testing, and how these barriers can be removed. Fifty-seven heterosexual-identified undergraduate students (ages 18–25) attending an HBCU in the southeastern US participated in a mixed method study. Latent content analytic techniques were used to code the transcripts for themes and categories, and representative quotations were used in the findings. Quantitative data indicates high levels of perceived knowledge about HIV transmission, low perception of risk and concern of contracting HIV, yet continued sexual risk behavior. Qualitative data indicates three main themes used to avoid testing and three themes to encourage testing. Students were forthcoming in discussing the themes around avoidance of HIV testing (being scared to know, preferring not to know, and lack of discussion about HIV) and encouraging testing (group testing, increasing basic knowledge, and showing the reality of HIV). It is important for college healthcare professionals, researchers, and officials to identify appropriate ways to encourage HIV testing, and promote testing as part of overall health.

### Keywords

HIV; Testing; African American; College; HBCU

### INTRODUCTION

The HIV epidemic is an urgent public health crisis for all Americans, but particularly for African Americans (Kaiser Family Foundation [KFF], 2013). Young African Americans are disproportionately affected by sexually transmitted infections (STIs), including HIV. In 2010, Black teens and young adults (ages 13–24) represented more than half of new HIV infections in that age group (KFF, 2013). The rates of HIV infection among young Black men in the 13–29 age range is seven times higher than that of young white males, and three times as high as that of young Hispanic males (Centers for Disease Control and Prevention

[CDC], 2013). According to the CDC, the rates of HIV infection among young Black women in the same age group is 11 times as high as that of young white females and four times that of young Hispanic females. One of the hardest hit areas for HIV prevalence among young African Americans has been in the southern states (CDC, 2013; KFF, 2013; Thomas et. al., 2008). The increasing number of STI and HIV cases among African Americans, combined with the prevalence of sexual behavior among young people on college campuses, indicates that African American college students are a population worthy of further examination.

College students, in general, have traditionally been seen as a low-risk group for HIV infection, despite engaging in high levels of sexual activity (KFF, 2009; Polacek et al., 2007; Vermund & Wilson, 2006). Some estimate the rate of sexual activity among college students to be between 75–90% (Buhi et al., 2010; LaBrie et al., 2005). Previous studies indicate that college students engage in multiple high-risk behaviors such as intermittent condom use, (Buhi et al., 2010; Lewis et al., 2009; Valentine et al., 2003) sex with multiple partners (Lewis et al., 2009), casual sex (Grello et al., 2006), and alcohol and substance use during and immediately prior to sexual activity (Gullette & Lyons, 2005; Hou, 2009). The assumption that knowledge of STIs and HIV, and avoidance of risk, is positively correlated with educational attainment is often inaccurate (Lewis et al., 2009; Winfield & Whaley, 2002). Although research with college students indicates they are often aware of their risk, and believe that HIV is a serious threat to their health (Opt et al., 2007), they have not personalized this risk by taking preventative action (Lance, 2001; Mongkuo et al., 2010).

Bazargan and colleagues (2000) noted that African American college students may be at higher risk for HIV infection than their non-minority peers, which can be attributed to what they call the ‘duality’ of their development. This ‘duality’ includes culturally prescribed beliefs and behaviors that may clash with new knowledge, attitudes and beliefs afforded to students in an academic environment. The literature examining sexual behavior and HIV testing on college campuses has not traditionally included a focus on African American college students attending historically Black colleges and universities (HBCUs). Additionally, there has been a dearth of research with students attending HBCUs identifying barriers and solutions from an emically-derived perspective. Although HBCUs only constitute 3% of all colleges and universities, they award nearly one-fourth of all undergraduate degrees by Black students (National Association for Equal Opportunity in Higher Education, 2011) and have approximately 11% of the Black college student population (National Center for Education Statistics, 2010). It is essential to explore this environment because HBCUs serve as a microcosm of the larger Black community. Many of the same strengths and challenges related to HIV prevention in the broader Black community are faced by students on campus. Concerns that have a long history of documentation in HIV-related literature such as high risk behaviors, low perceptions of risk, HIV-related stigma, and negative perceptions of HIV testing are all evident on HBCU campuses (Alleyne & Gaston, 2010; Thomas et al., 2008). A better understanding of factors associated with African American college students’ sexual behavior is needed to help guide the development of messages, strategies and interventions to reduce the rates of STIs/HIV, and increase individuals’ knowledge of serostatus by getting tested for HIV.

## HIV Testing at HBCUs

Over the past decade, HIV and AIDS rates have not decreased which Heffelfinger and associates (2008) attribute to patterns of HIV testing and lack of knowledge of HIV serostatus. Knowledge of personal serostatus and the status of potential and actual sexual partners is an important way of reducing HIV transmission. African American students, compared to non-minority counterparts, are less likely to know their serostatus (Payne et al., 2006). Payne and colleagues (2006) conducted a study on the campus of an HBCU in the south with 161 HIV-negative students between the ages of 18–24. The study examined the sexual behavior of students and barriers to HIV testing. More than 80% of the sample indicated they were at low risk for HIV infection; however, 64% and 16% reported having unprotected vaginal and anal intercourse, respectively, in the past 90 days. Those students who had not been tested for HIV were offered a complimentary test, and 50% of the students (n = 81) agreed to be tested. Those students who declined to be tested for HIV were asked why, and the following barriers were identified: 1) perception of no to low risk; 2) receiving a test could affect their relationship with their partner; and 3) fear that HIV results would not be confidential. The issues of confidentiality, along with stigma, were also identified in the Warren-Jeanpiere study assessing HIV prevention attitudes and perceptions among Black students from six HBCUs (Warren-Jeanpiere et al., 2005).

Two national initiatives were launched between 2005 and 2007 focusing on HIV prevention, including testing, at HBCUs. The CDC launched an initiative to implement new models for diagnosing HIV infections outside traditional medical and health-care settings. Between 2005 and 2007, four sites were funded to conduct a demonstration project collecting data on sexual behavior, and to concentrate on rapid HIV testing on the campus of seven HBCUs. Findings indicate that only 42% of the 8500 students surveyed reported ever being tested for HIV (Thomas et al., 2008). Those who were more likely to have been previously tested for HIV were female, upperclassmen, living off campus, and had had multiple sexual partners in the past 12 months. Males reported more high risk behavior than females; however, they were less likely to be tested or know the status of the person they were having sex with. Between 2006 and 2007, the United Negro College Fund (UNCF), in collaboration with the CDC, collected data from 20 four-year public and private HBCUs (Sutton et al., 2011). Over 1,000 students participated and results indicate that 38% of those students surveyed were tested for HIV within the past six months, and 56% had ever been tested for HIV. Additionally, women were more likely to be tested for HIV than men, and there did not appear to be a significant relationship between HIV knowledge and testing among the students.

### Purpose

It is crucial to gather more information on perceptions of HIV testing, barriers to testing, and perhaps more importantly, how to increase HIV testing at HBCUs. To that end, the current study asks the following research questions:

RQ1: What are some of the reasons undergraduate students attending an HBCU avoid HIV testing?

RQ2: What do the undergraduate students suggest could be done to promote HIV testing?

## METHODS

### Participants

Participants were 57 heterosexual-identified African American undergraduate college students attending an HBCU located in a metropolitan area of the southeastern US. The ages of the students ranged from 18–25 ( $M = 20.76$  years,  $SD = 1.49$ , range 18–25). The HBCU is a midsized public, master's level university with an undergraduate enrollment of approximately 5,200 students. Approximately 75% of the undergraduate student population identifies as Black/African American, and the campus community is 70% women and 30% men. All freshmen and sophomore students are required to live on campus, while junior and senior level students have the option to live either on or off campus.

Nine focus groups took place on campus with students. Each group was digitally recorded and stratified based on gender and age. We felt this would enable a diverse representation, meanwhile allowing students to speak freely without the influence of gender and age impacting group dynamics. Additionally, we wanted to examine any possible confounding caused by gender, so we conducted co-ed groups (stratified by age). Three focus groups were conducted with women, three with men, and three with mixed gender. Two focus groups were conducted with younger students in each group (aged 18–21) and one with older students (aged 22–25). Heterosexual students between the ages of 18–21 make up the majority of full-time students on campus, so there were more groups accommodating them. See Table 1 for more socio-demographic information on students.

### Procedures

Participants were recruited on campus via Institutional Review Board (IRB)-approved fliers posted in common areas. The fliers provided the eligibility criteria, and indicated that students should contact the researcher if interested. Once contacted, a brief screening was administered to confirm eligibility. The project was a mixed-method project, so students were excluded if they were unwilling or unable to participate in either the quantitative survey or the focus group. Only the qualitative data related to the two research questions is presented in this manuscript.

The Principal Investigator (PI), an African American female psychologist with extensive experience in focus groups facilitation, conducted all of the groups with the females and the mixed sex groups. Another faculty member, an African American male sociologist trained in qualitative methods, conducted all of the focus groups with the males. Students were provided with refreshments and a financial incentive worth \$20 for their participation.

### Measures

Sociodemographic information collected included sex, sexual orientation, age, educational level, current relationship status, and usage of student health center.

**Interview Guide**—A semi-structured interview guide was developed by the Principal Investigator based on key issues and research related to sexual behavior and decision-making among African American college-aged students in the literature. The focus groups all opened with introductions, ground rules, and an explanation of the project.

### Data Analysis

For the qualitative analysis, latent content analytic techniques were used (Corbin & Strauss, 2008; Lincoln & Guba, 1985). Specifically, two of the authors independently coded half of the transcripts for specific themes and important issues related to the research questions by using a modified open-coding approach (Strauss & Corbin, 1990). This involved thematically organizing content in participants' responses into a preliminary categorical scheme, to which tentative labels were applied. Once the preliminary scheme was agreed upon, the authors then examined all of the transcripts. The categorical scheme was then examined in relation to the responses to evaluate the fit and the thoroughness of the categories. The authors then shared the preliminary categorical system with a third author to assess the exhaustiveness of the categorical system and to ensure that it properly captured all participant responses.

After reaching consensus on the reliability of the coding scheme, quotations that were deemed particularly representative of the categories were selected from the transcripts and agreed upon by the authors. The data analysis was then written and tied to relevant literature to explain the findings.

## RESULTS

Participants indicated several main reasons they thought people would avoid testing including being scared to know, preferring not to know, and the lack of discussion about HIV. To encourage people to be tested, the groups primarily suggested group testing, increasing basic knowledge, and showing the reality of HIV.

### Reasons to Avoid Testing

**Scared to Know**—Many of the participants indicated that one of the main reasons students do not get tested for HIV is that they are scared. Some indicated basic fears of needles and the test itself. Beyond the basic fear of the test itself, some indicated a fear of the stigma associated with HIV. One woman expressed this fear, "Of finding out that they might actually have HIV, because like, you know, seriously man it's like a bad stigma." This fear was not only due to stigma, but also to the seriousness and severity of the disease. One young man explained: "Scared, that's the number one reason tight there. Scared. And then especially when you hear that it's not curable and stuff. You don't want to get yourself into one of those situations. That almost like knowing you're going to die basically. Like people are scared of the truth really. So that's the main thing. Just fear." Fear of being positive, fear of being stigmatized, and fear of the test itself kept some from being tested for HIV, some people simply preferred not to know their status.

**Prefer Not to Know**—Some participants noted that many people they knew were happy to not know their status. By not being tested, people were able to maintain the feeling that they were negative and did not need to worry about HIV. Others noted that some people were not tested because they did not want to know if they were positive. One participant explained, “Yet you’re not afraid of what you don’t know. I mean ignorance is bliss.” The notion that not knowing your status was somehow comforting was shared by several of the groups. A woman commented:

“I think some people like to be blissfully unaware. It’s one of those seek you shall find, you know, I’m going to get tested and you know, so if they tell me I have it you know, now I know, but if I didn’t go, I would never have known.”

Others commented that not knowing your status also facilitated continued participation in risky behavior. Not being tested for HIV meant that people did not have to be critical of their actions, nor take actions to engage in safer behaviors. One man commented, “They don’t get tested because they might find out then they have to be responsible.” In general, participants in the study felt that one of the main reasons people did not get an HIV test was because they preferred not to know their status, simply to maintain their identity as HIV negative or to avoid having to change their behaviors.

**Don’t Talk About It**—One additional factor the focus groups discussed was that there was a lack of discussion about HIV in everyday discussions. Overwhelmingly, the participants said they did not talk about HIV at all unless something happened to someone they knew or it was being used as the subject of a joke. In fact, one young man said, “We talk about everything else.” A woman noted that a conversation about HIV would not just happen, “I mean it’s something that would have to trigger that conversation. It’s not a typical come out the blue.” For the most part, HIV was not discussed at all in general conversation.

When it was brought up in a discussion, it was sometimes the subject of a joke or gossip. One woman commented, “To me well in my circle it’s usually a joke. Like talking about AIDS or HIV or STDs or something like that.” Other conversations were more about gossip and who might have and STI than actual safe behaviors. Another woman explained, “it’s more gossip it’s not oh, yes how are you going to protect yourself tonight? It’s nothing like that.” The consensus among participants was that HIV and HIV testing was not the subject of normal conversation about health or behavior, rather it was material for occasional gossip or jokes. One man summed it up by saying, “They’re not gonna talk about it unless you put it in their face, like nobody’s gonna just start up a conversation about HIV and AIDS when you’re just sitting on the campus.” Without any discussion about HIV and testing, there is no peer pressure to be tested and engage in safe behaviors. By not talking about it, the fear and blissful ignorance continue to be enough motivation to avoid testing.

### Ways to Encourage Testing

While the participants in the focus groups identified being scared, being happy not knowing their status, and the lack of conversation about HIV as reasons that people did not get tested, they also provided ideas about what might encourage students on college campuses to be

tested. In particular they noted a desire for group testing opportunities, a need for an increase in HIV-related knowledge, and the need for a realistic view of life with HIV.

**Group Testing**—Many of the focus groups discussed the need for group testing opportunities where groups of friends could go together. They suggested that this type of group testing experience would provide comfort to people throughout the experience. In addition, the participants indicated the feeling that everybody's doing it might contribute to their willingness to be tested. One woman commented, "If everybody else is doing it, like everybody else will try to do it." Examples such as campus-wide HIV awareness days were used as examples of providing the experience for everyone. One woman explained:

"Like socially, a lot of people go along with the majority, so on this day if the majority of the campus says, "I'm going to get tested for AIDS 'cause that's what the day is about," and you know? The majority of the people are gonna follow that."

Opportunities to attend events that include testing were suggested as a way to allow groups of friends or couples to seek testing in a non-threatening environment. In particular, these opportunities also provided participants a chance to be tested without worrying about people seeing them entering or exiting a clinic and becoming the subject of gossip.

An additional advantage of providing large scale testing opportunities is the potential impact on individual testing behavior. One young man explained that being able to test with friends the first time alleviated his fear to be tested on his own, "Like I'm not gonna go by myself and feel like I'm just completely by myself on this for the first time. After I did the first time it was like, "Okay, I'm just go ahead and just do it here and there and by myself, whatever." But the first time I don't know, it feels like [INDISCERNIBLE]. Oh, let's go out and let's go get tested, and I'm like mmm, that just might be the extra pressure to go do it." Being able to test with friends provided both a sense of comfort, as well as some peer pressure to be tested in the first place.

**Increase Basic Knowledge**—Participants in the focus groups indicated at a number of places throughout the discussions that there is a general lack of knowledge about HIV/AIDS. In particular, several of the groups noted that more people would get tested if they were provided with more information about the transmission of HIV. Without the correct information about how HIV is transmitted, there is less urgency to be tested and engage in safer behavior. One group had the following exchange:

**Participant:** I don't think people are aware of exactly how. Like I think people place a lot of stipulations on what you can get and how exactly you can get it from someone.

**Interviewer:** So problems and confusion about transmission?

**Participant:** Yeah, yeah, that's it.

**Participant:** A lot of people still don't understand how dangerous it is to have unprotected oral, oral sex or whatever.

Because people do not understand completely how HIV is transmitted, they are unable to accurately assess their personal risk for HIV. As a result, many feel that they are not at risk. One woman commented, “Nobody think they can get it.” Another young woman elaborated further:

“Okay I think a reason why a large reason why people catch HIV is because not all people know for sure exactly how you get it. You get what I’m saying. It’s like I know the logic of some people that I know it’s like okay well if I know she’s clean, if I know she’s only been with dude and they had protected sex I know that I could probably go along with her and it be okay.”

Several groups discussed the feeling that their peers did not feel they were at risk for HIV, while slightly over half of the participants indicated little to no risk for HIV. However, one young man remarked, “Not even that they don’t think it can happen to them, they don’t know how they can get it.” Without clear knowledge about how HIV is transmitted, people lack an understanding about their risk for HIV. Without a clear idea about risk, people are not motivated to engage in regular HIV testing.

**Show Reality of HIV**—Beyond increasing the knowledge surrounding transmission of HIV, many of the groups discussed the need to provide portraits of people living with HIV and what that life entails. There was a feeling that there is a lack of awareness of what being HIV positive really means including taking the medications and other medical complications. One young man explained the need for an example by saying, “So, I think that the availability of an example affects people. People talk and talk and talk about AIDS but you never see somebody right in front of you that has it.” In addition to the lack of an example, participants also noted that some examples that are available to many people look healthy which can also be a problem. One young man explained:

“I think like if people knew the true consequences of because you see people who’ve had it, who’ll admit it and come out of the battle or not. But it’s like, what’s wrong with them? You don’t see nothing wrong with them. They’re living; they’re strong enough to talk about it. Well I might be straight then. If there’s no symptoms and you can’t tell right now, you don’t know the immediate consequences of it.”

Because the examples people have seen are healthy looking people, the real experience of living with HIV is distorted, making an HIV diagnosis seem less devastating. Participants not only talked about the physical aspects and challenges of living with HIV such as symptoms and medication, but they also noted the interpersonal dimension of having to address HIV status with future partners. One woman explained:

“And if people seriously if the fear of death and uncomfortable life really was instilled in people they would really straighten up because a lot of stuff that we’re talking about here really hit home because it’s like you don’t think about stuff like that. You don’t think about taking large pills five times a day or telling someone you may be feeling two years down the road and you really may be interested in having a serious relationship with them you know I really care about you and I really want to take this to the next level but...”



Participants explained that people living with HIV who appear healthy make testing appear to be less urgent. Responses indicated that there is a lack of knowledge about what being HIV positive and living with HIV means, which is an important consideration for testing campaigns.

## DISCUSSION

Knowledge of HIV serostatus is important in prevention and intervention efforts to decrease the transmission of HIV. Routine voluntary HIV testing has been identified as highly effective and inexpensive (Walensky et al., 2007). Much like previous studies with African American college students, our participants felt they were at low-to-no risk of contracting HIV (Alleyne & Gaston, 2010; Lincoln & Guba, 1985; Thomas, et al, 2007).

### Reasons Not to Test

Three major subthemes were discussed as reasons for African American students not taking an HIV test: fear, lack of desire to know serostatus, and lack of communication about HIV. Our finding that students were scared to know the results of an HIV test and that many preferred not to know were consistent with the Wallace et al. (2011) study. They found that stigma was negatively associated with HIV testing behavior among a sample of low-income heterosexual African American young adults (ages 18–25) in urban and rural areas. The fear associated with HIV testing was rooted in the stigma that comes with being HIV positive, and what that means for a young person on campus and in their community. While there is already stigma attached to HIV and AIDS as diseases, an additional layer of stigma is that students are on a smaller college campus where gossip and other youth-related forms of communication are rampant. The stigma attached to being HIV-positive would possibly impact their ability to maintain a ‘normal’ college experience.

Additionally, thinking about the severity of the disease was an unwanted wake-up call because a positive HIV test confirms mortality during a time period when young people think of themselves as ‘invincible.’ As a result, many of the students wanted to maintain a sense of uncertainty. If uncertainty is appraised as an opportunity or a positive experience, research has indicated that some people may seek to maintain their uncertainty (Brashers, 2001). One way of maintaining uncertainty is to avoid information, including avoiding situations where you might get information such as a testing situation. By maintaining uncertainty, the students are able to continue feeling invincible and engaging in risky behaviors. Uncertainty was also maintained by avoiding discussion of HIV in general. The lack of communication about HIV is potentially a result of avoiding information so the students can remain uncertain about others’ experiences with HIV and the status of potential partners.

Students indicated that there was an overall lack of communication about HIV among peers and in the campus community. This is consistent with previous research that indicated that college students lack communication skills to practice safer sex (Power & Segrin, 2004) and may rarely or never discuss how condoms reduce exposure to STIs (Troth & Peterson, 2000). Much of this research calls for HIV/AIDS campaigns to include interpersonal communication strategies that these students seem to be lacking (Sheer & Cline, 1994;

Waldron et al., 1995). Discussion appeared to center around health issues that students saw as ‘immediately’ changing their lifestyles such as STIs and pregnancy. It is important to talk about HIV and HIV testing as part of standard, routine health education, preventative behaviors, and screenings. It is possible that stigma may be affecting students’ perceptions of who becomes HIV positive. Often the images and messages in the media highlight specific groups more vulnerable to HIV infection (e.g., men who have sex with men, injection drug users, sex workers) that many students in our study did not identify with. Therefore, pregnancy and even STIs were thought to be more prevalent and likely for heterosexual-identified young people—even though they are engaging in risky sexual behavior.

### Ways to Promote HIV Testing

Interestingly, confidentiality was not a major topic of discussion with our participants as it has been in similar studies (Alleyn & Gaston, 2002; Thomas et al., 2008). In fact, students felt that providing opportunities to test with friends, or in groups, is a great way to encourage more testing and potentially reduce the stigma associated with testing. While it is not uncommon in foreign countries to see testing initiatives that include family or social groups, in the US, private, individual testing experiences are the norm. Results of this study indicate that perhaps offering an option for groups of people to be tested at the same time might encourage participation. In particular, some of the students mentioned that if they could test as a group, they felt they would not be afraid to be tested as an individual moving forward. Sharing the initial experience with friends to dispel the fear of testing could potentially be a gateway for regular testing in the future. In addition, if an entire group is tested together, no one stands out as the one who was tested or decided to seek information about HIV, limiting the stigma. While students seemed very enthusiastic about this suggestion, this may present an interesting quandary for testing and health personnel. On one hand, increasing students’ willingness to test is important and having them go with their friends or in a group is an excellent way to do this. However, for those who are not part of the group, this may increase conversation about *why* someone feels they need to be tested, unless they were engaging in high-risk behavior. In an environment such as a college campus, researchers and providers have to always be mindful of how important perception and reputation are to students during this developmental period.

Finally, students acknowledged that young people in this age group needed to be more educated on HIV and associated risk factors. Overwhelmingly participants felt they were knowledgeable about modes of transmission; however, they did not feel this was the ‘norm’ for other students on campus. Important issues that need to be explained more for students are the actual procedure of receiving an HIV test, life expectancy with HIV, and quality of life issues. Hutchinson et al. (2004) found that there were numerous misconceptions about rapid and routine HIV testing procedures with inner city participants. Although this study was with adults, this demonstrates the importance of addressing these incorrect perceptions with young people so that, perhaps, more people will feel comfortable testing early and often, if necessary. Communicating accurate facts about HIV are needed on college campuses. There appears to be a disconnect for some young people between the HIV statistics of ‘at-risk’ groups, and many of the images shown in the media. Students are

interested in knowing why someone like Magic Johnson does not look ‘sick’ and appears to live a full, successful life. Students do not appear to be interested in subtlety—they want in your face messaging that is culturally and age appropriate. It is important in HIV prevention and testing promotion that young people see images that they relate to—“people we respect” (Wallace et al., 2011). This may play a major role in convincing young people to accurately assess their risk, and be more open to knowing their serostatus.

Our findings provide much needed information on HIV testing among heterosexual-identified African American undergraduate students on an HBCU campus. The CDC has identified HIV testing as pivotal to slowing the spread of HIV, and currently recommends routine testing as part of primary care for adults, adolescents, and pregnant women (Branson et al., 2006). It is important to encourage HIV testing as primary, or possibly secondary prevention, for young sexually active people; however, it is also important to explore options other than primary care facilities. Payne and colleagues (2006) explored the possibility of using non-clinical settings and found that HBCUs were a viable model for students, especially for male students who utilize traditional healthcare at a lower rate than females. It is important for college officials, researchers, and healthcare providers on campuses to assess the feasibility and acceptability of HIV testing on campus.

A critical consideration for effective health education and promotion programs on campuses is to recognize, examine, and integrate the unique context in which the students function. There are certain emically-defined cultural and environmentally relevant contexts on a college campus that have to be considered, and college healthcare professionals perform a vital role (Younge et al., 2013). For instance, our students indicated that stigma was an important factor influencing why some would not get tested for HIV. For this HBCU a comprehensive sexual health/health education program should include discussions about ways to address HIV stigma and how to help students begin and continue a productive dialogue about HIV—that is not based solely on fear and speculation. With the high numbers of sexually active students on college campuses, combined with the sexual experimentation that occurs during this developmental stage, it is imperative that student health centers are involved in encouraging young people to get tested. We know that testing may serve as a bridge for providing earlier treatment and encouraging behavior change among people already infected with HIV or at risk for HIV infection. The promotion of HIV testing as part of overall health at HBCUs is crucial.

### **Limitations and Strengths**

The findings from this study reflect the experiences of students on one HBCU campus in the southeastern US. This exploratory study had a small sample size that so the findings are not generalizable to all students on campus, or to all African American college students attending other HBCUs. We were interested in heterosexual-identified students so those who identify as non-heterosexual (e.g., men who have sex with men) may have different barriers to testing for HIV, as well as diverse suggestions for getting more young people to know their serostatus. These limitations notwithstanding, this study provides information on a population not often represented in the literature on HIV testing—heterosexual-identified African American college students attending an HBCU. Another strength is that the data

from this study may provide invaluable information concerning barriers to HIV testing, and ways to address these barriers within a population that has limited exposure in published public health and behavioral research.

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**Table 1**

## Sociodemographic Information

Variable	Entire Sample (N=57)	Males <sup>a</sup> (n = 23)	Females <sup>a</sup> (n = 29)
Mean Age	20.76	21.13	20.38
• SD	1.49	1.55	1.40
• Range	18–25	18–25	18–23
Educational Level			
• Freshman or Sophomore	32.7%	17.4% *	44.8% *
• Junior or Senior	67.3%	82.6% *	55.2% *
Current Relationship Status			
• In a Committed Relationship	57.7%	56.6%	58.6%
• In a Casual Relationship	17.3%	21.7%	13.8%
• Not Currently Involved	25.0%	21.7%	27.6%
Student Health Center			
• Ever used?	71.9%	73.9% ***	82.8% ***
• Use as primary healthcare provider?	15.8%	13.0%	20.7%

Note.

<sup>a</sup>Missing demographic data for 5 participants

\*  $p < .05$

\*\*\*  $p < .001$