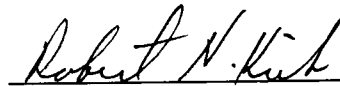


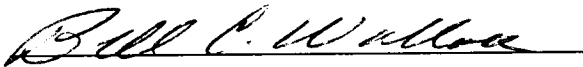
To the Graduate Council:

I am submitting herewith a dissertation written by Deitra M. Reese entitled "A Study Assessing the Health Risk Behaviors of Students Attending Historically Black Colleges and Universities." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Human Ecology.



Robert H. Kirk, Major Professor

We have read this dissertation
and recommend its acceptance:







Accepted for the Council



Associate Vice Chancellor and
Dean of the Graduate School

A STUDY OF THE HEALTH RISK BEHAVIORS
OF STUDENTS ATTENDING
HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Deitra M. Reese

August 1998

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DEDICATION

To my Lord and Savior Jesus Christ, for without you nothing is possible. To my beautiful, little angel, Kairah Askani Lee, it is you who has brightened my life with a joy and love I did not know was possible. To my mother, Rosa Lee Reese, through displaying your strength, love and support for me, I have achieved my goals.

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Abstract

The primary purpose of this study was to assess the self-reported health risk behaviors of a sample of African American college and university students attending state funded historically black colleges or universities. The secondary purpose of this study was to develop a health instruction framework for African American colleges and universities.

Eleven state funded four-year historically black colleges and universities participated in this study. The National College Health Risk Behavior Survey (NCHRBBS) was administered to seven hundred and eight students. After the data were tabulated the percentage of students engaging in negative health risk behaviors was determined. These percentages were used to exhibit the students' self-reported health risk behaviors.

Individual variables of particular interest to the researcher included: (1) behaviors that result in unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; (5) dietary behaviors; and (6) physical activity. The type, frequency, and total number of responses were determined and presented in tabular

form. Calculation of overall percentages and breakdown into problem areas according to major variables (classification and gender) was then possible. Chi square analysis was used to test whether a significant difference existed between African American women and men and between school classification (group of first and second year students and group of third and fourth year students).

Findings revealed the following: (1) African American male college students are more likely than African American female students college to engage in behaviors that may increase their health and safety risk of premature death and (2) class ranking does not appear to be an important determinant of the level of health risk behaviors for African American college students.

Based on the results of the findings a health instruction framework was designed. The purpose of the framework is to provide direction for the development of effective health instruction programs for African American college students and included the following conceptual areas: 1) Safety and Violence; 2) Tobacco Use; 3) Alcohol and Other Drug Use; 4) Sexual Behavior; 5) Nutrition; and 6) Physical Activity.

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CHAPTER I

FORMULATION AND DEFINITION OF THE PROBLEM

INTRODUCTION

Although mortality rates from the three leading causes of death among Americans have declined (heart disease, stroke, and cancer), this is not true for African Americans (Walden, 1994). Disparities in the health status of African Americans and White Americans have always existed. Minorities, specifically African Americans, are disproportionately affected by a variety of health problems. These including the two leading causes of death, cardiovascular disease and cancer (Ford and Goode, 1994). This discrepancy may be caused by factors such as differences in lifestyle or lack of access to care, and low socioeconomic status.

The death rate for African Americans is approximately one and one-half times higher than that of whites and the life expectancy of blacks is also declining. In order to combat the problem of "lifestyle" diseases, which occur later in life, health educators and professionals need to address the problem during the adolescent and young adult years. Recognizing the need for prevention programs in the African American community, the health status of African

American college students may serve as an indicator of the overall health of black Americans assumed to be at risk of diseases attributed to lifestyle.

The key for modern day preventive medicine is an individual's acceptance of self-responsibility for his or her own health. There are special periods when health promotion efforts should be put forth to enhance and maintain an individual's state of well-being. One such time is when young adults attend college. This is a time when most students gain a new level of control over their lifestyles and life choices (Coons, McGhan, Bootman, and Larson, 1992). Many African-Americans are raised in an environment where there is limited access to health care. In addition, many of these individuals enter college unaware of high risk behaviors that will affect their health in the future.

Healthy People 2000, published by the U.S. Department of Health and Human Services, outlines a national strategy for preventing disease due to lifestyle. Healthy People 2000 makes the following challenge:

The challenge of Healthy People 2000 is to use the combined strength of scientific knowledge, professional skill, individual commitment, community support, and political will to enable people to achieve their potential to live full, active lives (US Department of Health and Human Services, 1991).

PURPOSE OF THE STUDY

The primary purpose of this study was to assess the self-reported health risk behaviors of a sample of African American college and university students attending state funded historically black colleges or universities. The secondary purpose of this study was to develop a health instruction framework for African American colleges and universities.

RESEARCH QUESTIONS

Based on the purpose of this investigation the following research questions were derived:

Primary

1. What are the self-reported health behaviors of African American college students attending a state funded historically black college or university?
2. In what ways do African American male and female college students differ in their reported health behaviors?
3. What are the differences in health behaviors between African American lower class students (first and second year) and upper class students (third and fourth year) attending state funded historically black colleges

and universities?

Secondary

4. What major findings of the study will serve as the basis for the development of a health instruction framework model.

NEED FOR THE STUDY

While the topic of African American college student health is often discussed, it is less frequent the objective of research. At present only a handful of researchers have conducted research on the health risk behaviors of African American college students. A need exists for more baseline data on the health behaviors of this population. National studies on health issues pertaining to college students have been conducted, but the number of African Americans participating in the studies were often too small to allow researchers to develop conclusions. Information concerning the health status of this population may help us to understand the mechanisms that encourage unhealthy as well as healthy behaviors in this particular ethnic group.

Since there are few available studies analyzing the current health risk behaviors of African American college students, the analysis of these data can increase the information pertaining to the health risks of African

Americans. Studies that focus on the health behaviors, practices, knowledge, attitudes, and beliefs of African Americans will enable health educators and others to design appropriate programs or activities that may empower and motivate individuals toward more healthy lifestyles.

Traditionally, health care delivery in college and university settings are designed without specific consideration of needs for African Americans or other ethnic minorities students. A majority of the professionals have traditionally formulated health policies and program development for colleges and universities. According to Passick (1987), the following consequences result:

1. Lack of attention to inquiry and programming specifically addressed to minority health concerns; and
2. Attempts to implement strategies developed from research on middle income Whites to non-White, non-affluent populations that are subsequently unresponsive.

Warren (1992) believes, in order for health education to be most effective for the African American, a holistic rather than a disease-specific approach is needed. Health education for African Americans must be comprehensive in scope. It must address issues of education, employment, housing, income, and racism as well as health status. She also states a health education pedagogy for African Americans that emphasizes a positive self-concept can make

health education programs much more effective. Strategies and tactics must include correcting defective self-concepts resulting from individual and institutional racism (Warren, 1992). Health education must consider the value of African American life while addressing issues that improve the quality or quantity of that life.

Educational administrators generally have become or are becoming more aware that the traditional educational delivery system, including the health care delivery systems in college/university health centers, fail to meet the particular needs of African American and other ethnic minority students. One method to meet these needs would be the development of a model health instruction framework. The program would include: planned activities in an educational setting in an attempt to develop attitudes and practices of healthful living that may enable African American college students to reach high levels of wellness.

Historically black colleges and universities educate more than 200,000 African American college students a year (U.S. Department of Education, 1997) giving way for the opportunity to play a significant role in disease prevention and health promotion for this population.

BASIC ASSUMPTIONS

This study was conducted under the following set of assumptions:

1. That the instrument used to collect data was valid and reliable for identifying health behaviors.
2. That each participant in the study completed the questionnaire in an objective and open manner when providing information concerning his or her own health risk behavior.
3. That the findings were valid for health instruction framework development purposes.

DELIMITATIONS

The following delimitation was established for this study.

1. The study was delimited to African American college students attending state funded historically black colleges or universities.

DEFINITIONS

Terms included in the following section were operationally defined as utilized in this study.

1. African American: An individual residing in the United States who is a descendant of one or more Black parents.

2. Health: A state of well-being allowing one to deal with physical, environmental, biological, cultural and social stress; as well as the freedom from the risk of disease and untimely death.

3. Health Risk Behavior: Individual and lifestyle choices such as drug abuse, tobacco use, etc. may decrease health maintenance and lead to premature death.

4. Historically Black College or University: A four year, post secondary academic institution established primarily to foster the educational needs of African American college students.

5. Health Instruction Framework: A health instruction module providing direction for the development of an effective health instruction program targeting African American college students.

SUMMARY

African Americans are disproportionately affected by a number of health problems. Many of these problems are attributed to health behaviors such as tobacco use, alcohol use, etc. There is a need to assess these health risk behaviors during adolescence and young adulthood. Assessing the health risk behaviors of African American college students may indicate the future health status of African Americans. The purpose of this study was to assess the self-reported health risk behaviors of African American college students attending state funded historically black colleges and universities. This study was organized as follows:

Chapter I addressed the introduction, need for the study, purpose of the study, statement of the problem, research questions, assumptions, limitations, delimitations, and definitions of terms.

Chapter II consists of a review of the related literature.

Chapter III presents the research methodology and includes sample selection, selection of the instruments, data collection and procedures, and methods of data analysis.

Chapter IV includes the data analysis.

Chapter V contains the summary, findings, conclusions, and recommendations.

Chapter VI includes the health instruction framework.

Chapter VII includes observations about the study, strengths and weaknesses of study, and future directions.

CHAPTER II

REVIEW OF RELATED LITERATURE

INTRODUCTION

The primary purpose of this study was to assess the self-reported health risk behaviors of a sample of African American college and university students attending state funded historically black colleges or universities. The secondary purpose of this study was to develop a health instruction framework for African American colleges and universities.

Health and safety risk behaviors affecting African American college students include alcohol abuse, tobacco use, unhealthy dietary behavior, lack of exercise, and behaviors related to intentional and unintentional injury. Many of these behaviors are established during adolescence and extend into adulthood. Therefore, it is important to identify these behavior patterns and educate young people about changing their unhealthy behaviors to more positive ones.

Studies addressing the health status of African American college student health are scarce. At present only a handful of research has been conducted on the health and

safety risk behaviors of African American college students. In order to increase the health status of African American college students, efforts need to be made facilitating primary and secondary prevention programs. Recognizing the need for preventative programs, the health status of African American college students may serve as an indicator of the overall health of African Americans assumed to be at risk of diseases attributed to lifestyle.

The following objectives have been developed by Healthy People 2000 targeting African American college students and may help improve the health status of the African American community: (1) Reduce the proportion of college students engaged in heavy drinking of alcoholic beverages to 32 percent of college students from the baseline of 41.7 percent; (2) Reduce cigarette smoking prevalence of blacks aged 20 and older from 34 percent to 18 percent; and (3) Reduce overweight prevalence from its baseline of 44 percent for black women aged 20 and older to 30 percent.

This chapter presents literature related to the health status of African American college students and has been divided into three sections. Section I contains a brief review of the literature related to health and safety risk behaviors that may cause premature death among African Americans. Section II has reviewed information regarding the National College Risk Behavior Surveillance System.

Section III consists of studies related in the utilization of the National College Risk Behavior Surveillance System on the African American college student population.

LITERATURE RELATED IN CONTENT

Behaviors Resulting in Unintentional and Intentional Injuries

According to Baker and colleagues (1992 in Livingston, 1994), injury is the leading cause of death nationwide, for Americans aged 1 to 44 years. When focusing on African American college students, no published literature was found on behaviors related to unintentional injury such as safety belt use, drownings, or motor vehicle crashes.

Rivera (1995) has defined intentional injury as a consequence of criminal behavior, involving individuals who are injury victims, but who may also be perpetrators of crime as well. In the United States homicide and suicide account for approximately 26% of all intentional deaths among the 15-19 age cohort and costs approximately 60 billion dollars each year (USDHHS, 1990b & U.S. Department of Justice, 1996).

For African Americans aged 15-22, homicidal deaths rank higher than any other racial group in the United States and

may even rank among the highest in the world (Fingerhut & Kleinman, 1990). Recently, homicide has become a major cause of death among African American females aged 15-34. Although the homicide rate for African American females is substantially lower than that of African American males, homicide among African American females has risen faster than that of any other race-gender grouping in the United States (Durant, 1994). According to Mercy & Fenley (1991) the homicide rate for young Black women is three and a half times higher than young White women in the same age group.

Researchers believe the rise in homicides among the African American population may be attributed to the increased accessibility of firearms to African American youth. According to Hawkins et al (1992), among African American males, 70% of all homicides involved the use of a firearm. Other researchers believe increased exposure to violence (i.e. witnessing violence on television, movies, in the community, and in the home), early physical abuse or being a victim of violence are among reasons why homicides have increased among African Americans (Durant, 1994). Gipson (1996) assessed the effect of viewing episodes of a violent video on the level of hostility among African American college students attending a HBCU. His secondary purpose assessed whether differences existed among this population with regards to levels of extrapunitive and

intrapunitive hostility. The researcher sampled one hundred and thirty students utilizing the Hostility and Direction of Hostility Questionnaire and showed a video consisting of 20 twenty minutes of violence. The students were divided into four groups: two treatment groups and two control groups. Using the Solomon Four-group design to control for all threats to external validity, the researcher concluded that a pretest treatment effect resulted for those who were in the pretest group and a treatment effect existed for those who saw the violent video.

Rodney et al (1997) surveyed 1,874 male undergraduates attending 11 historically black colleges and universities. Participants in the study completed the Past Feelings and Acts of Violence Scale, the Social Support Scale, and the Family of Origin Scale. The authors concluded that the health of the students' interpersonal relationships in the family during adolescence, as well as the informational and emotional support from the students' mothers and significant others, were found to be significantly associated with feelings of violence and past acts of violence.

Lederman (1995) reviewed violent crime reports from 796 college campuses with student enrollment over 5,000. All 796 institutions reported that robberies had increased 2.2 percent and aggravated assaults increased 2.7 percent from 1992 to 1993. The researcher also reported a 11 percent

rise in arrests for weapons violations and 34 percent increase in the number of arrests for violations of drug laws.

Currently, suicide is the third leading cause of death in the 15-24 year old cohort. From 1980 -1992, the number and rate of suicides, for persons aged 20-24, decreased for all racial and gender groups except African American (Division of Violence Prevention et al, 1995). Lester (1991) compared social correlates of African American statewide suicide rates to Caucasian rates. The findings indicated African American rates of suicide were higher in the northern region of the United States.

Molock et al (1994) utilized the Beck Depression Inventory, Scale for Suicidal Ideation, and a suicide experience questionnaire to sample 233 African American college students who attended a predominantly Black college. The researchers found that suicidal rates among African American college students were similar to that manifested in White college students with the exception of two critical areas: less suicidal ideation and less use of alcohol or illicit drugs during the suicide attempt.

Nottingham et al (1992) compared African American students attending a predominantly white university with those attending a predominantly African American university on measures of depression, hopelessness, suicidal ideation,

psychosocial stress, self-identity, and self-esteem. No significant difference existed between students attending African American or White universities on the variables of depression, hopelessness, or suicidal ideation.

Tobacco Use

Approximately one-half of all smokers initiate their regular smoking patterns before age 18 (CDC, 1993). This finding is supported by a study conducted by Nelson et al (1995), which found almost 90% of smokers surveyed, ages 30-39, reported having smoked their first cigarette by age 18. Tobacco use, particularly in the form of cigarette smoke, is the second most used drug in the United States and is the best documented cause of early cancer morbidity and mortality, accounting for over 35% of all cancer deaths in the United States. (Shopland, Eyre, and Pechacek, 1991).

Baquet and Gibbs (1992) conducted a study that found the prevalence of smoking was higher among African Americans (34%) than among whites (28.8%). The researcher concluded the racial difference in smoking was due mainly to the high smoking rates of African American males.

Although some research shows an increase in smoking among the African American population, it may not be the case for African American college students. According to

Ford and Goode (1994) only 14 percent of the students sampled smoked cigarettes. This was very low in comparison with results from a national survey. A study conducted by Kelley and Lowing (1997) also revealed most of the African American students (95%) did not currently smoke cigarettes.

Alcohol and Other Drug Use

Alcohol is by far the most frequently used drug in the United States (NIDA, 1991, in Livingston, 1994). According to Eigen (1990) the average college student will spend more money on alcoholic beverages than for text books (\$446 per individual). Ford and Goode (1994) found that more than one-half of the African American college students sampled drink alcohol. Another study revealed 77.8 percent of the respondents currently drank alcohol and of those who drank, 19.2 percent drank weekly; 39.6 percent, monthly; 28.4 percent, one to two times a year; and 12.8 percent drank less than once a year (Ford and Carr, 1990).

College men are twice as likely to be heavy drinkers than college women and when under the influence of alcohol, men are more likely to perpetrate destructive acts (Wechsler & Isaac, 1991; Berkowitz & Perkins, 1987). Ford et al (1994) indicated that men consumed more alcohol than women. The author stated this finding may be attributed to the male

social support network that encourages heavier drinking.

Sly (1995) examined the relationship between drinking behavior and psychosocial and psychological correlates among African American students. Two hundred and twenty-seven students completed the Background and Personal Data Questionnaire, the SSS Form V, the Adult Form of the AEQ, the NEO-FFI and the Roseberg Self-Esteem Scale. Findings indicated that gender, regionality, sensation seeking, alcohol expectancies, religiosity, and educational aspirations were related to drinking behaviors for African American college students.

Williams et al (1993) surveyed African American and white college students attending a predominantly white institution. The researchers utilized the Student Alcohol and Other Drug Usage Questionnaire to compare alcohol and drug use among both populations. Significant differences revealed alcohol abuse is less of a problem for African American college students.

Gonzalez (1990) examined the differences in alcohol consumption and related problems among White, African American, and Hispanic college students. Results showed that White college students had significantly higher quantity and frequency of alcohol consumption than African American or Hispanic college students. Another study conducted by Globetti et al (1996) also indicated that the

majority of African Americans at a predominantly white university drank in a responsible manner and other drug use was almost nonexistent when compared to their white counterparts.

Sexual Behaviors

Although many sexually transmitted infections (STIs) can be successfully treated and cured, unprotected intercourse is becoming one of the most rapidly increasing causes of death in the country. Each year eight million people under the age of 25 contract a sexually transmitted infection including HIV (McGinnis & Foege, 1993). Johnson et al (1994) states numerous studies have indicated that HIV is spreading at an alarming rate within the African American population. African Americans represent 12% of the population, but account for more than 30% of the total AIDS cases (Chideya, 1995). According to the CDC (1997) AIDS cases among African Americans increased from 21 percent in 1982 to 42 percent in 1996 and HIV infection/AIDS is now the leading cause of death among African American women aged 25-44.

A major risk factor in STI infection is alcohol use. Approximately 60% of all contracted STIs occur while under the influence of alcohol (CASA, 1994). Other risk factors

include use of illicit drugs, multiple sex partners, no condom use and sharing needles.

Harvey et al (1997) examined differences in condom use among African American college students. The researchers investigated how perception of contraceptive characteristics vary by gender and determined which combination of contraceptive attitudes best discriminated between condom users and nonusers. The Contraceptive Attributes Questionnaire-2 and a background questionnaire measuring demographics, sexual behavior, and actual and intended contraceptive use was administered to two hundred and forty-four African American college students. Results of the study indicated significantly more men than women reported condom use, both actual and intended. Women and men differed in the importance they placed on contraceptive characteristics and in their perceptions of both the condom and the contraceptive pill. Harvey and colleagues concluded that prevention efforts to promote condom use must be gender specific as well as culture specific if they are to be effective.

Ahua (1995) examined factors that influenced inconsistent condom use among African American college students attending colleges and universities located in Indiana. Eight hundred students completed a condom use self-efficacy survey. Analysis revealed females were

significantly more likely to demonstrate higher condom use self-efficacy than males.

Johnson et al (1994) examined HIV/AIDS prevalence, sexual behaviors, drug use, sexually transmitted diseases and attitudes of African American college students infected with HIV/AIDS. Students completed self-report measures of attitudes and emotional reactions to condom use, AIDS knowledge and attitudes, perceived AIDS risk, and drug use. Of the students surveyed 3.2 percent reported HIV/AIDS infection and those infected lacked information pertaining to HIV transmission. Students infected with HIV/AIDS were more likely than students not infected to report always using condoms with their partners and were more likely to engage in high risk behaviors (i.e. have anal intercourse, experience sex with prostitutes, and use drugs. This population was also more likely to be infected with another sexually transmitted disease.

McLean (1994) described the development of the Ujima project that provides HIV risk reduction and prevention among African American college students. The project staff trained 10 peer educators-mentors addressing culturally specific factors, understanding attitudes about issues regarding HIV, targeting behavioral changes, and building effective mentoring and education skills. Trainers then acted as mentors to first year students in traditional

workshop settings. Mentors provided students with correct information about HIV risk reduction, promoted life skills that enhanced self-esteem, and provided ongoing social support in a culturally sensitive manner. An evaluation of the program showed positive changes in students' HIV/AIDS related knowledge, attitudes, and behaviors.

Wallace (1994) examined AIDS risk behavior knowledge, African Self-Consciousness, condom attitudes, health protective sexual communication, perceived threat of AIDS to the African American community and past condom use among African American college students. Results found that there were significant relationships among the variables. For male subjects, African self-consciousness and perceived threat of AIDS were not found to be predictive of intended low risk behaviors, but perceived threat of AIDS was predictive of past low risk behaviors. For females, African self-consciousness and perceived threat of AIDS and contraceptive use were not found to be predictive of intended low risk behaviors, but contraceptive use was predictive of past low risk behaviors.

Johnson et al (1992) examined whether the prevalence of sexually transmitted diseases and drug use is higher among African American college students with multiple sexual partners. Findings revealed men were more likely than females to have multiple sex partners. Attitudes about

condom use differed significantly by gender and by multiple sex status. Angry reactions regarding the negotiation of condom use occurred more with men. The male and multiple sex partners group engaged in more risky sexual behavior. These groups also had a significantly higher incidence of gonorrhea. The study also revealed, while the multiple sex partners group had significantly more smokers, drinkers and crack users, men were significantly higher consumers of marijuana and alcohol.

Johnson et al (1992) surveyed African American male college students on the rates of sexually transmitted diseases and at-risk and protective sexual behaviors. Results of the study indicated a high risk existed in this population, especially for multiple sexual partners and participation in casual sex.

Thomas et al (1989) examined the knowledge of basic AIDS-related facts of African American college students attending a predominantly white university. Overall, knowledge of basic AIDS-related facts was satisfactory. Students who reported engaging in high-risk behaviors had statistically significant lower mean knowledge scores than those who reported not engaging in those same high-risk behaviors. The researcher concluded a need exists to increase efforts to deliver AIDS information specifically targeting individuals who may be engaged in high risk

behaviors and special health education programs must be developed to focus attention on risk behaviors rather than risk groups.

Dietary Behaviors

Information on the dietary patterns of African American college students is limited, but researchers believe many African Americans consume diets consisting of high meat consumption, fried foods, and eggs. A diet of this type is indicative of high fat and cholesterol, which may lead to chronic diseases such as heart disease and stroke. Obesity is a major chronic problem affecting African Americans, especially women. According to a study conducted by Van Itallie (1985), 44 percent of black women aged 20-74 years sample were classified as overweight, a rate nearly twice that of white women. Another study conducted by Ford et al (1994) revealed more than 25 percent of the African American female college students reported being overweight.

Sheridan (1994) conducted a study to determine whether African American and Native American college students would exhibit symptoms associated with eating disorders when exposed to the "white" environment. The researcher hypothesized that social environment or socio-cultural factors may be contributing to characteristics associated

with eating disorders among ethnic minorities in American higher education. Two hundred and eleven students completed the Bulimia Test-Revised (BULIT-R). Data analysis revealed there was no significant difference in the characteristics associated with eating disorders in ethnic minorities. The research hypothesis was not supported.

Rucker and Cash (1992) examined various aspects of body image and eating behaviors among African American and white female college students. The researchers assessed body image attitudes, body image perception, weight concerns and eating behaviors, and judgments of the thinness or fatness of varying body sizes.

Rosen et al (1991) compared scores of an eating disorder questionnaire between African American and white college students. Findings revealed white women were more dissatisfied with their body shape and were more concerned with being thin.

Physical Activity

Literature related to the physical activity of African American college students is very limited. Only two published studies were found concerning the exercise practices of African American college students. Kelley and Kelley (1994) examined the physical activity habits of

African American college freshmen at a historically black institution. Self-report measures of physical activity and assessment of height and weight indicated males were more active than females. Overall, the students, especially females, had low physical activity levels.

Kelley et al (1997) examined risk factors associated with cardiovascular disease in two hundred and thirty-eight African American college students. Students completed a health risk survey assessing their blood pressure and cholesterol levels, smoking practices and physical activity habits. Overall, 62 percent of the women and 38 percent of the men engaged in vigorous physical activity less than three times a week. The researchers concluded that health professionals should focus intervention efforts on increasing the physical activity levels of African Americans, especially females.

LITERATURE RELATED IN METHODOLOGY

Instrumentation

This research project utilized an epidemiological surveillance system to collect data. An epidemiologic surveillance system is the ongoing systematic collection,

analysis and interpretation of health data (CDC, 1986).

This information can be use for planning, implementing, and evaluating public health interventions and programs and for measuring the Healthy People 2000 Objectives (Kolbe, 1990).

The data received is used both to determine the need for public health action and to assess the effectiveness of a program.

The National College Health Risk Behavior Survey (NCHRBS), a modified version of the Youth Risk Behavior Surveillance System (YRBSS), was a collaborative effort by representatives from several federal agencies including the Centers for Disease Control and Prevention (CDC). Development of the instrument was based on a review of the leading causes of mortality and morbidity among adolescents and adults. The review suggested that the health problems of that age group are largely caused by a relatively small number of preventable behaviors that are established during youth, extend into adulthood, and are interrelated (Kolbe et al, 1993). These preventable behaviors were classified into the following six content areas: (1) behaviors that result in unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; (5) dietary behaviors; and (6) physical activity. The NCHRBS focuses on: specific

health behaviors among college students that cause the most serious health problems; whether those behaviors are increasing, decreasing, or remaining unchanged; and providing data that are comparable among national, State, and local samples of college students. The questionnaire is self-administered, contains 96 multiple-choice questions, has about a 7th grade reading level, and responses can be recorded with a standard computer scan sheet or questionnaire booklet.

Kolbe et al (1993) has stated the following strengths and limitations of the NCHRBS:

1. Measuring six categories of priority health risk behaviors allows examination of interrelationships among categorical risk behaviors and reduces the burden on schools posed by multiple categorical surveys.

2. The surveillance system was designed to focus primarily on health risk behaviors rather than related knowledge, attitudes, or beliefs. Behaviors were chosen for emphasis because they are the best predictors of related health outcomes and because there are so many knowledge, attitude, and belief variables with unknown association to related risk behaviors.

3. YRBSS results are based on self-reported data that appear valid for estimating the prevalence of health behaviors within adolescent populations. Establishing

criterion-related validity for responses to most of the questions on the questionnaire may be impractical, if not impossible.

4. Many of the behaviors measured are associated not only with health outcomes but with educational and social outcomes.

5. Although the system can provide information to help assess the impact of broad national, state, or local policies and programs, the system was not designed to evaluate the effectiveness of specific interventions.

Morris et al (1995) surveyed 1,801 juvenile delinquents utilizing the YRBSS. The researcher wanted to examine the incidence of health risk behaviors among this population. Data analysis revealed participants classified as non-white were more likely to start drinking at earlier ages, had more episodes of binge drinking and illegal use. Twenty-two percent of the population considered suicide, of those that considered suicide 20 percent made a plan and 16 percent actually made an attempt. Rates of sexually transmitted infections were higher among African American females and persons with multiple sexual partners.

LITERATURE RELATED IN CONTENT AND METHODOLOGY

Accessible literature related to the NCHRBS and African American college students is limited. Only one study has been published discussing the utilization of the NCHRBS on the African American population. Fennell (1997) investigated the prevalence of alcohol, tobacco and other drug use, dietary patterns and physical activity behaviors among undergraduate students attending historically black colleges and universities. The NCHRBS was administered to a sample of 996 students attending eight historically black campuses in seven states. Chi square analysis were conducted to determine the differences in the responses of the males and females.

Among all students surveyed, 14.3% were current smokers, with men significantly more likely to be among the current smoker population. Approximately 74.6% of the participants had consumed alcohol during their lifetime and heavy drinking was reported by 15.7% of the students, with men more likely to report heavy drinking. Current marijuana use among the students surveyed was 18.3% Less than three percent of those surveyed indicated current cocaine use. Chi square analyses indicated men were significantly more likely to use alcohol, tobacco, and other drugs.

Results also revealed women were significantly more

likely to have problems with their weight. Among the women surveyed, 29.5% viewed themselves as either "slightly overweight" or "very overweight" and 34.29% of the women indicated they were trying to lose weight. With respect to dietary patterns, 57.6% of the students did not eat fruit and 69.6 percent did not eat green salad the previous day. Men were significantly more likely to report having had one or more servings of high fat foods. Among the students, 37.2% did not exercise for more than 20 minutes in the past seven days, but men were significantly more likely to report they had exercised.

SUMMARY

Although mortality rates from the three leading causes of death among Americans has declined, this is not so for African Americans. The major factors of lifestyle affecting African American college students are alcohol abuse, tobacco use, unhealthy sexual behavior, obesity, lack of exercise, and behaviors related to intentional and unintentional injuries. Many of these factors indirectly affect one another and often are established during adolescence and extend into adulthood. This descriptive research project utilized a surveillance to collect data. The National College Risk Behavior Survey, a modified version of the

Youth Risk Behavior Surveillance System was the instrument employed in this research project.

This chapter presented literature related to the health and safety risk of African American college students, epidemiological surveillance systems, and the utilization of the NCHRBS on the African American Student population.

CHAPTER III

METHODOLOGY

INTRODUCTION

The primary purpose of this study was to identify the self-reported health risk behaviors of traditional African American college students attending state funded historically black colleges or universities. The secondary purpose of this study was to develop a health instruction framework for African American colleges and universities.

This chapter addressed the methodology employed in conducting the research project. The procedures described in this chapter include: Population and Sample Size, Instrumentation, Pilot Test, Data Collection, Data Analysis, Framework Development and Summary.

POPULATION

The population selected for this study consisted of state funded historically black colleges and universities (HBCUs). For the purpose of this study, historically black colleges and universities has been defined as a four year, post secondary academic institution established primarily to

foster the educational needs of African American college students. These institutions can be divided into two categories: private and public. Private HBCUs are privately funded and are controlled by entities such as an agency or religious group, while public HBCUs are publicly funded and controlled by publicly elected or appointed officials. Currently, there are 117 HBCUs. Of these, 39 are state funded, four-year institutions.

This study population was chosen due to the fact there was limited information or research available evaluating overall health risk for African American college students attending historically black colleges or universities. The 18 institutions participating were randomly selected from a list of 39 state funded four-year HBCUs. These four-year, coed institutions were state funded and ranged in student population from 1,000 to 14,000 students.

PILOT STUDY

The instrument was pilot tested during January 1998. An introductory health class from a local historically black college was used to pilot the instrument. A brief session was held with the participants outlining the purpose of the study. Once the participants completed the NCHRBS they were asked to bring the survey and scan forms to the front of the

classroom and place them in a specified envelope.

The instrument was piloted to help confirm usability of the instrument and to foresee any problems that may be encountered during subsequent administration. This step in the investigation gave insight into; whether directions/instructions were clear, concise and whether this instrument was appropriate for this population; readability of the population; and length of time needed to complete the NCHRBS (speededness).

The pilot test revealed the following: 1) approximately 10-15 minutes was needed to complete the NCHRBS; 2) due to the fact the scan form was incompatible, additional steps were needed to assure respondents answered the scan form correctly.

SAMPLE

A total of 11 historically black colleges and universities participated in the study. All of the schools were state funded, four-year institutions. Seven hundred and eight students from these universities participated in this research project. Because the study targeted African American college students, the researcher excluded data from participants who did not indicate being of African American descent. A sample of convenience was used to select

classes. The largest introductory health classes consisting of undergraduate students were chosen to participate in the study, smaller school combined their health class. Depending on the size of the institution, the number of surveys sent ranged from 20 to 300.

METHODOLOGY

A variety of specific tasks were involved in implementation of this research. The first task involved coordinating use of the National College Health Risk Behavior Survey. Although, permission to use this instrument was not needed due to its a public domain item, contact with a representative of the CDC was made. Department Heads in the health education department of the HBCUs were contacted to seek participation and to obtain permission to conduct the study. The contact person was sent a packet containing the following items: 1) a sample questionnaire and scan sheet; 2) a letter stating the purpose of the study and 3) directions for completing the study. Once permission was obtained from the department heads, a sample of convenience was used to select classes.

All of the instruments were administered and data collected between February 1 and March 15, 1998 by participating colleges and universities. The surveys were

administered by instructors in each class. Arrangements were made in advance with the instructors for the participation of the classes to solicit volunteers. The instructors were sent the same packet as the department heads. Each instructor was given detailed information on how to conduct the study both verbally and written (i.e. how to collect the instrument once the participant was completed, making sure code numbers on scan sheets and questionnaire matched, etc.).

At the beginning of a regular class period students were asked if they would like to volunteer for a research project. A brief session was held on the purpose of the study (for consistency purposes they were told the study was on the health risk behaviors of African American college students attending HBCUs). Coded packets were distributed to those who volunteered to participate in the study and detailed instructions were given for responding to the instruments as the subjects reviewed the contents of the packets with the professor. Subjects were informed that confidentiality and anonymity would be held to the highest. Confidentiality and anonymity was established by not requesting any information that would lead to their identity and locking all answer sheets in a file cabinet of which the researcher only had access. The instrument was administered to the students along with a coded scan sheet

(bubble sheet), which responses were recorded. When students completed the survey they were asked to bring the survey and scan forms to the front of the classroom and place them in a specified envelope.

INSTRUMENTATION

This descriptive research project utilized a self-report instrument to gather data. The instrument used was the National College Health Risk Behavior Survey (NCHRBS), which is a modified version of the Youth Risk Behavior Surveillance System (YRBSS). This surveillance system was used to obtain demographic as well as information regarding specific health-related behaviors of college students. This particular surveillance system was selected to collect data based upon the following: (1) The NCHRBS contained clear and concise questions covering most of the major health risks and problems faced by college students in the United States; (2) The instrument had already been utilized with the college population; (3) Based on a validation by field experts, the instrument demonstrated its viability and usefulness in a college setting; and (4) the survey instrument was able to identify the nature and extent of health practice deficiencies among a student population which would enable college health professionals to establish

health promotion programs responsive to those needs. Moreover, the results may provide a basis to compare findings to earlier studies.

The primary purposes of the National College Health Risk Behavior Survey (NCHRBS) are: (1) to produce baseline data for 29 national health objectives related to the health risk behavior of college students, and (2) to produce baseline data for two additional national health objectives related to the availability of health promotion programs for students, faculty, and staff. The core questionnaire is 96 multiple-choice questions and has about a 7th grade reading level.

The test-retest method was utilized to measure reliability of the instrument. A sample of convenience was drawn from five school districts in Illinois, Georgia, Wyoming, Florida, and Texas. Measurements were determined by correlating the initial administration of the questionnaire with the second administration among students attending the schools. The first and second administrations of the survey were 14 days apart, an interval that is commonly used in test-retest reliability studies (Needle, McCubbin, and Lorence, 1983). Administering the survey 14 days apart decreased the likelihood that an actual change in behavior might occur between administrations, while at the same time, the length and complexity of the survey made it

unlikely that students would remember their exact answers from the first session to the second session.

a Kappa statistic was computed for each self-reported item and compared group prevalence estimates across the two testing occasions. Kappa is most commonly used to measure inter-rater reliability. Kappas ranged from 14.5 percent to 91.1 percent; 71.7 percent of the items were rated as having "substantial" or higher reliability.

DATA TABULATION

After the subjects' responses to the NCHRBS were collected on scan forms, the data were coded and given to the State of Tennessee Evaluation and Testing Center to be analyzed. After the data were tabulated the percentage of students engaging in negative health risk behaviors was determined. Percentages were used to exhibit the students' self-reported health risk behaviors.

Certain characteristics were targeted and described using cross tabulations. These characteristics included respondent's gender, age, and class standing. Individual variables of particular interest to the researcher included alcohol consumption, level of exercise, smoking levels, drug use, auto and bicycle safety habits, dietary habits, and sexual behavior. The type, frequency, and total number of

responses were determined and presented in tabular form. Calculation of overall percentages and breakdown into problem areas according to major variables (classification and gender) was then possible.

DATA ANALYSIS

The chi square test was used to test whether a significant difference existed between African American women and men and between school classification (group of first and second year students and group of third and fourth year students). According to Gay (1996) chi square is a nonparametric test of significance appropriate when the data are: 1) in the form of frequency counts occurring in two or more mutually exclusive categories and 2) when the data represent a nominal scale and the categories may be true categories (e.g. male vs. female).

RESEARCH QUESTION	DATA ANALYSIS
1. What are the self-reported behaviors of African American college students attending a state funded historically black college or university?	Marginal Tabulations based upon percentages
2. In what ways do African American male and female college students differ in their reported health behaviors.	Chi Square Analysis
3. In what ways do African American male and female college students differ in their reported health behaviors.	Chi Square Analysis

FRAMEWORK DEVELOPMENT

The second purpose of this research project was to develop a health instruction framework for African American colleges and universities. For the purpose of this study, health instruction framework has been defined as a health instruction module providing direction for the development of an effective health instruction program targeting African American college students. This framework will not dictate sequence nor will it define teaching strategies by which topics related to this population must be taught, but it will establish guidelines and provide direction for the development of effective health education programs for African American college students.

According to Fodor and Dalis (1981) health instruction refers to a plan that gives direction for the sequential arrangement of learning opportunities designed to influence health values, attitudes, practices and cognitive capabilities that are conducive to the optimum development of the individual, the family and the community, which should focus on the following: 1) facilitators of the program; 2) knowledge and values of the population; 3) appropriate health content; 4) closing the gap between that which is known in the health field and that which is practiced; 5) on the whole individual and emphasize the development of physical, mental, spiritual, and social well-being; 6) foster in the individual a greater value for health; and 7) continuous evaluation.

An effective health instruction module should include well formulated goals and objectives. A goal is a broad statement of what is to be accomplished. Appropriate goal development is essential, because goals determine the direction of the program and clarify what should be emphasized.

Objectives are short-term statements that build cumulatively to the goal. When developing framework objectives the three domains of learning (cognitive, affective, and psychomotor) should be incorporated. The cognitive domain refers intellectual abilities. Objectives

in this domain vary from simple recall of material learned to highly original and creative ways of combining and synthesizing new ideas and materials. The major behavior tested in the cognitive domain is whether or not the student can remember and cite information or recognize accurate statements in response to particular questions.

The affective domain is concerned primarily with attitudes and beliefs. Objectives included in this domain describe changes in interest, attitudes and values. Health educators have spent little time effectively addressing this domain.

The last domain, psychomotor, is believed to be the easiest of all domains. is concerned primarily with two types of behaviors or motor skills: formal and informal. The latter skill encompasses a major portion of the psychomotor domain, covering the physical and practical activities of life.

SUMMARY

This chapter presented the methodology of this research project. It included the following sections: Introduction; Population; Sample Size; Pilot Study; Methodology; Instrumentation; Data Analysis; Framework Development; and Summary.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

INTRODUCTION

The primary purpose of this study was to assess the self-reported health risk behaviors of a sample of African American college and university students attending state funded historically black colleges and universities. a secondary purpose was to develop a health instruction framework for African American colleges and universities.

The participants for this research project were undergraduate students attending state funded, four-year historically black colleges and universities. The data were collected during the spring semester of 1998, utilizing a 96-item paper and pencil self-report instrument, the National College Health Risk Behavior Survey (NCHRBS). The NCHRBS consists of 96 items grouped into 6 content areas: 1) behaviors that result in unintentional and intentional injuries (19 questions); 2) tobacco use (8 questions); 3) alcohol and other drug use (16 questions); 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease (15 questions); 5) dietary behaviors (10 questions); and 6) physical activity (5

questions).

After the subjects' responses to the NCHRBS were collected on scan forms, the data were coded and given to the State of Tennessee Evaluation and Testing Center to be computed. The data were computed using the statistical program SPSS by the Computing Center. The statistical analysis included frequencies and percentages. Chi square analysis was used to test whether a significant difference existed between male and female students and lower level (first and second year) and upper level (third and fourth year) students.

This chapter presents findings based on the analysis of collected data and has been divided into the following sections: Introduction; Research Questions; Sample Description and Demographics; Comparison of the Health Risk Behaviors of African American College Students--Behaviors that Resulted in Unintentional Injuries; Behaviors that Resulted in Intentional Injuries; Tobacco Use; Alcohol and Other Drug Use; Sexual Behaviors that Resulted in Unintended Pregnancy and Sexually Transmitted Diseases Including HIV Infection; Dietary Behaviors; and Physical activity.

RESEARCH QUESTIONS

The problem of this investigation was to address the following research questions which were derived from the purpose:

1. What are the self-reported health behaviors of African American college students attending a state funded historically black college or university?
2. In what ways do African American male and female college students differ in their reported health behaviors?
3. What are the differences in health behaviors between the lower class students (first and second year) and upper class students (third and fourth year) African American college students.
4. What major findings of the study will serve as the basis for the development of a model health instruction

SAMPLE DESCRIPTION AND DEMOGRAPHICS

Population

Eleven historically black colleges and universities participated in the study. All of the schools were state funded, four-year institutions. A total of 708 students

from these universities participated in this research project. All demographic data on students have been presented in Table 4.1.

Age of Subjects

The age of the students who responded to the survey ranged from 18-25 years of age. Two hundred and nine or 29.6 percent of the participants were 18 years old. One hundred and sixty eight or 23.8 percent of the population was 19 years old. One hundred and seven or 15.1 percent were 20 years old. Two hundred and twenty three or 31.5 percent reported they were 21 years old or older.

Gender of Subjects

The overall sample included a majority of female respondents. The population of students consisted of 274 males or 38.9 percent of the total number of participants and 430 females or 61.1 percent of the total number of participants.

Table 4.1
Demographic Characteristics

Characteristic	Number	Percent
Sex:		
Female	430	61.1
Male	274	38.9
Total	704	100
Age		
18	209	29.6
19	168	23.8
20	107	15.1
21 and older	223	31.5
Total	707	100
Class Standing		
Freshman	371	52.5
Sophomore	132	18.7
Junior	100	15.4
Senior	95	13.5
Total	698	100

Class Standing

The sample was comprised of freshmen (first year), sophomore (second year), junior (third year), senior (fourth year) and graduate students (post-baccalaureate). Overall, freshmen represented 52.5 percent (371) of the total sample, while sophomores made up 18.7 percent (132). One hundred or 15.4 percent of the students were juniors and 95 or 13.5 percent of the students were seniors or graduates.

COMPARISON OF THE HEALTH RISK BEHAVIORS OF AFRICAN AMERICAN COLLEGE STUDENTS

The health risk behaviors of male and female and upper and lower level African American college students were analyzed using the chi-square test and a level of significance of .05. Risk behaviors were divided into the following categories: Behaviors Resulting in Unintentional; Behaviors Resulting in Intentional Injuries; Tobacco Use; Alcohol and Other Drug Use; Sexual Behaviors that Contribute to Unintended Pregnancy and Sexually Transmitted Disease; Dietary Behaviors; and physical activity.

BEHAVIORS RESULTING IN INTENTIONAL AND UNINTENTIONAL INJURY

Safety Belt Use

Thirty-nine percent of all students seldomly used safety belts when riding in a car driven by someone else. Table 4.2 presents the breakdown of seat belt use among African American colleges students. Overall, male students were significantly more likely than female students to seldomly use safety belts. Of the males, 56% seldomly used safety belts and of the females 28.1% seldomly used safety belts when riding in a car with someone else.

Lower class students were significantly more likely than upper class students to seldomly use safety belts when riding in a car with someone else. Of the underclass persons, 44% seldomly used safety belts, while 27.6% of the upperclassmen seldomly wore safety belts when riding in a car driven by someone else.

Of the students sampled, 35% seldomly used safety belts when driving a car. Male students were significantly less likely than female students to use safety belts. Of the males surveyed, 56.3% seldomly wore a seat belt, while 21.3% of females seldomly wore a seat belt when driving a car.

Table 4.2

Safety Belt Use

	Seldomly Used Seat Belt while Riding with Someone		Seldomly Used Seat Belt While Driving	
	Number	Percent	Number	Percent
Sex				
Female	120	28.1 ^a	84	21.3 ^b
Male	153	56	143	56.3
Total	273	39	227	35
Class				
Lower	221	44 ^c	176	38.3 ^d
Upper	55	27.6	53	28.6
Total	276	39.4	229	35.5

a. Chi Square = 54.649, df = 1, p = <.001

b. Chi Square = 83.028, df = 1, p = <.001

c. Chi Square = 16.029, df = 1, p = <.001

d. Chi Square = 5.497, df = 1, p = .019

Lower class students were significantly less likely than upper class students to use safety belts while driving. Over one-third (38.3%) of the lower class students seldomly wore safety belts. Of the upper class students surveyed, 28.6% randomly wore safety belts while driving a car.

Helmet Use

Table 4.3 presents the breakdown of helmet use for African American college students. Overall, 9.2% of students had ridden a motorcycle during the 12 months

Table 4.3

Helmet Use

	Seldomly Used Helmet while Riding a Motorcycle		Seldomly Used Helmet while Riding a Bike	
	Number	Percent	Number	Percent
Sex				
Female	27	51.2	247	97.6
Male	22	62.8	70	94.6
Total	49	57	317	97.9
Class				
Lower	37	60.7	171	97.7
Upper	15	53.6	149	97.4
Total	52	58.4	320	97.9

preceding the survey. Of these students, 57% seldomly wore a motorcycle helmet. When this risk behavior was analyzed using the chi square test and a .05 level of significance, no significant difference was detected between males and females or upper or lower class students. Of the students who had ridden a motorcycle, 55.1% of the male, 44.1% of the female, 60.7% under class and 53.6% upper class student seldomly wore a motorcycle helmet (Table 4.3).

Almost one-half (46.3%) of students had ridden a bicycle during the 12 months preceding the survey. Of these students 97.9% seldomly wore a bicycle helmet. When this risk behavior was analyzed using the chi square test and a

.05 level of significance, no significant difference was computed between males and females or upper or lower class students.

Alcohol Use While Boating or Swimming

Nearly one-half (46.8%) of the population went boating or swimming during the 12 months preceding the survey. Of these students, 4.1% drank alcohol at least once (See Table 4.4).

Driving While Under the Influence of Alcohol

During the 30 days preceding the survey, 40.8% of the students had ridden with a driver under the influence of alcohol. Of these students, males were significantly more likely than female to ride with someone who had been drinking. Of the males, 46.5% rode with someone under the influence as compared to 37.1% of females (Table 4.4).

There was no significant difference noted between under and upper class students. Of these students 41.1% of the under class and 40.8% of the upper class students rode with someone while under the influence of alcohol (Table 4.4).

More than one-fourth (25.8%) of the students drove

Table 4.4

ALCOHOL USE AND UNINTENTIONAL INJURY

Sex	Riding with Someone under		Driving under the Influence of Alcohol the influence	
	Number	Percent	Number	Percent
Female	159	37.1 ^a	81	18.9 ^b
Male	127	46.5	100	36.6
Total	286	40.8	181	25.8
Class				
Lower	206	41.1	115	22.9 ^c
Upper	82	40.8	68	33.8
Total	288	41	183	26

a. Chi Square = 6.060, df = 1, p = .014

b. Chi Square = 27.465, df = 1, p = <.001

c. Chi Square = 8.893, df = 1, p = .003

while under the influence of alcohol during the 30 days preceding the survey. Overall, male students were significantly more likely than females to drive under the influence. Of the males surveyed, 36.6% reported driving under the influence while 18.9% of female students reported driving under the influence of alcohol (Table 4.4).

Upper class students were significantly more likely than under class students to drive under the influence of alcohol. Of these students, 33.8% of the upper class students drove under the influence of alcohol while 22.9% of the lower class students drove under the influence of alcohol (See Table 4.4).

Carrying a Weapon

Table 4.5 presents actions related to violent behavior for African American college students. Fourteen percent of students carried a weapon such as a gun, knife or club during the 30 days preceding the survey. Of these students, males were significantly more likely than female to have carried a weapon. Of the males, 22.8% carried a weapon and 8.4% of females carried a weapon.

No significant difference for carrying a weapon was noted between lower and upper class students. Of these students, 15.7% of under class students and 10.5% of upper class students carried a weapon.

Engaging in a Physical Fight

Nineteen percent of students surveyed had been in at least one physical fight during the 12 months preceding the survey. Overall, male students were significantly more likely than female students to have been in a physical fight. Of the male students, 26.7% engaged in a physical fight, while 14.1% of the female students had a fight during the 12 months preceding the survey.

Table 4.5
Actions Related to Violent Behavior

	Carried a Weapon- Past 30 Days		Had a Fight During During Previous Year	
	Number	Percent	Number	Percent
Sex				
Female	36	8.4 ^a	59	14.1 ^b
Male	62	22.8	71	26.7
Total	98	14	130	19
Class				
Lower	79	15.7	102	20.8
Upper	21	10.5	29	15
Total	100	14.2	131	19.2

a. Chi Square = 28.713, df = 1, p = <.001

b. Chi Square = 16.580, df = 1, p = <.001

No significant difference between upper and under class students. Of these students, 20.8% of the under class and 15% of upper class students engaged in at least one physical fight during the 12 months preceding the survey.

Suicide

Of the students surveyed, 11.4% reported they had seriously considered attempting suicide during the 12 months preceding the survey and of these students 8.8% made a plan to commit suicide and 11.3% actually attempted suicide (Table 4.6). Overall, there was no significant difference

of seriously considering suicide or making a plan to commit suicide between males and females, but males were significantly more likely than females to actually attempt suicide. Of the males surveyed, 17% attempted suicide, while 7.5% of the females attempted suicide.

When these risk behaviors were analyzed using the chi square test and a .05 level of significance, no significant difference was detected between upper and lower class students. Of these students, 12.2% of the under class and 8.8% upper class students thought about suicide; 9.5% of the under class and 6.6% of the upper class students made a plan; and 11% of under class and 12.1% of upper class students attempted suicide.

TOBACCO USE

Cigarette Use

Table 4.7 present information regarding tobacco use among African American college students. Among all students, 55.8% of students had ever tried cigarette smoking. No significant difference was noted between males and females. Overall, upper class students were more likely

Table 4.6

Suicide

	Seriously Considered Suicide		Made a Plan to Commit Suicide		Actually Attempted Suicide	
	Number	Percent	Number	Percent	Number	Percent
Sex						
Female	44	10.5	33	7.7	32	7.5 ^a
Male	33	12.8	28	10.5	46	17
Total	77	11.4	61	8.8	78	11.1
Class						
Lower	59	12.2	47	9.5	55	11
Upper	17	8.8	13	6.6	24	12.1
Total	76	11.2	60	8.7	79	11.3

a. Chi Square = 15.186, df = 1, p = <.001

Table 4.7
Cigarette Use

	Ever Tried Smoking		Current Smoker		Heavy Smoker	
	Number	Percent	Number	Percent	Number	Percent
Sex						
Female	227	54.3	65	28.6	14	21.5
Male	150	58.1	51	34	12	23.5
Total	377	55.8	116	30.8	26	22.4
Class						
Lower	254	52.8 ^a	80	31.5	15	18.8
Upper	121	62.7	36	29.8	12	33.3
Total	375	55.6	116	30.9	27	23.3

a. Chi Square = 5.456, df = 1, p = .020

than under class students to have tried cigarette smoking.

One hundred sixteen (17.2%) students had smoked a cigarette on one or more of the 30 days preceding the survey (current smokers). Over half (58.6%) of the current smokers were classified as light smokers (smoked 1-5 days); 19.0% were moderate smokers (smoked 6-19 days); and 22.4% were heavy smokers (smoked 20-30 days).

Of these students 45% or 150 students have ever tried to quit smoking. When these risk behaviors were analyzed using the chi square test and a .05 level of significance, no significant difference was computed between male and females.

A small number (4.8%) of all students surveyed used chewing tobacco or snuff, such as Redman, Beechnut, or Skoal 30 days preceding the survey.

ALCOHOL AND OTHER DRUG USE

Alcohol Use

Over three-fourths (76.6%) of the students had ever tried alcohol and of these students 74.4% were current drinkers (had at least one drink during the 30 days preceding the survey) (Table 4.8). Of these students, 10.4% were classified as heavy drinkers (drank 20-30 days). Overall, male students were significantly more likely than female students to be heavy drinkers. Of the male students, 18.8% were heavy drinkers, and of the female students 5.7% were heavy drinkers. There was no significant difference between upper and lower class students (Table 4.8).

More than one-third (31.4%) of students reported current episodic heavy drinking or binge drinking (consuming 5 or more drinks of alcohol on at least one fight, while 14.1% of the female students had a fight during the 12 months preceding the survey. fight, while 14.1% of the female students had a fight during the 12 months

preceding the survey. (See Table 4.9). No significant difference was noted between upper and lower class students.

Table 4.8
Alcohol Use

	Ever Tried Alcohol		Current Drinkers	
	Number	Percent	Number	Percent
Sex				
Female	336	79.4 ^a	221	66 ^b
Male	193	72	146	76
Total	529	76.6	367	69.6
Class				
Lower	356	72.2 ^c	248	69.7
Upper	170	87.2	118	70.2
Total	526	76.5	366	69.8

a. Chi Square = 5.029, df = 1, p = .025

b. Chi Square = 5.855, df = 1, p = .016

c. Chi Square = 17.391, df = 1, p = <.001

Table 4.9
Current Alcohol Practices

Sex	Heavy Drinking		Binge Drinking		Illegal Drug Use in Comb. with Alcohol	
	Number	Percent	Number	Percent	Number	Percent
Female	19	5.7 ^a	72	21.6 ^b	29	7.1
Male	36	18.8	93	48.4	66	20.6
Total	55	10.4	165	31.4	95	14
Class						
Lower	36	10.1	117	33.1	70	9.4
Upper	21	12.2	49	28.3	28	14.4
Total	57	10.8	166	31.3	98	14.4

a. Chi Square = 31.465, df = 2, p = <.001
b. Chi Square = 40.919, df = 1, p = <.001

Table 4.10
Illegal Drug Use

	Ever Tried Marijuana		Current Marijuana Use		Ever Tried Cocaine		Current Cocaine Use	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Sex								
Female	157	37.4	47	30.5	13	3.3 ^a	2	14.3 ^b
Male	193	55.3	84	57.9	32	12.4	16	51.6
Class								
Lower	211	43.3	98	47.6	29	6.2	15	51.7
Upper	94	47.5	35	36.8	17	8.9	4	23.5

a. Chi Square = 20.314, df = 1, p = <.001

b. Chi Square = 5.599, df = 1, p = .018

Of these students, 33.1% of the lower class students and 28.3% of upper class students had an episode of binge drinking.

Marijuana Use

Over one-half (55.7%) of the students surveyed tried marijuana during their lifetime. Males were significantly more likely to have tried marijuana than females. Of the males that reported, 55.3% had tried marijuana and of the females 37.4% reported ever tried marijuana during their lifetime (Table 4.10).

No significant difference was noted between upper and lower class students. Of these students, 43.3% of the

underclassmen and 47.5% of upper class students had ever tried marijuana.

One hundred and thirty-one (43.8%) of the students who had ever tried marijuana reported being current marijuana users (at least once in last 30 days preceding the survey). Overall, male students were significantly more likely than female students to be current marijuana users. Of the male students, 57.9% were current marijuana users, while females made up 30.5% of current marijuana users. No significant difference was noted between upper and lower class students. Of these students, 47.6% of the lower class and 36.8% of upper class students were current marijuana users.

Cocaine Use

Among students surveyed, 7% reported ever using any form of cocaine including powder, crack, or freebase. Male students were significantly more likely to have tried cocaine than female students. Of the males reporting, 12.4% had ever tried cocaine, while 3.3% females reported ever trying cocaine (See Table 4.10).

Nineteen (41.3%) of the students who had ever tried cocaine reported being current cocaine users (at least once in last 30 days preceding the survey).

Other Drug Use

The percentage of students who had taken other drugs such as inhalants, steroids, other illegal drugs, or injectable drugs was relatively small. Only, 6.8% of the population surveyed had taken inhalants; 4.2% had taken steroids; 6.1% had taken other illegal drugs such as PCP, LSD, etc. and 4.6% had taken injectable drugs (Table 4.11).

Table 4.11

Other Drug Use

	Number	Percent
Inhalants	45	6.8
Steroids	29	4.2
Other Illegal Drugs	42	6.1
Injectable Drugs	22	4.6
Total	138	21.7

SEXUAL BEHAVIORS THAT MAY RESULT IN
UNINTENDED PREGNANCY AND
SEXUALLY TRANSMITTED INFECTIONS

Sexual Activity

Among all students, 85.3% had engaged in sexual intercourse. Of these students, 72% stated they were currently having sexual intercourse (at least once in the past 30 days preceding the survey). When these risk behaviors were analyzed using the chi square test and a .05 level of significance, no significant difference was detected between male and females or upper and lower class students (Table 4.13).

During the three months preceding the survey, more than one-third (32.6%) of the students had sexual intercourse with two or more people. Of these students, males (46.5%) were significantly more likely than females (23.7%) to have slept with two or more people (See Table 4.12).

No significant difference was noted between upper and lower class students. Of these students, 51.4% of upper class and 48.8% of lower class students slept with two or more people in the last three months preceding the survey.

Table 4.12
Sexual Activity

	Ever had Sexual Intercourse		Current Sexual Activity		Slept with more than 2 people in Last 3 mos.	
	Number	Percent	Number	Percent	Number	Percent
Sex						
Female	352	84.8	248	72.1	80	23.7 ^a
Male	230	85.8	159	71.9	100	46.5
Total	582	85.2	407	72	180	32.6
Class						
Lower	403	83.1 ^b	277	71.2	123	32.6
Upper	176	90.3	129	72.9	59	33.7
Total	579	85.1	406	71.1	182	33

a. Chi Square = 42.023, df = 2, p = <.001

b. Chi Square = 5.644, df = 1, p = .018

Birth Control Use

Even though, 45.9% of students reported not using or wearing a condom the last time they had sex, the condom was most common type of birth control used (43.1%), followed by birth control pills (20.0%) and no method used (Tables 4.13 and 4.14). When these risk behaviors were analyzed using

Table 4.13
Condom Use

Sex	Seldomly Used a Condom-Last 30 Days		Did Not Use a Condom Last Intercourse	
	Number	Percent	Number	Percent
Female	121	46.4	160	46.8
Male	81	47.1	95	44.6
Total	202	46.7	255	45.9
Class				
Lower	126	42 ^a	156	40.9
Upper	76	57.6	99	57.2
Total	202	46.8	255	46

a. Chi Square = 8.933, df = 1, p = .003

Table 4.14
Birth Control Use

Type	Frequency	Percent
No Method	80	17.8
Birth Control Pills	90	20
Condoms	194	43.1
Withdrawal	47	10.4
Another Method	29	6.4
Not Sure	10	2.2
Total	360	98.9

the chi square test and a .05 level of significance, no significant difference was detected between male and females and upper and lower class students.

Alcohol or Drug Use Before Last Sexual Intercourse

Overall, 13.5% of students reported drinking alcohol or using drugs the last time they had sexual intercourse. Of these students, males were significantly more likely to drink before sexual intercourse than females (Table 4.15). Of the male students 18.7% used drugs or drank alcohol the last time they had sexual intercourse and 10.2% of the

Table 4.15
ALCOHOL OR DRUG USE BEFORE SEXUAL INTERCOURSE

Used Alcohol or Drugs Before Last Intercourse		
Sex	Number	Percent
Female	35	10.2 ^a
Male	40	18.7
Total	75	13.5
Class		
Lower	50	13.1
Upper	26	14.9
Total	76	13.7

a. Chi Square = 8.069, df = 1, p = .005

female students used drugs or drank alcohol the last time they had sexual intercourse.

No statistical difference was determined between upper and lower level class students. Of these students 13.1% of the lower class and 14.9% of upper class students drank alcohol the last time they had sexual intercourse.

Pregnancy

More than one-third (35.5%) of students reported they had been pregnant or gotten someone pregnant (See Table 4.16). Of these students 33.1% of the females had been

Table 4.16

PREGNANCY

Ever Been Pregnant or Gotten Someone Pregnant		
Sex	Number	Percent
Female	114	33.1
Male	85	39
Total	199	35.4
Class		
Lower	112	29.4 ^a
Upper	81	46.3
Total	193	34.7

a. Chi Square = 15.094, df = 1, p = <.001

pregnant and 39% of males had gotten someone pregnant.

Overall, upper class (46.3%) students were significantly more likely than under class (29.4%) students to have been or gotten someone pregnant.

Forced Sexual Intercourse

Ninety-three (14.7%) of the students reported they had been forced to have sexual intercourse. When this health behavior was analyzed no significant difference was determined between males and females or lower and upper class students. Of these students, 16.5% were female; 11.7%

were male and 14.3% were lower class; 15.6% were upper class students (Table 4.17).

Table 4.17
FORCED SEXUAL INTERCOURSE

Ever Been Forced to have Sexual Intercourse against your Will		
Sex	Number	Percent
Female	65	16.5
Male	28	11.7
Total	93	14.7
Class		
Lower	63	14.3
Upper	30	15.6
Total	93	14.7

HIV/AIDS Testing

Over one-half (56.8%) of the students surveyed ever had their blood tested for the AIDS virus/HIV infection. Of these students, females were significantly more likely than males to get tested. Of the female students, 60.3% were tested and 50.7% of the male students had their blood tested for the AIDS virus/HIV infection (See Table 4.18).

Overall, upper class students were significantly more likely than lower class students to get tested for HIV. Of

this population, 65.5% of the upper class and 53.1% of the lower class students were tested for HIV infection (Table 4.18).

Table 4.18

HIV TESTING

Ever had Blood Tested for AIDS/HIV Infection		
Sex	Number	Percent
Female	216	60.3 ^a
Male	112	50.7
Total	328	56.6
Class		
Lower	215	53.1 ^b
Upper	114	65.5
Total	329	56.8

a. Chi Square = 5.189, df = 1, p = .023

b. Chi Square = 7.666, df = 1, p = .006

DIETARY BEHAVIORS

Body Perception

Table 4.19 presents information regarding body perception and attempted weight loss of African American college students. More than one-third (34.9%) of the

Table 4.19
BODY WEIGHT

	Perceived Themselves as Overweight		Currently Trying to Lose Weight	
	Number	Percent	Number	Percent
Sex				
Female	178	43.1 ^a	222	53.9 ^b
Male	57	21.8	66	25.9
Total	235	34.9	288	43.2
Class				
Lower	151	31.7 ^c	187	39.9
Upper	84	42.2	101	51
Total	235	34.8	288	43.2

a. Chi Square = 32.338, df = 2, p = <.001

b. Chi Square = 63.947, df = 2, p = <.001

c. Chi Square = 9.785, df = 2, p = .008

students surveyed thought they were overweight. Female students were more likely to perceive themselves as overweight than male students. Of the female students surveyed 43.1% felt they were overweight, while 21.8% of the males thought they were overweight.

Upper class students were more likely to perceive themselves as overweight than lower class students. Of these students, 42.4% of the upper class students felt overweight as compared to 31.7% of the lower class students.

Dieting

More than one-third (43.2%) of the total students surveyed were trying to lose weight. Overall, female students were significantly more likely than male students to be attempting weight loss. Of the students surveyed, 53.9% of females and 25.9% of males were currently trying to lose weight.

Of these students, the upper class were significantly more likely than lower class students to be attempting weight loss. Over one-half (51%) of the upper class students were trying to lose weight, while 39.9% of the lower class students were trying to lose weight.

The percentage of students who had taken laxatives or vomited either to lose weight or to keep from gaining weight during the 30 days preceding the survey was 4.4%. Forty (6.2%) of the students surveyed had taken diet pills either to lose weight or to keep from gaining weight during the 30 days preceding the survey (See Table 4.20). When this health risk behavior was analyzed, no significant difference was noted between females and males or lower and upper class students.

Table 4.20

ATTEMPTED WEIGHT LOSS DURING PAST 30 DAYS

	Dieted		Exercised		Vomited or took Laxatives		Diet Pills	
Sex	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Female	115	28.5 ^a	195	48.1 ^b	14	3.5	24	6.0
Male	46	18.3	98	39	15	6	16	6.5
Total	161	24.5	293	44.7	29	4.4	40	6.2
Class								
Lower	110	23.7	198	42.7	25	5.4	28	6.1
Upper	54	27.4	98	49.5	4	2.1	13	6.6
Total	164	24.8	296	44.7	29	4.4	41	6.3

a. Chi Square = 8.738, df = 1, p = .003

b. Chi Square = 5.197, df = 1, p = .023

Consumption of Fruits and Vegetables

Only 136 (20.7%) of the students reported eating five or more servings of fruits and vegetables such as fruit juice, green salad, or cooked vegetables on the day preceding the survey. When health behaviors were analyzed using the chi square test and a .05 level of significance, no significant difference was detected between male and females or upper and lower class students (See Table 4.21). Of the students who ate five or more healthy foods the day preceding the survey 18.7% were female; 24.1% male; 20% lower class; and 23.4% were upper class students.

Table 4.21

FOOD CONSUMPTION FOR THE PREVIOUS DAY

	5 or more Servings of Foods Typically <u>Low</u> in Fat		2 or more Servings of Foods Typically <u>High</u> in Fat	
	Number	Percent	Number	Percent
Sex				
Female	76	18.7	223	54.7 ^a
Male	60	24.1	165	66.3
Total	136	20.7	388	59.1
Class				
Lower	93	20	302	65.4 ^b
Upper	45	23.4	86	44.1
Total	138	21	388	59.1

a. Chi Square = 8.617, df = 1, p = .003

b. Chi Square = 25.645, df = 1, p = <.001

Consumption of Foods Typically High in Fat

Overall, 59.1% of the students had eaten two or more servings of food typically high in fat, such as hamburgers, french fries, or cookies on the day preceding the survey. Of these students, males (66.3%) were significantly more likely to eat two or more servings of high fat foods than females (54.7%) (Table 4.21).

Lower class students were significantly more likely than upper class students to eat two or more servings of food with high fat content. Overall, 65.4% of lower class

students and 44.1% of upper class students consumed two or more foods typically high in fat the day preceding the survey (See Table 4.21).

PHYSICAL ACTIVITY

Vigorous Activity

Table 4.22 presents the findings of physical activity among African American college students. Slightly more than one-quarter (28.7%) of all students surveyed had participated in vigorous physical activity (activities that made them sweat and breathe hard for at least 20 minutes) on three or more days during the week preceding the survey. Overall, male students were significantly more likely than female students to report vigorous physical activity. Of the males surveyed 38.1% reported vigorous activity and 22.9% of the female students reported engaging in vigorous activity three or more times during the week preceding the survey.

No significant difference was noted between upper and lower class students. Of the students surveyed, 27% of the lower class students and 33% of the upper class students reported vigorous activity three or more times during the

week preceding the survey.

Table 4.22
PHYSICAL ACTIVITY DURING THE PREVIOUS WEEK

	Engaged in Vigorous Activity 3 or more Days		Engaged in Stretching Activity 3 or more Days		Engaged in Strengthening 3 or more Days	
	Number	Percent	Number	Percent	Number	Percent
Sex						
Female	93	22.9 ^a	96	23.7 ^b	81	20 ^c
Male	96	38.1	94	37.3	105	41.7
Total	189	28.7	190	28.9	186	28.3
Class						
Lower	125	27	125	27.1	134	29
Upper	65	33	66	33.5	54	27.4
Total	190	28.8	191	28.8	188	28.4

a. Chi Square = 42.023, df = 2, p = <.001

b. Chi Square = 13.973, df = 2, p = <.001

c. Chi Square = 36.162, df = 2, p = <.001

Stretching Exercises

Overall, 28.9% of the students had done stretching exercises such as toe touching, knee bending, or leg stretching on three or more days during the week preceding the survey. Male students were significantly more likely than female students to report engaging in stretching exercises. Of these students, 37.7% of the males and 23.7% of the females reported engaging in stretching exercises

three or more times during the week preceding the survey.

No significant difference was noted between upper and lower class students. Of the students surveyed, 29% of the lower class students and 27.4% of the upper class students reported engaging in stretching exercises three or more times during the week preceding the survey.

Strengthening Exercises

One hundred and eighty-six students (28.3 %) of the students engaged in exercises such as push-ups, sit-ups, and weight lifting to strengthen and tone their muscles, three or more days the week preceding the survey. Of these students males were significantly more likely than female students to have done strengthening exercises. Of the males, 41.7% engaged in strengthening exercises, while and 20% of the females reported engaging in strengthening exercises three or more days during the week preceding the survey. No significant difference was detected between upper and lower class students. Of the students who participated in strengthening exercises three or more time during the week survey 29% lower class; and 27.4% were upper class students.

SUMMARY

This chapter presented the analysis and interpretation of data received from African American college students attending HBCUs. It included the following sections: Introduction; Research Questions; Sample Description and Demographics; Comparison of the Health Risk Behaviors of African American College Students; Behaviors that Resulted in Unintentional Injuries; Behaviors that Resulted in Intentional Injuries; Tobacco Use; Alcohol and Other Drug Use; Sexual Behaviors that Resulted in Unintended Pregnancy and Sexually Transmitted Disease; Dietary Behaviors; and Physical Activity.

The participants for this research project were undergraduate students attending state funded, four-year historically black colleges and universities. The data were collected during the spring semester of 1998, utilizing a 96-item paper and pencil self-report instrument, the National College Health Risk Behavior Survey (NCHRBS).

The students responses were coded and given to the State of Tennessee Evaluation and Testing Center to be computed. The data were computed using the statistical program SPSS by the Computing Center. The statistical analysis included frequencies and percentages. Chi square analysis was used to test whether a significant difference

existed between male and female students and lower level (first and second year) and upper level (third and fourth year) students.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY

Purpose of the Study

The primary purpose of this study was to assess the self-reported health risk behaviors of a sample of African American college and university students attending state funded historically black colleges or universities. The secondary purpose of this study was to develop a framework health instruction module for African American colleges and universities.

Procedure Followed

Students of eleven Historically Black Colleges and Universities participated in the study. Introductory health classes were utilized in an attempt to have a representative balance between freshman, sophomores, juniors, and seniors. All participants completed the 96-item National College Health Risk Behavior Survey (NCHRBS), within a 20 minute period of time. a total of 708 students participated in the

study.

FINDINGS

Based on the analysis of the data in the study of health risk behaviors of African American college students, the following findings resulted:

Demographics of Study Population

Age

1. The majority of the respondents were between the ages 18-21.

Gender

2. Overall, female students outnumbered the male students by a percentage of 61.1 to 38.9.

Class Distribution

3. Overall, the freshman class made up the largest percentage of participants 52.5% percent. Sophomores were second with 18.7 percent, followed by Juniors and Seniors with 15.4 percent and 13.5 percent respectively.

Race

4. All participants were African American.

Results of the Research Questions

The findings were reported as they specifically related to the various research questions. Results of all the participants health behaviors were presented and then categorized according to gender and class standing.

Question 1--What are the self-reported health behaviors of African American college students attending a state funded historically black college or university?

Behaviors Related to Unintentional and Intentional Injury

1. Thirty-nine percent of students seldomly used safety belts when riding in a car driven by someone else.
2. More than one third (35%) of the students seldomly used safety belts when driving a car.
3. Of the students who had ridden a motorcycle the year preceding the survey, over one-half (57%) seldomly wore a helmet.
4. Nearly all (97.9%) of the students who had ridden a bicycle the year preceding the survey seldomly wore a bicycle helmet.
5. Approximately 4.1% of the students drank alcohol

while they went boating or swimming during the previous year.

6. Overall, 40.8% of the students had ridden with a driver under the influence of alcohol, 30 days preceding the survey.

7. More than one-quarter (25.8%) of the students drove while under the influence of alcohol during the 30 days preceding the survey.

8. Fourteen percent of the students reported carrying a weapon such as a gun, knife or club during the 30 days preceding the survey.

9. Nearly one-fifth (19%) of the students engaged in at least one physical fight the year preceding the survey.

10. Of the students surveyed, 11.4% reported they have seriously considered attempting suicide during the 12 months preceding the survey.

11. Approximately, 8.8% of the students made a plan to commit suicide a year preceding the survey.

12. Of the students surveyed, 11.3% of the students actually attempted to commit suicide 12 months preceding the survey.

Tobacco Use Behaviors

1. More than one-half (55.8%) of the students ever tried cigarette smoking.

2. Nearly one-fifth (17.2%) of the students who had ever tried cigarette smoking had smoked a cigarette on one or more of the 30 days preceding the survey (current cigarette use).

3. More than one-fifth (22.4%) of the current smokers were classified as heavy smokers (smoked 20-30 days).

4. Forty-five percent of the students have ever tried to quit smoking.

5. A small number (4.8%) of the students ever tried smokeless tobacco, such as Redman, Beechnut, or Skoal.

Alcohol and Other Drug Use Behaviors

1. Nearly three-fourths (74.4%) of the students were classified as current drinkers (had a least one drink during the 30 days preceding the survey).

2. Approximately 10.4% of the student were heavy drinkers (drank 20-30 days).

3. Nearly one-third (31.4%) of the students classified as current drinkers reported binge drinking (consuming 5 or more drinks of alcohol at on at least one occasion) 30 days preceding the survey.

Illegal Drug Use Behaviors

1. Over one-half (55.7%) of the students ever tried marijuana.

2. Approximately 43.8% of the students who ever tried marijuana reported being current marijuana users (using at least once during the 30 days preceding the survey).

3. Seven percent of the students reported ever trying any form of cocaine including powder, crack, or freebase.

4. Of these students, 41.3% reported being current cocaine users (at least once in the last 30 days preceding the survey).

Sexual Behaviors

1. Overall, 85.3% of the students had ever engaged in sexual intercourse.

2. Of the students who are sexually active, 72% were currently sexually active (engaged in sexual intercourse at least once in the past 30 days preceding the survey).

3. During the three months preceding the survey, one-third (33%) of the students reported having sexual intercourse with two or more people.

4. Nearly one-half (45.9%) of the students reported not using or wearing a condom the last time they had sexual intercourse.

5. Students reported the most common form of birth control used were condoms (43.1%), followed by birth control pills (20%) and no method (17.8%).

6. Overall, 13.5% of the students reported drinking

alcohol the last time they engaged in sexual intercourse.

7. More than one-third (35.5%) of the students reported they had been pregnant or gotten someone pregnant.

8. Of the students surveyed, 14.7% reported they had been forced to have sexual intercourse against their will.

9. Over one-half (56.8%) of the students had their blood tested for the AIDS virus/HIV infection.

Dietary Behaviors

1. Of the students surveyed, 34.9% perceived themselves as overweight.

2. More than one-third (43.2%) of the students surveyed were currently trying to lose weight.

3. A small number (4.4%) had taken laxatives or vomited either to lose weight or to keep from gaining weight during the 30 days preceding the survey.

4. Approximately, 6.2% of the students surveyed had taken diet pills either to lose weight or to keep from gaining weight during the 30 days preceding the survey.

5. One-fifth (20.7%) of the students reported eating five or more servings of fruits and vegetables such as fruit juice, green salad, or cooked vegetables on the day preceding the survey.

6. More than one-half (59.1%) of the students consumed two or more servings of food typically high in fat,

such as hamburgers, french fries, or cookies on the day preceding the survey.

Physical Activity Behaviors

1. Only one-third (28.7%) of all students surveyed, participated in vigorous physical activity (activities that made them seat and breathe hard for at least 20 minutes) on three or more days during the week preceding the survey.

2. Nearly one-third (28.9%) of the students engaged in some form of stretching exercises such as toe touching, knee bending, or leg stretching on three or more days during the week preceding the survey.

3. Nearly one-third (28.4) of the students reported engaging in strengthening exercises such as push-ups, sit-ups, and weight lifting to strengthen and tone their muscles, three or more days during the week preceding the survey.

The second research question was: In what ways do African American male and female college students differ in their reported health behaviors? Significant differences were found between male and female students when the following health risk behaviors were analyzed using the chi square test and a .05 level of significance.

Behaviors Related to Unintentional and Intentional Injury

1. Male students (56%) were significantly more likely than female students (28.1%) to seldomly use safety belts when riding in a car driven by someone else.

2. Male students (56.3%) were significantly less likely than female students (21.3%) to use safety belts when driving a car.

3. Males (46.5%) were significantly more likely to than females (37.1%) to ride with someone who had been drinking alcohol.

4. Male students (36.6%) were significantly more likely than female students (18.9%) to drive under the influence of alcohol.

5. Males (22.8%) were significantly more likely than females (8.4%) to have carried a weapon such as a gun, knife or club during the 30 days preceding the survey.

6. Male students (26.7%) were significantly more likely than female students (14.1%) to have been in a physical fight during the 12 months preceding the survey.

7. Male students (17%) were significantly more likely than female students (7.5%) to have actually attempted suicide.

Tobacco Use Behaviors

1. There were no statistical differences were computed for tobacco use between male and female students.

Alcohol Use Behaviors

1. Male students (18.8%) were significantly more likely than female students (5.7%) to be classified as heavy drinkers (drank 20-30 days preceding the survey).

2. Males (48.4%) were significantly more likely to binge drink than females (21.6%).

Illegal Drug Use Behaviors

1. Male students (55.3%) were significantly more likely than female students (37.4%) to have ever tried marijuana.

2. Overall, male students (57.9%) were significantly more likely than female students (30.5%) to be current marijuana users (used marijuana at least once 30 days preceding the survey).

3. Male students (12.4%) were significantly more likely to have tried cocaine than female students (3.3%).

4. Overall, male students (51.6%) were significantly more likely than female students (14.3%) to be current cocaine users (used cocaine at least once 30 days preceding the survey).

Sexual Behaviors

1. Males (46.5%) were significantly more likely than female students (23.7%) to have slept with more than two people, during the last three months preceding the survey.

2. Male students (18.7%) were significantly more likely than female students (10.2%) to drink alcohol the last time they engaged in sexual intercourse.

3. Females (60.3) were significantly more likely than males (50.7%) to get their blood tested for the AIDS virus/HIV infection.

Dietary Behaviors

1. Females (43.1%) were significantly more likely than males (21.8%) to perceive themselves as overweight.

2. Female students (53.9%) were significantly more likely to diet than male students (25.9%).

3. Male students (66.3%) were significantly more likely than female students (54.7%) to consume foods typically high in fat, such as hamburgers, french fries, and cookies.

Physical Activity Behaviors

1. Male students (38.1%) were significantly more likely than female students (22.9%) to report vigorous physical activity (activities that made them sweat and

breathe hard for at least 20 minutes) on three or more days during the week preceding the survey.

2. Male students (37.7%) were significantly more likely than female students (23.7%) to engage in stretching exercises such as toe touching, knee bending, or leg stretching on three or more days during the week preceding the survey.

3. Males (41.7%) were significantly more likely than female students (20%) to have done strengthening exercises such as push-ups, sit-ups, and weight lifting to strengthen and tone their muscles, three or more days during the week preceding the survey.

The third research question was: What are the differences in health behaviors between lower class (first and second year) and upper class (third and fourth year) African American college students. Significant differences were found between lower and upper class students when the following health risk behaviors were analyzed using the chi square test and a .05 level of significance.

Behaviors Related to Unintentional and Intentional Injury

1. Lower class students (44%) were significantly more likely than upper class students (27.6%) to seldomly use safety belts when riding in a car driven by someone else.

2. Lower class students (38.3%) were significantly

less likely than upper class students (28.6%) to use safety belts when driving a car.

3. Upper class students (33.8%) were significantly more likely than lower class students (22.9%) to drive under the influence of alcohol.

4. No significant difference was computed for lower and upper class health risk behaviors resulting in intentional injury.

Tobacco Use Behaviors

1. There were no statistical differences computed for tobacco use among lower and upper class students.

Alcohol Use Behaviors

1. There were no statistical differences computed for alcohol use among lower and upper class students.

Illegal Drug Use Behaviors

1. There were no statistical differences were computed for alcohol use among lower and upper class students.

Sexual Behaviors

1. Upper class students (65.5%) were significantly more likely than lower class students (53.3%) to get their

blood tested for the AIDS virus/HIV infection.

Dietary Behaviors

1. Upper class students (42.4%) were significantly more likely than under class students (31.7%) to perceive themselves as overweight.

2. Upper class students (51%) were significantly more likely to diet than lower class students (39.9%).

3. Lower class students (65.4%) were significantly more likely than upper class students (44.1%) to consume foods typically high in fat, such as hamburgers, french fries, or cookies.

Physical Activity Behaviors

1. There were no statistical differences computed for physical activity among lower and upper class students.

The fourth research question was: What major findings of the study will serve as a framework for the development of a model health instruction program. The following findings merit attention:

1. Nearly one-fourth of students seldomly wore seat/safety belt when riding or driving a car.

2. A high percentage of students who ride motorcycles or bicycles seldomly wear helmets to protect themselves for injury or trauma to the head.

3. More than one-third of the students reported riding with a driver under the influence of alcohol and one-quarter of the students drove while intoxicated.

4. Nearly one-fourth of the students who ever tried cigarettes were classified as heavy smokers.

5. Of the students reporting current alcohol use, more than one-fourth of the students reported current episodes of binge drinking.

6. Nearly one-half of the students who ever tried marijuana are current users.

7. Nearly three-fourths of the students are currently sexually active.

8. Of the students who are sexually active, one-third of these students slept with more than 2 people the three months preceding the survey.

9. Nearly one-half of the students reported not using a condom the last time they had sexual intercourse.

10. More than one-third of the students reported they had been pregnant or gotten someone pregnant.

11. More than one-third of the students perceived themselves as overweight.

12. Only one-fifth of the students reported eating five or more servings of foods typically low in fat.

13. More than one-half of the students reported eating two or more foods typically high in fat.

14. Only one-fourth of the students participated in any form of exercise--vigorous physical activity, stretching and/or strengthening exercises.

CONCLUSIONS

The following conclusions are based on the findings of this research study:

Primary

1. The self reported behaviors of African American students revealed a population at greater than normal health and safety risk.

2. Overall, African American male college students are more likely than African American female students college to engage in behaviors that may increase their health and safety risk of premature death.

3. According to self-reported data class ranking does not appear to be an important determinant of the level of health risk behaviors for African American college students.

Secondary

4. Based on the analysis of this self-report data a health instruction framework module can be developed.

RECOMMENDATIONS

The following recommendations result from the findings and conclusions based on data produced by the study:

1. Introductory health courses taught at historically black colleges and universities need to increase their emphasis on traffic safety, nutrition, physical activity and alcohol abuse.

2. Health services need to conduct a health needs assessment at each university to develop more preventative based programs.

3. Historically black colleges and universities need to develop a health instruction course focusing on the health status of African American males.

RECOMMENDATIONS FOR FURTHER RESEARCH

1. African American males reported more negative health risk behaviors than their female counterparts. Studies addressing this issue could prove to be beneficial in understanding why males engage in high levels of health and safety risk taking behaviors.

2. Implement a study with a population of non-college students of the same age and compare the results to this study in order to compare and contrast similarities and

differences.

3. More studies addressing large scale social factors attributing to decreased health status (e.g. poverty, racism, etc.) among African American college students are needed.

CHAPTER VI

SUGGESTED HEALTH INSTRUCTION FRAMEWORK

PURPOSE OF THE HEALTH INSTRUCTIONS FRAMEWORK

This framework is designed as a guideline to provide direction for the development of effective health instruction programs for African American college students. It is based primarily on the findings and conclusions resulting from this investigation.

DESCRIPTION

For the purpose of this research project, "framework" has been defined as a health instruction module providing direction for the development of an effective health education program targeting African American college students.

CONCEPTUAL AREAS OF FRAMEWORK

The framework is divided into the following conceptual areas: 1) Safety and Violence; 2) Tobacco Use; 3) Alcohol and Other Drug Use; 4) Sexual Behavior; 5) Nutrition; and 6)

Physical Activity.

SUGGESTED FRAMEWORK

Conceptual Area: Safety and Violence

Goal: Increase knowledge on healthy behaviors related to intentional and unintentional injury among African American college students.

Objectives: By the end of the instruction the student will be able to:

1. Analyze individual attitudes influencing behaviors resulting in unintentional injury.
2. Interpret appropriate safety behaviors related to safe transportation:
 - *Car Safety (Seat Belt Use)
 - *Motorcycle and Bicycle Safety (Helmet Use)
3. Formulate strategies to avoid driving or riding with someone under the influence of drugs or alcohol.
4. Analyze individual and societal attitudes related to violence and the African American population and summarize strategies to handle these attitudes.
5. Compare and contrast the attitudinal differences of males and females related to violent behavior.
6. Summarize reasons African American male college

students engage in more behaviors related to intentional injury than African American female college students.

Conceptual Area: Tobacco Use

Goal: Increase knowledge on the negative effects of tobacco use among African American college students.

Objectives: By the end of the instruction, the student will be able to:

1. Analyze individual attitudes related to tobacco use among the African American college student population.

Conceptual Area: Alcohol and Other Drug Use

Goal: Increase knowledge on alcohol and other drug use among African American college students.

Objective: By the end of the instruction the student will be able to:

1. Analyze individual and societal attitudes related to alcohol/drug use and the African American college student population and develop counter measures for these attitudes.
2. Formulate reasons why alcohol consumption is high among African American college students.
3. Compare and contrast the attitudinal differences of African American male and female college students related to alcohol abuse.

4. Restate the negative consequence associated with alcohol/drug use and sexual behavior.

5. Summarize techniques to handle peer pressure related to alcohol/drug use.

6. Summarize strategies to avoid driving or riding with someone under the influence of drugs or alcohol.

Conceptual Area: Sexual Behavior

Goal: Increase knowledge of risk associated with negative sexual behavior among African American college students.

Objectives: By the end of the instruction the student will be able to:

1. Analyze personal and societal attitudes related to sexual behavior and formulate counter measures for these attitudes.

2. Compare and contrast the attitudinal differences of males and females related to sexual behavior.

3. Formulate reasons why HIV increasing among the African American population.

4. Summarize the negative consequence associated with alcohol and sexual behavior.

5. Analyze facts/myths related to condom use and articulate ways to increase condom use among the African American college student population.

6. Analyze the impact pregnancy may have on the college experience.

Conceptual Area: Nutrition

Goal: Improve the nutritional status of African American college students.

Objectives: By the end of the instruction the student will be able to:

1. Analyze individual and cultural attitudes related to dietary practices of African Americans and formulate counter measures for the negative attitudes.

2. Summarize strategies to overcome the barriers African American college students may have when trying to eat healthy.

3. Demonstrate the ability to make healthy dietary decisions.

4. Justify the importance of a diet low in fat and high in fiber.

Conceptual Area: Physical Activity

Goal: Increase knowledge and participation in physical activity among African American college students.

Objectives: By the end of the instruction the student will be able to:

1. Analyze individual attitudes related to physical activity of African Americans.
2. Analyze the role of exercise in weight control.
3. Summarize strategies to overcome the barriers African American college students may have when trying to incorporate physical activity into daily living.
4. Summarize the components of an effective fitness program.
5. Assess individual fitness level.
6. Formulate effective physical activity goals.
7. Design a personal fitness plan based on individual need.

PURPOSE OF THE TABLE OF SPECIFICATIONS

According to Lein (1971) a table of Specifications is an blueprint for a test or program. For the purpose of this research project, the Table of Specifications will: (1) assure that all objectives are covered; (2) provide a balance in the program; and (3) allow health educators to effectively design health instruction programs that reflect the emphasis each conceptual area.

SUGGESTED
TABLE OF SPECIFICATIONS

Safety and Violence

<u>Conceptual Area</u>	<u>Suggested Percent of Emphasis</u>
1. Analyze individual attitudes influencing behaviors resulting in unintentional injury.	20%
2. Interpret appropriate safety behaviors related to safe transportation: *Car Safety (Seat Belt Use) *Motorcycle and Bicycle Safety (Helmet Use)	10%
3. Formulate strategies to avoid driving or riding with someone under the influence of drugs or alcohol.	20%
4. Analyze individual and societal attitudes related to violence and the African American population and summarize strategies to handle these attitudes.	30%
5. Compare and contrast the attitudinal differences of males and females related to violent behavior.	10%
6. Analyze reasons African American male college students engage in more behaviors related to intentional injury than African American female college students.	10%

Alcohol and Other Drug Use

<u>Conceptual Area</u>	<u>Suggested Percent of Emphasis</u>
1. Analyze individual and societal attitudes related to alcohol/drug use and the African American college student population and develop counter measures for these attitudes.	25%
2. Formulate reasons why alcohol consumption is high among African American college students.	15%
3. Compare and contrast the attitudinal differences of African American male and female college students related to alcohol abuse.	20%
4. Restate the negative consequence associated with	15%

alcohol/drug use and sexual behavior.

- | | | |
|----|---|-----|
| 5. | Summarize techniques to handle peer pressure related to alcohol/drug use. | 10% |
| 6. | Summarize strategies to avoid driving or riding with someone under the influence of drugs or alcohol. | 15% |

Sexual Behavior

<u>Conceptual Area</u>	<u>Suggested Percent of Emphasis</u>
1. Analyze personal and societal attitudes related to sexual behavior and formulate counter measures for these attitudes.	20%
2. Compare and contrast the attitudinal differences of males and females related to sexual behavior.	25%
3. Summarize the negative consequence associated with alcohol and sexual behavior.	30%
4. Analyze facts/myths related to condom use and articulate ways to increase condom use among the African American college student population.	10%
5. Analyze the impact pregnancy may have on the college experience.	15%

Nutrition

<u>Conceptual Area</u>	<u>Suggested Percent of Emphasis</u>
1. Analyze individual and cultural attitudes related to dietary practices of African Americans and formulate counter measures for the negative attitudes.	25%
2. Summarize strategies to overcome the barriers African American college students may have when trying to eat healthy.	25%
3. Demonstrate the ability to make healthy dietary decisions.	25%
4. Justify the importance of a diet low in fat and high in fiber.	25%

Physical Activity

<u>Conceptual Area</u>	<u>Suggested Percent of Emphasis</u>
1. Analyze individual attitudes and activities related to physical activity of African Americans.	40%
2. Analyze the role of exercise in weight control.	10%
3. Summarize strategies to overcome the barriers African American college students may have when trying to incorporate physical activity into daily living.	10%
4. Summarize the components of an effective fitness program.	5%
5. Assess individual fitness level.	10%
6. Formulate effective physical activity goals.	15%
7. Design a personal fitness plan based on individual need.	20%

SUMMARY

Based primarily on the findings and conclusions resulting from this investigation, this chapter has presented a suggested health instruction framework and a suggested table of specifications. Utilization of these tools may provide direction for the sequential arrangement of health instruction programming designed to improve the health status of African American college students.

CHAPTER VII

THE STUDY IN RETROSPECT

INTRODUCTION

The primary purpose of this study was to assess the self-reported health risk behaviors of a sample of African American college and university students attending state funded historically black colleges or universities. The secondary purpose of this study was to develop a framework health instruction module for African American colleges and universities. This chapter presents the researcher's insights pertaining to the study not addressed in chapters one through five. This chapter will focus on problems in methodology, a retrospective comparison to a similar study, observations about the study, strengths and weaknesses, and future directions.

PROBLEMS IN METHODOLOGY

Like other research endeavors involving human subjects, this research was destined to encounter a number of problems. One of the first noted problems of this research project was finding contact persons to obtain permission to

sample students enrolled in introductory health courses. Finding contact persons was challenging, but the willingness of those who participated facilitated the completion of this research project.

The incompatibility of the scan sheet posed another problem for this research project. The instrument utilized for this research project was the National College Health Risk Behavior Survey (NCHRBS). Although this instrument is public domain, a compatible scan form was not available. The researcher utilized a scan form developed by the Tennessee Evaluation and State Testing Center (Appendix A). The pilot study revealed many participants were bubbling the wrong response on the scan sheet. Additional steps had to be made to ensure the proper use of the scan sheet. Each instructor was given oral and written instructions highlighting the fact that A or 0 was not a possible answer selection.

It was found in the pilot study and the administration of the NCHRBS that students had a problem with the length of the instrument. The NCHRBS is a 96-item self report questionnaire and took 15-20 minutes to complete. Toward the end of the survey some participants marked answers that were not possible. For example, some participants bubbled in a number four response when the question contained only three possible responses.

A RETROSPECTIVE COMPARISON OF A SIMILAR INVESTIGATION

Reginald Fennell (1997) conducted a similar study on African American college students attending HBCUs. The results of both studies reveal that gender is an important determinant of the level of health risk behaviors for African American college students. Overall, African American male college students were more likely than African American female students college to engage in behaviors that may increase their risk of premature death. Both studies revealed the following:

Similarities

1. Females students were significantly more likely than men to wear seat belts when driving or riding in an automobile.
2. Significantly more men reported drinking and/or riding with someone who had been drinking 30 days prior to survey.
3. Male students were more likely to have carried a weapon or engaged in a physical fight 12 months prior to the survey.
4. Men were significantly more likely than women to report heavy drinking.

5. Men were significantly more likely than women to have used alcohol or others drugs before engaging in sexual intercourse.

Although the major findings of both studies were similar a differences existed:

Differences

1. Data analysis in this research project revealed men were more likely than women to have actually attempted suicide. No significant difference was computed in the other research project.

2. No significant difference was noted for cigarette use in this research project. In the study conducted by Fennell, men were significantly more likely than women to be cigarette smokers.

3. No significant difference was computed for pregnancy rates between males and females. In the study conducted by Fennell, women were significantly more likely to report a pregnancy than men.

Since this study to some extent replicated a study conducted by Reginald Fennell (1997), a comparison of some aspects seemed unavoidable.

OBSERVATIONS ABOUT THE STUDY

This study would not have been possible had it not been for the cooperation of the colleges and universities and the students who took part in this research project. Eighteen state funded HBCUs were randomly selected to participate in this research project. Eleven of the eighteen schools actually participated. The selection of classes was based on class size. Each Department Head was asked to sample the class with largest number of students. The researcher believes with the high degree of participation by the HBCUs, the randomness of the sample selection was not affected.

Every effort was made to ensure that the administration of NCHRBS was uniform. No variation was made in the method of administering the instrument. Each instructor who administered the instrument was given detailed directions on how to appropriately administer the NCHRBS. After an explanation of the purpose of the study was given, all students received the NCHRBS, scan sheet and a number two pencil.

The researcher believes that the sample was representative of African American college students attending state funded HBCUs. Currently there are 38 four-year, state funded HBCUs and nearly 30% of these institutions participated in the study.

Because the study targeted African American college students, the researcher excluded data from participants who did not indicate being of African American descent. Recognizing this delimitation the researcher suggests that similar studies be conducted in privately funded HBCUs and African American college students attending predominantly white colleges and universities.

STRENGTHS AND WEAKNESSES

Like any research project, the researcher's goal was the production of results which are meaningful and useful. This project, with its successes and failures, has definitely added to the body of knowledge pertaining to African American college students and health risk behaviors. Relatively few studies assessing the health risk behaviors of African American college students have been conducted. Only one other study utilized the NCHRBS on African American college students attending HBCUs (Fennell, et al.).

Developing a model health instruction framework based on self-reported health risk behaviors among African American college students was a study worth the time and effort. Based primarily on the findings and conclusions of this research project, the framework will provide direction for the development of effective health instruction programs

in the following six conceptual areas: (1) violence and safety; (2) tobacco use; (3) alcohol and other drug use; (4) sexual activity; (5) dietary behavior; and (6) physical activity. The data provided by this study can be used by health educators to develop effective health instruction programs targeting health and safety risk behaviors reported by African American college students.

FUTURE DIRECTIONS

Although no changes would be made in the structure of this study if it were to be conducted again, this study could be strengthened with a few changes. A larger sample size with an equal number of males to females in each group would allow for better comparisons between genders and groups. The results of this study are consistent with previous investigations in finding that gender is an important determinant of health. Studies that attempt to explain gender differences in male and female African American young adults are needed.

Important too, would be the development of peer mentoring programs addressing such issues as alcohol abuse, unhealthy sexual practices. Mentoring programs may enhance exposure to learning and provide the needed support to students trying to practice positive health behaviors.

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APPENDICES

APPENDIX A
DIRECTIONS FOR ADMINISTERING SURVEY

DIRECTIONS FOR ADMINISTERING THE NCHRBS

1. Please ask students to take 15-20 minutes to respond correctly to **each statement**.
2. Each student should respond on the green and white scan sheet with a #2 pencil.
3. Have each student write and bubble in the survey number (**right top corner of the instrument**) on the green and white scan sheet under **NAME**.
4. **INFORM STUDENTS A OR 0 ON THE GREEN SCAN SHEET SHOULD NOT BE SELECTED.**
5. Please ask students to answer **all** questions honestly.
6. Assure the students their responses are completely confidential and there is no way to identify them as participants.
7. Thank you and your students for participating in this research project.

APPENDIX B
NATIONAL COLLEGE HEALTH RISK BEHAVIOR
SURVEY AND SCAN FORM

SURVEY # _____

Please read each question carefully and select the answer that best describes your health behavior within the last 30 days. Use the #2 pencil provided and make sure you darken in your response on the provided answer sheet. Thank you for participating and have a great semester!!!

1. How old are you?

1. 17	3. 19	5. 21	7. 23	9. 25 or older
2. 18	4. 20	6. 22	8. 24	
2. What is your sex?

1. Female	2. Male
-----------	---------
3. What is your class standing?

1. Freshman	2. Sophomore	3. Junior	4. Senior	5. Graduate student	6. Other
-------------	--------------	-----------	-----------	---------------------	----------
4. What is your current year in college?

1. 1st year	3. 3rd year	5. 5th year	7. 7th year
2. 2nd year	4. 4th year	6. 6th year	8. 8th year or beyond
5. Are you a full-time student?

1. Yes	2. No
--------	-------
6. How do you describe yourself?

1. Black/African American	5. Aleutian, American Indian, Alaskan Native, Eskimo
2. White	6. Hispanic Origin (i.e. Mexican American, Puerto Rican or Cuban)
3. Asian	7. Don't Know
4. Pacific Islander	8. Other
7. What is your marital status?

1. Never been married	2. Married	3. Separated	4. Divorced	5. Widowed
-----------------------	------------	--------------	-------------	------------
8. With whom do you currently live? (Select all that apply)

1. Alone	3. Roommate(s)/friend(s)	5. Other relatives	7. Other
2. Spouse/domestic partner	4. Parent(s)/guardian(s)	6. Your children	
9. Where do you currently live?

1. College dormitory or residence hall	3. Other university/college housing	5. Parent/guardian's home
2. Fraternity or sorority house	4. Off-campus house or apartment	6. Other
10. Are you a member of a social fraternity or sorority?

1. Yes	2. No
--------	-------
11. How many hours a week do you work for pay?

1. 0 hours	3. 10-19 hours	5. 30-39 hours	7. More than 40 hours
2. 1-9 hours	4. 20-29 hours	6. 40 hours	
12. Do you have any kind of health care coverage, including health insurance or plans such as HMOs (health maintenance organizations)?

1. Yes	2. No	3. Not sure
--------	-------	-------------
13. How much education does your mother have?

1. She did not finish high school	3. She had some education after high school	5. Not sure
2. She graduated from high school or attained a GED	4. She graduated from college	
14. How much education does your father have?

1. He did not finish high school	3. He had some education after high school	5. Not sure
2. He graduated from high school or attained a GED	4. He graduated from college	

The next 15 questions ask about safety and violence.

15. How often do you wear a seat belt when riding in a car driven by someone else?
 1. Never
 2. Rarely
 3. Sometimes
 4. Most of the time
 5. Always
16. How often do you wear a seat belt when driving a car?
 1. I do not drive a car
 2. Never wear a seat belt
 3. Rarely wear a seat belt
 4. Sometimes wear a seat belt
 5. Most of the time wear a seat belt
 6. Always wear a seat belt
17. During the past 12 months, how many times did you ride a motorcycle?
 1. 0 times
 2. 1 to 10 times
 3. 11 to 20 times
 4. 21 to 39 times
 5. 40 or more times
18. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?
 1. I did not ride a motorcycle during the past 12 months
 2. Never wore a helmet
 3. Rarely wore a helmet
 4. Sometimes wore a helmet
 5. Most of the time wore a helmet
 6. Always wore a helmet
19. During the past 12 months, how many times did you ride a bicycle?
 1. 0 times
 2. 1 to 10 times
 3. 11 to 20 times
 4. 21 to 39 times
 5. 40 or more times
20. When you rode a bicycle during the past 12 months, how often did you wear a helmet?
 1. I did not ride a bicycle during the past 12 months
 2. Never wore a helmet
 3. Rarely wore a helmet
 4. Sometimes wore a helmet
 5. Most of the time wore a helmet
 6. Always wore a helmet
21. During the past 12 months, how many times did you go boating or swimming?
 1. 0 times
 2. 1 to 10 times
 3. 11 to 20 times
 4. 21 to 39 times
 5. 40 or more times
22. When you went boating or swimming during the past 12 months, how often did you drink alcohol?
 1. I did not go boating or swimming during the past 12 months
 2. Never drank alcohol
 3. Rarely drank alcohol
 4. Sometimes drank alcohol
 5. Most of the time drank alcohol
 6. Always drank alcohol
23. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
 1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or more times
24. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?
 1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or more times
25. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club? Do not count carrying a weapon as part of your job.
 1. 0 days
 2. 1 day
 3. 2 or 3 days
 4. 4 or 5 days
 5. 6 or more days
26. During the past 30 days, on how many days did you carry a gun? Do not count carrying a gun as part of your job.
 1. 0 days
 2. 1 day
 3. 2 or 3 days
 4. 4 or 5 days
 5. 6 or more days
27. During the past 12 months, how many times were you in a physical fight?
 1. 0 times - SKIP TO QUESTION 30
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or 7 times
 6. 8 or 9 times
 7. 10 or 11 times
 8. 12 or more times
28. During the past 12 months, with whom did you fight? (Select all that apply).
 1. A total stranger
 2. A friend or someone I know
 3. A boyfriend, girlfriend, or date
 4. My spouse or domestic partner
 5. A parent, brother, sister, or other family member
 6. Other
29. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
 1. 0 times
 2. 1 time
 3. 2 or 3 times
 4. 4 or 5 times
 5. 6 or more times

Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life. The next four questions ask about suicide.

30. During the past 12 months, did you ever seriously consider attempting suicide?
1. Yes 2. No
31. During the past 12 months, did you make a plan about how you would attempt suicide?
1. Yes 2. No
32. During the past 12 months, how many times did you actually attempt suicide?
1. 0 times 2. 1 time 3. 2 or 3 times 4. 4 or 5 times 5. 6 or more times
33. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
1. I did not attempt suicide during the last 12 months 2. Yes 3. No

The next eight questions ask about tobacco use.

34. Have you ever tried cigarette smoking, even one or two puffs?
1. Yes 2. No - SKIP TO QUESTION 41
35. How old were you when you smoked a whole cigarette for the first time?
1. I have never smoked a whole cigarette 3. 13 or 14 years old 5. 17 or 18 years old 7. 21 to 24 years old
2. 12 years old or younger 4. 15 or 16 years old 6. 19 or 20 years old 8. 25 years old or older
36. During the past 30 days, on how many days did you smoke cigarettes?
1. 0 days 3. 3 to 5 days 5. 10 to 19 days 7. All 30 days
2. 1 or 2 days 4. 6 to 9 days 6. 20 to 29 days
37. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
1. I did not smoke cigarettes during the past 30 days 4. 2 to 5 cigarettes per day 7. More than 20 cigarettes per day
2. Less than 1 cigarette per day 5. 6 to 10 cigarettes per day
3. 1 cigarette per day 6. 11 to 20 cigarettes per day
38. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?
1. Yes 2. No
39. How old were you when you first started smoking cigarettes regularly (at least one cigarette every day for 30 days)?
1. I have never smoked cigarettes regularly 3. 13 or 14 years old 5. 17 or 18 years old 7. 21 to 24 years old
2. 12 years old or younger 4. 15 or 16 years old 6. 19 or 20 years old 8. 25 years old or older
40. Have you ever tried to quit smoking cigarettes?
1. Yes 2. No
41. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
1. 0 days 3. 3 to 5 days 5. 10 to 19 days 7. All 30 days
2. 1 or 2 days 4. 6 to 9 days 6. 20 to 29 days

The next three questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

42. How old were you when you had your first drink of alcohol other than a few sips?
1. I have never had a drink of alcohol other than a few sips - SKIP TO QUESTION 45 5. 17 or 18 years old
2. 12 years old or younger 6. 19 or 20 years old
3. 13 or 14 years old 7. 21 to 24 years old
4. 15 or 16 years old 8. 25 years old or older
43. During the past 30 days, on how many days did you have at least one drink of alcohol?
1. 0 days 3. 3 to 5 days 5. 10 to 19 days 7. All 30 days
2. 1 or 2 days 4. 6 to 9 days 6. 20 to 29 days

44. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- | | | | |
|-----------|----------------|------------------|--------------------|
| 1. 0 days | 3. 2 days | 5. 6 to 9 days | 7. 20 or more days |
| 2. 1 day | 4. 3 to 5 days | 6. 10 to 19 days | |

The next three questions ask about marijuana use.

45. During your life, how many times have you used marijuana?
- | | | | |
|---|-------------------|-------------------|----------------------|
| 1. 0 times - SKIP TO QUESTION 48 | 3. 3 to 9 times | 5. 20 to 39 times | 7. 100 or more times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 to 99 times | |
46. How old were you when you tried marijuana for the first time?
- | | | | |
|----------------------------|-----------------------|-----------------------|--------------------------|
| 1. 12 years old or younger | 3. 15 or 16 years old | 5. 19 or 20 years old | 7. 25 years old or older |
| 2. 13 or 14 years old | 4. 17 or 18 years old | 6. 21 to 24 years old | |
47. During the past 30 days, how many times did you use marijuana?
- | | | |
|-----------------|-------------------|---------------------|
| 1. 0 times | 3. 3 to 9 times | 5. 20 to 39 times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 or more times |

The next 10 questions ask about cocaine and other drug use.

48. During your life, how many times have you used any form of cocaine including powder, crack, or freebase?
- | | | | |
|---|-------------------|-------------------|----------------------|
| 1. 0 times - SKIP TO QUESTION 52 | 3. 3 to 9 times | 5. 20 to 39 times | 7. 100 or more times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 to 99 times | |
49. How old were you when you tried any form of cocaine, including powder, crack, or freebase, for the first time?
- | | | | |
|----------------------------|-----------------------|-----------------------|--------------------------|
| 1. 12 years old or younger | 3. 15 or 16 years old | 5. 19 or 20 years old | 7. 25 years old or older |
| 2. 13 or 14 years old | 4. 17 or 18 years old | 6. 21 to 24 years old | |
50. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?
- | | | |
|-----------------|-------------------|---------------------|
| 1. 0 times | 3. 3 to 9 times | 5. 20 to 39 times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 or more times |
51. During your life, how many times have you used the crack or freebase forms of cocaine?
- | | | | |
|-----------------|-------------------|-------------------|----------------------|
| 1. 0 times | 3. 3 to 9 times | 5. 20 to 39 times | 7. 100 or more times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 to 99 times | |
52. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- | | | | |
|-----------------|-------------------|-------------------|----------------------|
| 1. 0 times | 3. 3 to 9 times | 5. 20 to 39 times | 7. 100 or more times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 to 99 times | |
53. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?
- | | | | |
|-----------------|-------------------|-------------------|----------------------|
| 1. 0 times | 3. 3 to 9 times | 5. 20 to 39 times | 7. 100 or more times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 to 99 times | |
54. During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin?
- | | | | |
|-----------------|-------------------|-------------------|----------------------|
| 1. 0 times | 3. 3 to 9 times | 5. 20 to 39 times | 7. 100 or more times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 to 99 times | |
55. During the past 30 days, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin?
- | | | |
|-----------------|-------------------|---------------------|
| 1. 0 times | 3. 3 to 9 times | 5. 20 to 39 times |
| 2. 1 or 2 times | 4. 10 to 19 times | 6. 40 or more times |
56. During the past 30 days, how many times have you used any illegal drug in combination with drinking alcohol?
- | | | |
|-----------------|-------------------|---------------------|
| 1. 0 times | 3. 3 to 9 times | 5. 20 to 39 times |
| 2. 1 to 2 times | 4. 10 to 19 times | 6. 40 or more times |
57. During your life, how many times have you used a needle to inject any illegal drug into your body?
- | | | |
|------------|-----------|--------------------|
| 1. 0 times | 2. 1 time | 3. 2 or more times |
|------------|-----------|--------------------|

The next 15 questions ask about sexual behavior. For the purpose of this survey, sexual intercourse is defined as vaginal intercourse, anal intercourse, or oral/genital sex.

58. How old were you when you had sexual intercourse for the first time?
- | | |
|--|--------------------------|
| 1. I have never had sexual intercourse-SKIP TO QUESTION 69 | 5. 17 or 18 years old |
| 2. 12 years old or younger | 6. 19 or 20 years old |
| 3. 13 or 14 years old | 7. 21 to 24 years old |
| 4. 15 or 16 years old | 8. 25 years old or older |
59. During your life, with how many females have you had sexual intercourse?
- | | | | |
|--|--------------|--------------|----------------------|
| 1. I have never had sexual intercourse with a female | 3. 2 females | 5. 4 females | 7. 6 or more females |
| 2. 1 female | 4. 3 females | 6. 5 females | |
60. During the past 3 months, with how many females have you had sexual intercourse?
- | | |
|--|----------------------|
| 1. I have never had sexual intercourse with a female | 5. 3 females |
| 2. I have had sexual intercourse with a female, but not during the past 3 months | 6. 4 females |
| 3. 1 female | 7. 5 females |
| 4. 2 females | 8. 6 or more females |
61. During your life, with how many males have you had sexual intercourse?
- | | | | |
|--|------------|------------|--------------------|
| 1. I have never had sexual intercourse with a male | 3. 2 males | 5. 4 males | 7. 6 or more males |
| 2. 1 male | 4. 3 males | 6. 5 males | |
62. During the past 3 months, with how many males have you had sexual intercourse?
- | | |
|--|--------------------|
| 1. I have never had sexual intercourse with a male | 5. 3 males |
| 2. I have had sexual intercourse with a male, but not during the last three months | 6. 4 males |
| 3. 1 male | 7. 5 males |
| 4. 2 males | 8. 6 or more males |
63. During the past 30 days, how many times did you have sexual intercourse?
- | | | |
|------------|-----------------|---------------------|
| 1. 0 times | 3. 2 or 3 times | 5. 10 to 19 times |
| 2. 1 time | 4. 4 to 9 times | 6. 20 or more times |
64. During the past 30 days, how often did you or your partner use a condom?
- | | |
|--|-----------------------------------|
| 1. I have not had sexual intercourse during the past 30 days | 4. Sometimes used a condom |
| 2. Never used a condom | 5. Most of the time used a condom |
| 3. Rarely used a condom | 6. Always used a condom |
65. The last time you had sexual intercourse, did you or your partner use a condom?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
66. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
67. The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy? (Select all that apply.)
- | | | |
|--|---------------|----------------------|
| 1. No method was used to prevent pregnancy | 3. Condoms | 5. Some other method |
| 2. Birth control pills | 4. Withdrawal | 6. Not sure |
68. How many times have you been pregnant or gotten someone pregnant?
- | | | | |
|------------|-----------|--------------------|-------------|
| 1. 0 times | 2. 1 time | 3. 2 or more times | 4. Not Sure |
|------------|-----------|--------------------|-------------|
69. During your life, have you ever been forced to have sexual intercourse against your will?
- | | |
|--------|-----------------------------|
| 1. Yes | 2. No - SKIP TO QUESTION 72 |
|--------|-----------------------------|
70. How old were you the first time you were forced to have sexual intercourse against your will?
- | | | | |
|---------------------------|-----------------------|-----------------------|--------------------------|
| 1. 4 years old or younger | 3. 13 or 14 years old | 5. 17 or 18 years old | 7. 21 to 24 years old |
| 2. 5 to 12 years old | 4. 15 or 16 years old | 6. 19 or 20 years old | 8. 25 years old or older |

71. How old were you the last time you were forced to have sexual intercourse against your will?
- | | | | |
|---------------------------|-----------------------|-----------------------|--------------------------|
| 1. 4 years old or younger | 3. 13 or 14 years old | 5. 17 or 18 years old | 7. 21 to 24 years old |
| 2. 5 to 12 years old | 4. 15 or 16 years old | 6. 19 or 20 years old | 8. 25 years old or older |

72. Have you ever had your blood tested for the AIDS virus/HIV infection?
- | | | |
|--------|-------|-------------|
| 1. Yes | 2. No | 3. Not sure |
|--------|-------|-------------|

The next eight questions ask about body weight.

73. How do you describe your weight?
- | | | |
|-------------------------|---------------------------|--------------------|
| 1. Very underweight | 3. About the right weight | 5. Very overweight |
| 2. Slightly underweight | 4. Slightly overweight | |
74. Which of the following are you trying to do about your weight?
- | | | |
|----------------|-------------------------|---|
| 1. Lose weight | 3. Stay the same weight | 5. I am not trying to do anything about my weight |
| 2. Gain weight | 4. Very overweight | |
75. During the past 30 days, did you diet to lose weight or to keep from gaining weight?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
76. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
77. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
78. During the past 30 days, did you take diet pills to lose weight or to keep from gaining weight?
- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|
79. What is your height?
- | | | | |
|----------------|------------------|-----------------|---------------|
| 1. Below 5ft | 3. 5'4" to 5'7" | 5. 6ft to 6'3" | 7. Above 6'7" |
| 2. 5ft to 5'3" | 4. 5'8" to 5'11" | 6. 6'4" to 6'7" | |
80. What is your weight?
- | | | | | |
|--------------|--------------|--------------|--------------|---------------|
| 1. Below 120 | 3. 141 - 160 | 5. 181 - 200 | 7. 221 - 240 | 9. 261 - 280 |
| 2. 121 - 140 | 4. 161 - 180 | 6. 201 - 220 | 8. 241 - 260 | 10. Above 280 |

The next seven questions ask about food you ate yesterday. Think about all meals and snacks you ate yesterday from the time you got up until you went to bed. Be sure to include food you ate at home, on campus, at restaurants, or anywhere else.

81. Yesterday, how many times did you eat fruit?
- | | | | |
|------------|-----------|------------|--------------------|
| 1. 0 times | 2. 1 time | 3. 2 times | 4. 3 or more times |
|------------|-----------|------------|--------------------|
82. Yesterday, how many times did you drink fruit juice?
- | | | | |
|------------|-----------|------------|--------------------|
| 1. 0 times | 2. 1 time | 3. 2 times | 4. 3 or more times |
|------------|-----------|------------|--------------------|
83. Yesterday, how many times did you eat green salad?
- | | | | |
|------------|-----------|------------|--------------------|
| 1. 0 times | 2. 1 time | 3. 2 times | 4. 3 or more times |
|------------|-----------|------------|--------------------|
84. Yesterday, how many times did you eat cooked vegetables?
- | | | | |
|------------|-----------|------------|--------------------|
| 1. 0 times | 2. 1 time | 3. 2 times | 4. 3 or more times |
|------------|-----------|------------|--------------------|
85. Yesterday, how many times did you eat hamburger, hot dogs, or sausage?
- | | | | |
|------------|-----------|------------|--------------------|
| 1. 0 times | 2. 1 time | 3. 2 times | 4. 3 or more times |
|------------|-----------|------------|--------------------|
86. Yesterday, how many times did you eat french fries or potato chips?
- | | | | |
|------------|-----------|------------|--------------------|
| 1. 0 times | 2. 1 time | 3. 2 times | 4. 3 or more times |
|------------|-----------|------------|--------------------|
87. Yesterday, how many times did you eat cookies, doughnuts, pie, or cake?
- | | | | |
|------------|-----------|------------|--------------------|
| 1. 0 times | 2. 1 time | 3. 2 times | 4. 3 or more times |
|------------|-----------|------------|--------------------|

The next six questions ask about physical activity.

88. On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard, such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?
- | | | | |
|-----------|-----------|-----------|-----------|
| 1. 0 days | 3. 2 days | 5. 4 days | 7. 6 days |
| 2. 1 day | 4. 3 days | 6. 5 days | 8. 7 days |
89. On how many of the past 7 days did you do stretching exercises, such as toe touching, knee bending, or leg stretching?
- | | | | |
|-----------|-----------|-----------|-----------|
| 1. 0 days | 3. 2 days | 5. 4 days | 7. 6 days |
| 2. 1 day | 4. 3 days | 6. 5 days | 8. 7 days |
90. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
- | | | | |
|-----------|-----------|-----------|-----------|
| 1. 0 days | 3. 2 days | 5. 4 days | 7. 6 days |
| 2. 1 day | 4. 3 days | 6. 5 days | 8. 7 days |
91. On how many of the past 7 days did you walk or bicycle for at least 30 minutes at a time? (Include walking or bicycling to or from class or work.)
- | | | | |
|-----------|-----------|-----------|-----------|
| 1. 0 days | 3. 2 days | 5. 4 days | 7. 6 days |
| 2. 1 day | 4. 3 days | 6. 5 days | 8. 7 days |
92. During this school year, have you been enrolled in a physical education class?
1. Yes 2. No
93. During this school year, on how many college sports teams (intramural or extramural) did you participate?
1. 0 teams 2. 1 team 3. 2 teams 4. 3 or more teams

The next three questions ask about AIDS education and health information.

94. Have you ever been taught about AIDS or HIV infection in your college classes?
1. Yes 2. No 3. Not Sure
95. During this school year, where on your college campus did you receive information about avoiding AIDS or HIV infection? (Select all that apply.)
- | | |
|---|---|
| 1. College classes | 6. Pamphlets, brochures, or newsletters |
| 2. Residence hall or other campus housing | 7. College newspapers |
| 3. Student clubs or organizations | 8. Informal discussion with friends |
| 4. Student health center | 9. Other |
| 5. Health fair | 10. I was not provided with any information |
96. On which of the following health topics have you ever received information from your college or university? (Select all that apply.)
- | | |
|--|--|
| 1. Tobacco use prevention | 6. Pregnancy prevention |
| 2. Alcohol and other drug use prevention | 7. Sexually transmitted disease (STD) prevention |
| 3. Violence prevention | 8. AIDS or HIV infection prevention |
| 4. Injury prevention and safety | 9. Dietary behaviors and nutrition |
| 5. Suicide prevention | 10. Physical activity and fitness |

THANK YOU!

GENERAL PURPOSE - NCS® - ANSWER SHEET

SEE IMPORTANT MARKING INSTRUCTIONS ON SIDE 2

SEX

GRADE

EDUC

NAME (Last, First, M.I.)

MO

DAY

YR

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B

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APPENDIX C
COVER LETTER

December 1, 1997

Dr. _____
_____ University
_____ Drive
City, State Zip Code

Dear Dr. _____:

I am a doctoral student attending the University of Tennessee conducting research on health risk behaviors of African American college students attending historically black colleges and universities. Information gathered from this study will be used to develop a model health instruction program and suggestions for student health programs.

Your cooperation is sought to have a faculty person collect data by having an introductory health class participate in the study. Students, on a volunteer basis, in the health class would complete a questionnaire that will require about 15-20 minutes. All information received will be treated anonymously and confidentially. I have a premier doctoral committee monitoring the project.

Your professor can easily administer the instrument. A copy of the instrument and instructions are enclosed.

Thanks in advance for your consideration and participation in the research project. Please send me the name and address of the faculty person or have the person contact me. Should you or your faculty have any questions regarding this research study, please contact me at (423)974-5041 or dreese@utkux.utcc.utk.edu.

Best of health,

Deitra M. Reese

APPENDIX D

LIST OF PARTICIPATING COLLEGES AND UNIVERSITIES

The following list contains the HBCUs that participated in this research project.

Alabama A&M University
Albany State University
Alcorn State University
Bowie State University
Central State University
Coppin State University
Delaware State University
Dillard University
Prairie View A&M University
Southern University
Tennessee State University
University Arkansas at Pine Bluff

VITA

Deitra Mechelle Reese was born in Columbia, South Carolina to Mr. and Mrs. Andrew Reese. Raised in Germany and Georgia, she has traveled all over the world. During her junior year in high school, Deitra moved to Fort Knox, Kentucky where she completed her high school education.

Upon graduation from high school, she attended Eastern Kentucky University located in Richmond, Kentucky. In May of 1994 she received her Bachelor of Science in Community Health Education. She stayed at ECU to complete a Masters degree where she was offered a graduate assistantship with the Office of Residential and Student Life , as the Director of Peer Education. In August of 1995 she received a Master of Arts in Secondary Education: Allied Health Sciences.

The University of Tennessee offered her a Graduate Teaching Associate in the Health and Safety Sciences Department. During this time she gave birth to a baby girl named Kairah Askani Lee. She was awarded the Doctor of Philosophy in Human Ecology with an emphasis in Health Education and Public Health in August of 1998.