## Sigma's 30th International Nursing Research Congress

## Knowledge of HIV/AIDS and Attitudes Toward Condom Use Among African American Men 18 to 35

# Doris Ezomo, PhD, RN

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**Purpose:** Of all racial/ethnic groups in the U.S., African Americans (AA) are the most impacted by HIV/AIDS, including rates of new infections and deaths (Abara, 2013; CDC, 2013a, Pellowski et. al., 20113). The purpose of this study was to determine whether attitude towards condom use differed according to knowledge of HIV/AIDS, and demographics such as age, education, income, length of relationships, and years sexually active.

**Methods:** This quantitative study of 162 AA men ages 18 to 35 years old from an urban geographic area in North Jersey utilized two 5-item questionnaires developed by the researcher that measured attitudes towards condom use and knowledge of HIV/AIDS.

**Results:** Hierarchical multiple regression investigated the ability of HIV/AIDS knowledge to predict attitude towards condoms, after controlling for age, income, years of sexually active, education and length of relationship. HIV/AIDS Knowledge had a Beta value of ( $\beta$  = .28, p = .002). Number of years sexually active ( $\beta$  = -.38, p = .000) and income ( $\beta$  = .31, p < .03) had higher Beta values. An independent-sample *t*-test revealed a significant difference in attitude towards condom use based on the participants' age group, t(160) = -2.58, p = .011). Participants in the age group 18-24 had a mean score of 19.42, (SD = 4.54), and the age group 24-35 had a statistically significant higher mean score of 21.53, (SD = 5.80).

**Conclusion:** This study provided information about AA men's vulnerability to HIV/AIDS and the contributing factors that have impacted the high prevalence rate of HIV/AIDS in this population. AA young men are disproportionately affected by HIV infection and are at risk for increased mortality and morbidity due to socioeconomic factors, such as lack of access to healthcare and lower educational accomplishments (CDC, 2011; CDC, 2013).

In addition, this study found that young AA men had decreased knowledge of HIV/AIDS and negative attitudes towards condom use. Educational programs that dispel myths and misconceptions about condom use may provide a fertile starting point to increase knowledge and improve attitudes towards condom use in this younger, understudied population.

### Title:

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### **Keywords:**

African American men, Attitudes toward condom use and knowledge of HIV/AIDS

#### References:

Geter, A., & Crosby, R. (2014). Condom refusal and young Black men: the influence of pleasure, sexual partners, and friends. *Journal of Urban Health*, *91*(3), 541-546.

Klein, H., Sterk, C. E., & Elifson, K. W. (2016). Knowledge about HIV in a community sample of urban African Americans in the South. *Journal of AIDS & clinical research*, 7(10).

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Nelson, L. E., Wilton, L., Agyarko-Poku, T., Zhang, N., Zou, Y., Aluoch, M., ... & Adu-Sarkodie, Y. (2015). Predictors of condom use among peer social networks of men who have sex with men in Ghana, West Africa. *PloS one*, *10*(1), 0115504.

### **Abstract Summary:**

Study shows that minority youth challenge dominant norms and do not behave according to the these norms thereby risking their health. This study sought to determine whether attitudes towards condom use differs according to knowledge of HIV/AIDS, and demographics like age, education, income, length of relationships, and years sexually active.

### **Content Outline:**

### 1. Introduction:

- A. HIV leading cause of death worldwide among individuals ages 15-59 years.
- B. Third leading cause of death among African American (AA) men 35 44 yrs.
- C. Fourth leading cause of death for Latinos of the same age group.
- D. Very debilitating disease.
- E. Threat to the economic, society, & political wellbeing of a nation.

#### 11. Main Points

- A. Attitude towards condoms
- B. Knowledge of HIV/AIDS

### 111. Supporting points

- a) Theoretical Frameworks
- b) Theoretical Frameworks

- C. Research Design
- D. Instruments
- E. Data collection
- F. Results

#### **IV. Conclusion**

Discussion, Implications, and Recommendations

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