Introduction
Much of the epidemiological data of HIV infection trends among Black men and women in the United States is reported using historical racial classifications only. There is a dearth of comparative studies that examine cultural identity across immigrant groups and across different societies of the African Diaspora.

Objective
Among a sample of men and women who self-identify as African-American, Black-Caribbean and African and reside in the US, the objective of this study was:

(1) To explore interactions between cultural identity, cultural concepts of sexual behavior, sexual communication, gender roles, perceptions of risk for HIV infection and culture-specific factors.

Methods
This exploratory study utilized a cross-sectional design. African-American, Black-Caribbean and African men and women between the ages of 18-55 years were recruited via ads placed on Facebook and Craigslist. Participants completed an online questionnaire that collected data on cultural identity, cultural concepts of sexual behavior, sexual communication, gender roles, perceptions of risk for HIV infection and culture-specific factors. The survey was administered via Qualtrics™.

For the preliminary analysis, descriptive statistics, bivariate analysis and ANOVA was used to analyze data. The analysis was completed using Statistical Packages for the Social Sciences (SPSS) version 22.

Sample
Participants were recruited from NYC, Hartford, Newark, Chicago, San Francisco, Los Angeles, Atlanta, Miami, and Jacksonville.

An understanding of the influence of cultural identity within the context of HIV risk behavior and culture-specific factors among African-American, Black-Caribbean and African groups is absent. With opportunities to maintain strong cultural traditions through travel, communication and technology, levels of acculturation and adaptation may vary across foreign born, first generation and second generation African-American or having at least one parent who was foreign born.

Results
Cultural Identity
- The majority of participants reported a Moderate level of cultural identification with their ethnicity.
- When ethnicity choices were limited to African-American, Black-Caribbean and African, the majority of participants selected “African-American,” despite being a first generation American or having at least one parent who was foreign born.
- When given the opportunity to enter a free response for ethnicity, participants were more specific and took into account the nationality of biological parents.

Sexual Behavior
- Male participants reported a significantly higher number of sexual partners in a lifetime than female participants (p<.05).
- Condom use varied by age, partner and sexual act and was least consistent with oral and anal sex (p<.05).

Sexual Communication
- While participants knew that their partner had an HIV test and other STI tests in the past, the majority of participants reported not knowing the results.

Gender Roles
- Attitudes towards gender roles was specific to age, gender and nationality or residency.

Perceptions of Risk for HIV Infection
- Over 70% of male and female participants reported low perceptions of risk for HIV infection.

Additional Preliminary Findings
- Mean differences in cultural identity were not related to gender (p>.05).

Conclusion
Cultural identity is complex and highly individualized. Current approaches to categorizing ethnicity may be too limiting and quantitative methodologies alone, fail to capture critical variations and similarities. Levels of acculturation and adaptation vary across foreign born, first generation and second generation Black men and women in the US.

Even among a highly educated sample with access to healthcare, HIV risk behavior was significantly high. Knowledge of cultural variations of identity and factors that influence HIV risk will provide valuable insight to the HIV epidemic affecting Black populations in the US.

Implications for Practice
Providers’ ability to identify and address intra-ethnic and inter-ethnic variations and similarities among patients who present with risk for HIV infection or diagnosis of HIV infection can have a significant impact on the effective delivery of HIV prevention and intervention. Cultural competence in the delivery of care goes beyond acknowledgement of cultural differences and includes the active process of providing care within the cultural context of the client.

Future Study
A qualitative exploration of cultural identity, cultural concepts of sexual behavior, sexual communication, gender roles and perceptions of risk for HIV infection is in progress. A conceptual understanding of these variables within the context of culture will provide valuable insight for public health initiatives.

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