

Structured Risk: Black Women, Perceived Integration into Campus Hook-Up Culture, and the Potential for Sexually-Transmitted Infection Diagnoses at a Predominately White College

By

Jasmine L. Harris

Abstract:

Black women continue to suffer disproportionately high rates of sexually transmitted infection (STI) diagnoses, from chlamydia to HIV, than does any other demographic. These numbers, though shrinking over time, continue to identify Black women as at the greatest risk for STI diagnosis in the U.S., yet few explanations are available that do not pathologize Black women’s sexual behavior. This paper examines interview data on hook-up culture participation from Black women students at a PWI (predominantly white institution) to better understand how they perceive and engage with sexual interactions and expectations in this setting. The findings suggest Black women participate “begrudgingly” in campus hook-up culture, but race and gender-based isolation in this context minimizes access to useful, potentially protective, information about other hook-up culture participants, as well as options for contraception. Though members of the campus community, Black women students feel disengaged from the very hook-up culture in which they continue to participate, increasing their potential for STI diagnosis. Better understandings of the settings where, and conditions under which, Black women engage in sexual interactions is important to identifying potential explanations for their endemic STI rates in this country.

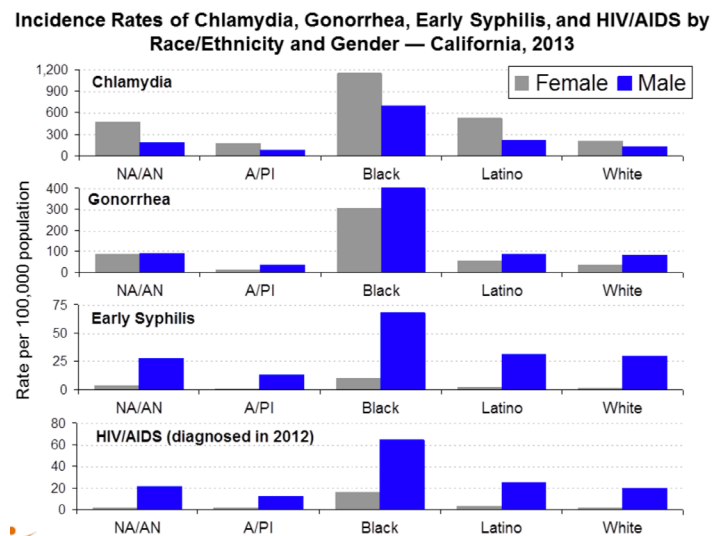
Keywords: Black women, PWIs, STIs, hook-up culture, setting

Introduction

This paper starts from an understanding of the racialized nature of health outcomes in Black communities, a result of structural barriers to adequate healthcare and institutional disadvantages that increase the likelihood of a number of poor health outcomes among Black people (Williams, Priest & Anderson 2016). It applies that line of thinking to campus hook-up culture as a contextual variable for sexually transmitted infection (STI) diagnoses. And then, asks how isolation in the context of a PWI setting impacts Black women’s potential for STI diagnoses.

Black women report sexually transmitted infection (STI) diagnoses at higher rates than any other demographic of women in the U.S. (CDC 2018). In Los Angeles county, for example, an urban area whose rates of STIs most closely resemble that of the overall U.S. population, Black women’s incidence rates in 2013 were more than double that of any other group of women. (See FIGURE 1). Black men, too, have the highest rates of STI diagnosis in their demographic.

FIGURE 1: 2013 Incidence Rates of Chlamydia, Gonorrhea, Early Syphilis, and HIV/AIDS by Race/Ethnicity and Gender: California



County of Los Angeles Public Health Department, 2013

Differences between white and Black women in contraception use cannot singularly explain why Black women suffer disproportionate STI rates. A 2016 study of 18 – 19-year-old women found Black women were more likely to use Long-acting Reversible Contraception (LARC), intrauterine devices and contraceptive implants placed inside the vagina to prevent pregnancy, compared to white women who were more likely to use oral contraceptives. Moreover, Black women did not differ from white women in periodic stoppages of contraceptive use, and reported fewer changes in contraception methods over the 2.5-year data collection period (Kusunoki, Barber, Ela & Buck 2016). Black women also reported fewer relationships and less sexual activity than white women. So, why does this demographic continue to report such high STI rates? If not behavior-specific, then how do campus structures, and/or cultural beliefs and expectations of their fellow students influence high STI rates among Black women attending a PWI? These questions are important because they encourage disciplinary transition away from research which pathologizes Black women, especially as it pertains to sexual health outcomes; blaming individual for what seems statistically to be a systemic issue.

Context Helps

Social context, the immediate physical and social setting in which people interact, helps categorize specific risks for people within specific time and place because it is informed by both physical and social structure of a setting. Examinations of social contexts in the study of risk behaviors may also identify risk groups by defining normative behaviors (Sumartojo 2000) and subsequently help develop innovative interventions suited to settings in which risk is intensified. The purpose of this research is to understand how the social context of predominately white institutions (PWI), where hook-up culture is perpetual (Bogle 2008; Alison & Risman 2014) and Black women are increasingly present, impact Black women students' potential for STI exposure to provide social context to Black women's continued overrepresentation among new STI diagnoses in the U.S.

Individual risk factors and sex partner characteristics have been considered (Ivy, Miles, Le & Paz-Bailey 2014) in connection with Black women's perpetually high HIV infection rates with little knowledge advancement, however cultural membership, and institutional settings (LeBlanc, Sutton, Thomas & Duffus 2014) provide additional clues to explain transmission rates. Schools

seems like a good place to start because the highest rate of STI diagnosis for Black women is among high school and college-aged women (Pflieger, Cook, Niccolai & Connell 2013). This fact, coupled with Black women's 10-fold increase in their rates of college attendance in the last 20 years, the same time frame over which Black women's rates of STI diagnosis increased perpetually year after year (Cohen 2018), suggests U.S. colleges and universities are important research sites for better understanding the factors impacting their potential for STI diagnosis. Among all women, regardless of race, there are explicit connections between school attendance and STI diagnosis. Post-secondary education is a significant predictor of, rather than protector from, STI diagnosis for Black women compared to white women (Annang, Walsemann & Kerr 2010), but little research has tried to understand why. Why do Black women derive so little protection from STIs via higher education matriculation? What about the specific context of PWIs, where a majority of Black women matriculate, increases their susceptibility to STIs?

Literature Review

This research examines self-reported sexual health practices, hook-up culture participation, and perceived campus integration among Black women at PWIs to understand the role of setting in exposure to STI risk. Black women's sexual behavior is not biologically prescriptive, and does not happen in a vacuum, therefore their sexual outcomes must be understood in connection to such diversity. The patterned social and romantic interactions in this setting shape decision-making, and by extension sexual health for all students on campus. Black women's behavior is being singled out in this case because of their disproportionate STI rates.

Hook-up culture is defined as one that encourages casual sexual interactions rather than monogamous sexual relationships (Freitas 2013). Today, on college campuses of all shapes and sizes, hook-up culture is pervasive. Students may opt-out of participation in this culture, but cannot escape the culture itself, or sanctions for non-participation (Wade 2017). Casual heterosexual sex behaviors are associated with an increased risk of STI diagnosis (Lyons 2016) whether on college campuses or not, but college students are also more unaware of their individual vulnerabilities to STIs (Downing-Matibag & Geisinger 2009). As such, students' presence on college campuses cannot be separated from their individual sexual health.

Odd Women Out

Sexual health, rather than confined to the presence or absence of disease, is well-being in all states of sexuality, physical, emotional, mental, and social (WHO 2006a). While empirical data clearly identifies Black women as at disproportionate STI risk, the heterogeneity of the Black community, and Black people's presence in predominately white, culturally incompatible settings, requires the study of subpopulations to identify components of sexual health which make Black women as a whole disproportionately "at risk"¹. This paper examines social aspects of Black women's sexual health by focusing on a typically sexually active culture, college hook-up culture to isolate those contextual factors contributing most directly to potential STI diagnosis.

Increased inclusion and diversity initiatives at PWIs mean growing numbers of Black women matriculate at these schools, but unchanged institutional structures and campus cultures mean there are few social supports to ensure their positive integration into the campus community. Black students, because they generally attend predominately white colleges, but arrive on campus from culturally disparate home lives, define hookups differently than their white peers (Glenn & Marquardt 2001; Paul, McManus & Hayes 2000). Specifically, they are less likely to participate in hookup culture broadly (Berntson, Hoffman & Luff 2016) and are more likely to be sexually homophilous (Allison & Risman 2013; McClintock 2010) with a preference for Black sex partners.

Access to public discourse on sexual health also impacts sex behaviors, especially in well-established hook-up cultures and is important to sexual health of community members. Because PWIs are not organized to adequately address differences in information acquisition, and subsequent disparate socio-cultural needs between Black and white students (Ross 2017; Cox 2020), predominately white college campuses are also settings where health outcomes may diverge by race as they do in broader society (Wilkins 2004). Integration, or lack thereof, into the campus community impacts the number of potential partners (Uecker & Regnerus 2010), potential network connections (Smith & Moore 2000), and access to discourse on sexual health (Rose 2003; Alleyne & Gaston 2010; Wilkins 2012). Therefore,

¹The Center for Disease Control (CDC) (2016) defines "at risk" populations as those with any combination of individual, relational, community, or societal factors contributing to the likelihood of STI diagnosis and identifies Blacks in the U.S. as disproportionately "at risk" across a range of infections.

decisions about participation in campus hook-up culture, and by extension potential for STI diagnosis may also be impacted.

The Role of the Student Population

It has long been argued that Black women are more homophilous, a term describing an "internal preference for associations with others with whom one shares identities, in their choices of sexual partners than other groups of women (Hall & Turner 2016) and this singular data point has been used to explain collective sexual health outcomes (Utley 2019) among Black women in the U.S. But this isn't just about partner preferences. How students engage in hook-up culture also reflects the structures in which they interact with their peers. Choices about partners, and by extension one's sexual health more broadly, are impacted by the physical setting and social context in which they take place.

Existing literature disagrees about the role of race in sexual interaction on campus (Hall & Turner 2016) or as a predictor for participation in hook-up culture, with some finding Black students less likely to hook-up with white peers (Bogle 2008; Owen et. al 2010), and others finding Black students more likely to hookup in general than white students (Bernston et. al 2016). As such, Black women's hook-up culture participation remains unclear (Pham 2017), and instead broad accusations of simple poor decision-making pathologize their endemic STI rates. But Black women's sexual behaviors are not compulsive, they are reflections of differences across the experiences of Black women then require further study.

Endemic STI rates among Black women in the U.S. continue in part because there is still so little understanding of moderating variables impacting Black women's participation in campus hook-up culture even as such research has increased exponentially in the last 20 years. Black women are enrolling in PWIs in historic numbers, so the examination of place seems fitting. This project does not assume that Black women are engaging in more or less risky behaviors women in total, but is constructed, together with unusually high diagnosis rates, on the theory that hook-up culture presents potential "hotspots" for risky sex behavior regardless of race, and therefore is a good place to start studying the role of institutionally defined networks in likelihood of STI exposures. Social interaction on campus is important to student persistence and therefore participation in hook-up culture has important social functions. This may be especially true for small, marginalized groups like Black women on predominately white campuses.

However, marginalized students are also more likely to be victimized at PWIs (Guiffrida & Douthit 2011; Hamer & Lang 2015) and therefore, must be extra cautious about hook-up culture participation in this setting.

Qualitative research on sexual assault among Black women sorority members at a PWI found sorority membership provided safeguards and supports perceived to protect them from potential victimization (Tinto 2012). What happens when potential cultural support systems like Black sororities are not available, as is the case at most PWIs? How do Black women protect themselves in a hook-up culture that provides no existing structural supports in this regard? Existing literature suggests minority students opt-out of, or create alternative forms of hooking-up (Glenn & Marquardt 2001; Ray & Rosow 2010, and Wade 2013). What impact do these choices have on Black women's potential for STI diagnosis?

Research Methods

This study analyzes interview data from a sample of 15 Black women at a PWI where the percentage of Black students on campus is less than 10% and few, if any, institutional supports are available to temper the difficulties of extreme marginalization in this setting or encourage engagement with campus culture to examine under what conditions students at a PWI make decisions about sexual behavior, and by extension, the relationship between risk and perceptions of hook-up culture for this culturally isolate group. Asking Black women students about their sex behaviors, perceptions of integration on campus, and hook-up culture participation helps uncover moderating and mediating variables impacting their high national diagnosis rates.

The study site is a small, suburban liberal arts college in a moderate, mid-Atlantic setting. The modern definition of an exurb, a prosperous community beyond commuter suburbs, this community is a 90% white, upward trending middle-class area. It is predominantly a closed campus where student access to cars and public transportation are limited. The semi-closed environment means students live, work, and play mainly in the same spaces, muddling class barriers across campus (McClintock 2010), but especially for Black students whose class identities are less salient than race (McDonald 2011). The site also provides a detailed view of sexual health among participants and the identification of setting-specific patterns related to students' sex behaviors. The campus

population, including student, faculty and staff are also predominately white, and class identity trends more towards middle class and upper middle class than in previous eras. The overall population is approximately 1350 students, including 105 Black students, all of who had equal opportunity to participate in this study.

A majority of students in the site are from Pennsylvania and states within three hours driving distance of the school². The median household income for students at this institution is \$120,500. Twenty percent of students come from the top 20% of income earners in the U.S., and less than five percent comes from the bottom 20%³. Black students are more likely to receive Pell grants and 20% of students received Pell Grants in 2015, the year before data were collected, as an indicator of differences in socioeconomic status (SES) between Black and white students in the site of research. Similarly, Black students are more likely to be from predominately Black urban areas, though many attended predominately white high schools, and white students are more likely to be from suburban predominately white areas, having attended predominately white high schools.

Institutionally, the percentage of Black students at the research site has been historically flat, hovering around six percent, and with few formal supports in the form of staff, allocated space, or community resources and programming to support them. For example, there are no Black staff members among the health and wellness services staff, there is only one formal organization funded by the college to support Black students on campus, and continued racist harassment of students on campus before, during, and after data collection. Between 2015-2020, Black students staged four formal protests demanding increased institutional support, but progress has been stagnant. Institutional Review Board approved data was collected amid this cultural unrest on campus, so issues of social integration and regulation were top of participants' minds.

As the Principal Investigator, I, a Black woman faculty member, collected interview data about participants' descriptions of the campus culture around sexual interactions, STI discourse regarding prevention, and the construction of their sexual behavior in this environment. Interview participants were chosen randomly⁴ from survey participants in a larger mixed methodological study on campus hook-up culture who

²New York, New Jersey, and Maryland.

³<https://www.nytimes.com/interactive/projects/college-mobility/>

⁴After survey data collection concluded, an email list of participants wanting to interview was generated in order of submission date and time. Every fifth email (and corresponding respondent) was chosen to participate until a list of 15 students was created.

identified themselves at the conclusion of the survey as interested in participation. In 2016, I collected fifteen interviews, of about 60 minutes each, with Black women undergrads (39% of the site population of Black women) over the phone to mitigate concern for data validity about sensitive sex behavior questions (Feldman & Lynch 1988; Schwartz 1999).

Interview questions sought to identify individual perceptions of institutional integration on campus, and involvement in campus hook-up culture, asked things like, “What types of contraception do you use during sexual interactions on campus? And How often do you discuss sexual health concerns with others, and with whom are you having these discussions?” in an attempt to capture themes around sex behaviors and mechanism for sexual health information acquisition. Questions were adjusted as necessary throughout the data collection process to account for new information and ongoing analysis via the ground theory method (Corbin & Strauss 1990) where interview data was scanned, first for themes and then more specific codes, before the next interview was conducted to ensure new, potentially important, topics of discussion are covered.

Black students were oversampled via additional targeted outreach to race and ethnicity-based student groups on campus. Meetings with Black student group executive boards to explain the research purpose and process acted as the oversampling procedure to encourage participation among Black students and increase the probability of a sample representative of the campus population. Black women students were oversampled among interview participants to address CDC reported imbalance in STI transmission among Black women.

The experiences of Black women at PWIs are not well assessed (Kane 2018). This project attempts to evaluate potential connections between the demographics and extra-curricular structure of the site, and Black women’s reported engagement in campus hook-up culture to better understand STI risk in settings and within communities where they are marginalized.

Analysis of Results

The culture of the PWI where this data was collected is structured by racialized access to extra-curricular resources, and campus support systems. As a result, participation in said culture and subsequent student identity development connected to it are strengthened or weakened by students’ race. Likewise, hooking up, and decision-making about hooking up, reflect how

well-integrated students are on campus, and is by extension also racialized. Lack of perceived integration on campus based on experiences of marginalization by Black women participants in this study, is at the forefront of their self-reported sex behaviors in the place. Black women in this site perceive themselves as isolated, ostracized, and ignored compared to their peers. Their lack of integration into hook-up culture on campus intensifies their potential for STI diagnosis while there, an unintended consequence of isolation in a community where sexual activity is expected. Therefore, attendance at a PWI may be a distal risk factor, that which represents underlying vulnerability to STI diagnosis during matriculation but not necessarily a predictive relationship, for Black women’s potential for STI diagnosis outside of this social context. More specifically, PWI settings offer some explanation for increased probability of STI exposure, as a result of a complex combination of perceived campus integration, minimal in-group discourse about STIs, and lack of potential partners for Black women students. Their potential for STI exposure then is not pathological, it’s institutional.

Socio-Sexual Networks on Campus

Cultural isolation of Black women at this PWI creates small, insular social networks, mostly comprised of peers who act as support systems, and understand shared cultures and experiences, the majority of whom are also part of the small population of Black women on campus. Participants viewed these networks as sources of support and protection from campus hook-up culture, but also acknowledged that such support is focused on immediate decisions about hook-up culture participation rather than sex behaviors or protections. Likewise, members use knowledge of hook-up culture participation among one another, and with other members of the campus community to make decision about their own participation in hook-up culture on campus.

Perceptions of being “othered” on campus, in this case feeling as they are not part of the “normative” campus culture, and therefore perpetually vulnerable to being ostracized, then, simultaneously encourage Black women students to create networks of protection and maintains low levels of campus integration in this predominately white setting. Participants were not explicitly asked about how their perceptions of themselves as “others” on campus impacted their access to information on sexual health on campus, and yet

almost of the participants alluded to this information clog during interviews. This also stunts peer relationship development and potentially increases their likelihood of STI diagnosis because Black women in the site were often two layers removed (race and gender) from underground knowledge and rumors used by white and non-Black women on campus as forms of protection while participating in hook-up culture. Participants explicitly discussed how this absence of institutional access negatively impacted their sexual interactions as part of hook-up culture. Aneesa⁵, a junior, explains when asked how she makes decisions about who to hook-up with, if she does at all,

ANEESA: “I try to keep up with the [info] about who to avoid. What guys are too aggressive or don’t like condoms or whatever. But I don’t know. Especially the white guys. How am I supposed to know?”

These socio-sexual networks also negatively impact hook-up culture participation on campus by increasing the likelihood the Black women members overlap sexual partners while on campus, or choose to opt-out of campus hook-up culture all together, but is not a regular source of sexual health discourse. Participation is not moralized, but rather is based on practicality. If one is to participate in hook-up culture, then it is likely that they will engage in sexual interactions with people who have existing network connections, sexual or otherwise. Decisions made by Black women in this environment were based on perceived knowledge about potential partners, and assumed benefits or disadvantages to each individual hook-up. In this way, participants described hook-up culture participation as measure of tolerance of the network-provided knowledge about potential partners.

Kim, a Black woman respondent in her third year, laments the pervasiveness of hook-up culture on campus, and the potential for overlapping partners further highlighting the role social networks play in these decisions.

KIM: “You’re in a love triangle with almost everyone you meet here. It’s awful, it’s like everyone just hooks up with everyone else. And it’s weird, and it’s gross, and I’m not a huge fan of it so I stick to myself. It’s just strange to me...Not that I don’t hook-up with [guys]. It’s just gross. You have to be careful.”

Knowledge of their peers (or assumption thereof)

⁵The names and identifying characteristics of all interview participants have been changed.

rate of participation in hook-up culture informs their willingness to engage in sexual interaction on campus themselves – and with whom. When I ask if she’s “hooked-up” with anyone in the last 12 months, her response illuminates the eternal conflict for Black women in this setting.

KIM: “Well...yeah. But he’s not like that.”

In this case, Kim’s negative perception of the culture itself, as well as its participants, and her perception of the statistical likelihood of partner-sharing leaves Kim with little interest in participating, but it does not stop her. Her acknowledgement of the small number of desirable potential partners leads the perception of hook-up culture participation for her, and by extension the other women in her socio-sexual network faced with similar limited sexual partner options. Although Kim never explicitly mentions potential for STI diagnosis as part of her apprehension, the belief that hook-ups are “weird” and “gross” within a community that normalizes such behavior suggests an underlying understanding of the potential for contracting STIs amid small socio-sexual networks, but not necessarily abstention, to ensure continued sexual health. Instead, Black women students perceive the setting, and the limited availability of preferred partners as increasing the likelihood of partner-sharing. They may not make explicit epidemiological connections to their feelings, but Black women students’ hesitations about hook-up culture participation suggest some understanding of the negative impacts of participation. However, participation leads to increased risk of infection, regardless of participants’ negative perceptions of hook-up culture in theory.

There is a cognitive dissonance between participants’ perceptions of campus hook-up culture and their actual participation. Though hook-up culture participation is perceived as distasteful, participants also acknowledge that integration within the campus community is, at least partially, facilitated by that same participation. Bianca, a senior interview participant, acknowledges the interconnectedness of sexual partners, and describes the alternative (to abstain from participation) as a social and romantic death. She reports multiple partners in the preceding year, explaining,

BIANCA: “If you hook-up with one of the Black guys here there’s a good chance he’s also been with someone you know. It’s annoying. You either have to get over it, or be alone.”

“Is that bad,” I ask, hoping she’ll offer a more detailed explanation. Her response was blunt.

BIANCA: “Who wants to be alone in college? You come to college not to be alone.”

Alone, it can be assumed in this case, speaks not just to the momentary absence of a sexual partner, or participation in the hook-up culture, but rather being ostracized from the campus community more broadly. Participation in hook-up culture is certainly not mandated, but does represent another opportunity for students to ingratiate themselves within the community, a necessity for cultural integration in the space. It makes sense then, that conversations about hook-up culture participation among Black women focuses on how to emerge with an intact social identity, rather than more seemingly obscure and less immediately pressing issues like potential for infection.

Discourse or Action

Across the study, participants reported very little discussion amongst one another about the potential outcomes of hook-up culture participation besides pregnancy. Specific questions posed about condom use found these women most immediately concerned about how a pregnancy during college would negatively impact their career goals, and potentially disappoint their families. When I ask about what contraception means to her, Kim explained,

KIM: “I’m just trying to make sure I don’t end up pregnant and then can’t finish school. Sex isn’t worth all that to me.”

Only one participant specifically discussed condom use as a sexual health issue. Limited internal discussions of sexual health for these Black women, coupled with perceptions of being ostracized such that participation in external public discourse on sexual health offered by the college is also limited, mean less access to resources and information to inform decision-making in sexual interactions. Instead, Black women in the site focused on the importance of pregnancy prevention to guide contraception use, but did not regularly rely on its use in the effort to prevent pregnancy. One interview question specifically asked how likely participants perceived themselves to contract an STI in the ensuing five-year period. Almost all respondents answered “none” or “almost no chance” but had difficulty explaining why not

given earlier reports of sporadic condom use. Meghan, a graduating senior, struggles to reconcile her answers,

MEGHAN: I guess...I’m not sure. I just don’t see myself getting one [an STI]. I’m not out there like that.

References to being “out there” directly reflect earlier distaste in hook-up culture participation. Meghan perceives of regular hook-up culture participation as potentially unclean and therefore regular participants are more likely to be exposed to STIs than herself. This reasoning suggests, perhaps because of lack of discourse, Meghan may be unintentionally increasing potential STI exposure as a result of her perception of herself in this specific environment.

Throughout the study, participants reported few explicit conversations about sexual health or sex behaviors, either in public discourse or intimate conversation. Interview participants regularly cited Google as their go-to for answers to questions about sex, sex behaviors, and sex risks. The lack of consistent network discourse about preventative sexual health practices perpetuates this issue. Students in the site are not engaging in discussions about sexual health, although they readily engage in sexual interactions. Instead, they’re crowd-sourcing sexual health information from the internet, and increasing the potential for mistakes in protection to be made in the process. This is happening despite college-funded conversations on issues of sexual health throughout the school year. Black women students, because they are perpetually marginalized on campus, are not likely to know about or attend such on-campus events. In small closed sexual networks rates of misinformation are high and easily proliferated among friends. Danielle, a first-year student, highlights the impact lack of access to these discussions has on Black women students in the site.

DANIELLE: “If I had a question about herpes or pregnancy or condoms or something? I guess [I’d use] Google. I don’t really talk about this stuff with like people. I don’t believe we have enough conversations about this. They just give out condoms. I don’t really think there is much talk about it though.”

Students’ “sexual literacy”, an individual’s beliefs about health, contraception and pregnancy is important to their perceptions of personal sexual health, and subsequent sex behaviors. Black women of all ages score lower on measures of sexual literacy, tending to believe more inaccuracies than white women (Guzzo

2010). Findings suggest this difference is largely related to setting and social position. In the site, Black women participants lack detailed sexual health information, as well as consistent and reliable public discourse increasing their potential for STI risk, disadvantages which directly result from their structural and cultural marginalization on campus. Black women's needs, opinions, and desires around sexual interaction are largely ignored and undiscussed in campus discourse negatively impacting their overall sexual health in this context.

CONCLUSIONS

“Normative” institutional arrangements in higher education are such that Black women students at this PWI have difficulty developing both friendships and romantic relations because of a lack of consistent institutional support to bridge the demographic gaps across the student body. As a consequence, they also lack the social, emotional, and psychological protections of an extensive network of relationships enjoyed by their white peers. Participation in hook-up culture under these conditions then exposes Black women to potential STI diagnosis in ways unique to this setting.

Participants' decision-making about sexual interactions is not pathological, rather dependent on their access to communities they perceive as those in which they fit in easily, a steady supply of “suitable” potential partners, and enough social connections on campus to keep them safe and apprised of potential sexual danger. Because Black women students are not well integrated into the campus community their ability to access such secondary defenses against STI diagnosis, like network gossip and informally shared health and safety information, is minimized. As a result, PWIs become one place, ostensibly of many, where Black women's potential for STI diagnosis is intensified.

More broadly, the findings described here highlight the problem of diversity without inclusion at PWIs. Clearly, these participants need institutionally provided structural supports to ensure they don't simply exist on campus as tangible representations of diversity initiatives, but instead can picture themselves a part of campus culture rather than on the margins of it. More resources to fund multiple Black student organizations – not just a Black Student Union (or similar organization), especially for Black women, and that reflect their lived experiences, is good first step to improve Black women students' integration on PWI campuses. It is clear that there are differences in Black women students'

mechanisms of information acquisition compared to their white peers at PWIs. These women don't trust existing structural supports because they've already written them off as not “for them”. The addition of institutionally funded organizations focused on the needs of Black women will ensure multiple access points for information about potential for STI diagnosis and general safe-sex practices in a way that is currently missing.

This study's findings suggest more attention should be paid to the role of contextual environments in race and gender disparities in STI diagnoses in the U.S. Just as the study of health outcomes in urban versus suburban settings predicts obesity in food deserts, and chronic asthma in inner cities, both higher among Black people who are more likely to live in those areas, perhaps examinations of Black women's isolation in predominately white spaces can help us better understand their endemic STI rates. Especially when, for many, isolation in public spaces is perpetual. Most importantly, uncovering the types of contextual environments in which Black women's potential for STI diagnosis is high, and then identifying the existing structures and cultures informing information acquisition and subsequent decision-making in sites allows us to understand sexual health among Black women in a more nuanced fashion, rather than continuing to study them as a monolithic group with collective pathologies which cause risky behavior. Studying Black women as distinct social communities based on context is the first step to lowering their disproportionately high STI rates nationwide.

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About the Author: Jasmine L. Harris, Ph.D. is Associate Professor of Sociology at Ursinus College where she teaches, writes, and conducts research on institutional racism and sexism in higher education. She can be reached at jharris@ursinus.edu