

Catalog of Federal Domestic Assistance number is 93.283.

### B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year 2003 funds for a cooperative agreement for Communication and Negotiation About Barrier Contraceptive Use Among Young Adults At Risk. This program addresses the "Healthy People 2010" focus areas family planning, HIV, and sexually transmitted diseases.

The purpose of this program is to investigate the context within which sexually active young adult African American and Latino women and men (ages 18–25) communicate sexual values and negotiate about barrier contraceptive use (use of male condoms, female condoms, or the diaphragm). The program will develop, implement and evaluate case study intervention models to encourage choices and effective negotiation skills for prevention of HIV/STDs and unplanned pregnancies.

In Phase I, support will be provided for multi-method formative approaches toward understanding communication between heterosexual partners about sexual abstinence, monogamy, and barrier contraceptive use and factors influencing implicit expectations (about gender roles, reproductive ambivalence, competing contraceptive alternatives, power, cultural values, social norms, etc.) and explicit negotiation processes. This phase will culminate with the development of a plan for an intervention model.

Phase II will support implementation of case studies of community-based intervention models to facilitate communication about reproductive decision making and barrier contraceptive use among young adult women and men with their partners, using information gathered in Phase I.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Support prevention research to develop sustainable and transferable community-based behavioral interventions.

### C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, technical schools, research institutions, hospitals, other public and private nonprofit organizations, community-based organizations, faith-based organizations, state and local

governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

### D. Funding

#### *Availability of Funds*

Approximately \$800,000 is available in FY 2003 to fund approximately two awards. It is expected that the average award will be \$400,000, ranging from \$300,000 to \$450,000. It is expected that the awards will begin on or about September 1, 2003 and will be made for a 12-month budget period within a total project period of five years; the first phase will be for two-three years and the second phase will occur during the subsequent two-three years. Awards for Phase II will be subject to documented collaboration with community partner(s) and availability of funds. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

#### *Recipient Financial Participation*

No matching funds are required for this program.

#### *Funding Priority*

Priority will be given to projects that demonstrate access to and propose to target young adult women and men at high risk for STDs, including HIV, and unintended pregnancies. Communities in which research is to be conducted, and interventions fielded, should be predominately African American or Latino and disproportionately affected by HIV and other STDs. Priority will be given to communities with rates of chlamydia, gonorrhea, and teen pregnancy that are above national average rates.

Funds may be awarded in such a way as to achieve geographic distribution of funded projects.

### E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for activities listed

under Recipient Activities, and CDC will be responsible for activities listed under CDC Activities.

#### *Recipient Activities*

The recipient will be responsible for conducting the research outlined in Phase I, and using the formative research collected during this Phase to develop an intervention plan and case study evaluation for Phase II. Funding for Phase II will be contingent upon satisfactory progress as evidenced by required reports, the intervention plan, the documented establishment of a formal collaboration with a community-based organization equipped to implement the intervention model, and availability of funds. A complete description of the activities required within Phase I and Phase II follows.

#### *Phase I (Years One to Two or One to Three)*

This program announcement seeks a multi-method approach toward understanding the complexity of communication between partners: To what extent does negotiation about sexual choices, including monogamy, abstinence, and explicit barrier contraceptive use take place and by whom; the nature of the actual communication processes; and the context within which they lead to different outcomes. In this initial formative phase of the project, applicants are encouraged to propose creative, innovative data collection methods that will yield information about individual, social, and cultural factors that affect contraceptive decision making and behavior that may be used in the Phase II intervention design.

Activities to be conducted are:

1. Clearly identify key research questions to be addressed including, but not limited to:

a. How do young adult men and women make decisions about abstinence, sexual initiation, and monogamy?

b. How do sexually active young adult men and women decide to use barrier contraception and how are these choices negotiated? Or if not directly negotiated, how do social roles, norms, and expectations influence these decisions?

c. How are intimacy and commitment to mutual monogamy assumed, expected, and communicated between partners, and how do couples that perceive themselves as mutually monogamous communicate about barrier methods?

d. Are power differentials between young adult men and women perceived, and if so, how are they communicated (verbally or nonverbally)?