

e. What are the tacit assumptions made or the explicit negotiation strategies commonly used by young women and men and how do partners respond to each approach (what contextual factors are important)?

f. Do young adult women and men use hierarchical strategies, if they have multiple contraceptive methods available?

g. What social and cultural factors predict young adult men's receptiveness to safe sex negotiation strategies offered by a female partner? What social and cultural factors predict young adult men's ability or willingness to negotiate?

h. How does marital and childbearing motivation, including cultural expectations, ambivalence about pregnancy and perceptions of each other's desires affect communication?

i. How do young adult men communicate their reproductive values to their partners and what is the context in which this occurs?

j. How does communication about hormonal contraceptive use (e.g., oral contraceptives, implants, injectables, ring, patch) occur and what is the context in which it occurs or what prompts it to occur?

2. Conduct comprehensive literature review related to identified research questions.

3. Identify and recruit sexually active women and men, ages 18–25 from predominantly African American or Latino communities with documented HIV/STD risk characteristics (rates of chlamydia, gonorrhea, and teen pregnancy above national average rates).

4. Conduct formative research activities such as the following, but not limited to:

a. Development of vignettes or scenarios depicting communication of values and barrier negotiation strategies. Presentation of these vignettes to young adult men and women (individually or in groups), and assessment of their qualitative responses, similar experiences, and further development of the situations (for intervention planning).

b. Mixed or same sex focus groups to explore cultural/environmental influences and the role of peers in shaping attitudes toward communication about sexual values and choices, including barrier contraception. If focus groups are conducted, ensure that the appropriate privacy concerns are addressed, as information provided will be sensitive and confidential.

c. In-depth qualitative interviews with young adult men and women who are sexually active. May consider their specific experiences with barrier

contraceptive use, including successful communication, avoidance of use or dissuasion of a partner, partner responses, and perceptions of partner attitudes, roles, and monogamy. May explore implicit or explicit reproductive issues along with the context of negotiating hormonal contraceptive use (including newer methods, such as the contraceptive patch, ring, and emergency contraception).

d. Observational study of cohort of sexually active young adult men and women provided with barrier contraceptives (male condom, female condom, or diaphragm), trained in use of coital diaries (possibly a software log), and interviewed at follow-up intervals to assess act-by-act experiences with negotiation and partner communication (including contextual factors).

5. Conduct analyses of data collected using, but not limited to, these methods:

a. Identify the characteristics of different negotiation/communication styles among young adult women and men.

b. Identify key influences on these negotiation and communication styles.

c. Develop or identify existing quantitative measures of key variables that could be used in Phase II and be hypothesized to predict the behavior of women and men with different communication styles.

d. Collaborate with other recipients in the development and measurement of a common core set of variables to permit comparative analyses.

6. Develop a plan for using this formative research in the design of a theory and evidence-based intervention model feasible for implementation in a community-based case study.

a. Present relevant conceptual foundation for the model.

b. Integrate the results of the research with literature on communication interventions and strategies. As part of this synthesis, thoroughly document the intervention models and strategies that already exist.

c. Based on formative research, theory and the review of the intervention research, develop state-of-the-art recommendations on intervention strategies to promote successful negotiation and communication for young adult women and men at risk. These interventions must consider the characteristics of the community and cultural contexts of the participants' lives.

d. Collaborate with other recipients during development of design and protocol.

7. Establish and document formal collaboration with a community-based

organization(s) or partner qualified to carry out the work proposed in Phase II.

*Phase II (Years Three to Five or Four to Five)*

Case Study: Community-Based Intervention Models

Project(s) in this phase would implement and conduct a feasibility assessment of an intervention for facilitating reproductive decision-making and effective barrier contraceptive negotiation by young adult women and men based on the selected intervention plan. Proposed interventions should address the subtle strategies and interpersonal pathways to successful communication, the contextual (social normative, etc.) factors that facilitate or constrain negotiation and communication, and be designed to influence large numbers of young adult men and women in a community. Applicant activities to be conducted are:

1. Collaborate with community partners and members of the target group to plan all phases of the project.

2. Identify a community site for implementation of the case study. A comparison community may be used as part of a case study approach to evaluation that includes extensive process evaluation, documenting all aspects of program design and implementation.

3. Clearly state the objectives of the proposed intervention model.

4. Propose an intervention model that could be replicated in community-based settings (a concept and preliminary approaches proposed in this application must be fully developed based on Phase I: six a–d).

5. Develop and implement community-based intervention strategies that have the potential for broad reach and high impact.

6. The cost effectiveness of the model as a public health intervention must be addressed. Interventions that are costly and logistically difficult for implementation in public health settings, such as couples-based counseling interventions for young adults, will not be supported by this announcement.

7. Collaborate with other recipients during the development and implementation of the project evaluation.

*CDC Activities*

1. Host meetings each year to facilitate planning of the research program and to promote progress toward meeting national health objectives.

2. Provide technical assistance in the design and development of the