A descriptive study of the relationship between health risks and academic performance in African American males attending college

Wendy Ann Rice
Clark Atlanta University

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A DESCRIPTIVE STUDY OF THE RELATIONSHIP
BETWEEN HEALTH RISKS AND ACADEMIC PERFORMANCE
IN AFRICAN AMERICAN MALES ATTENDING COLLEGE

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE MASTER OF SOCIAL WORK DEGREE

BY
WENDY ANN RICE

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 1994
ABSTRACT

SOCIAL WORK

RICE, WENDY
B.S.W., BENEDICT COLLEGE, 1991

A DESCRIPTIVE STUDY OF THE RELATIONSHIP BETWEEN HEALTH RISKS AND ACADEMIC PERFORMANCE IN AFRICAN AMERICAN MALES ATTENDING COLLEGE

Advisor: Dr. Gale Horton
Thesis dated May, 1994

The purpose of this study was to assess the health status of African American males in college through self-reported lifestyle behaviors of smoking, alcohol use, drug use, sexual behavior and diet. The research examined the relationship between health status and lifestyle behaviors and the academic performance of African American males attending college.

The sample consisted of thirty African American males attending college at one of the four institutions of the Atlanta University complex. The findings of this study revealed that the lifestyle of African American males in relation to smoking, alcohol use, drug use, sexual behavior and diet while attending college has a relationship with their grade point average. Selected implications of this study is that additional research on the health status of African American males is needed and that social work professionals must be trained to more appropriately address the health needs of minority populations.
ACKNOWLEDGMENT

The writer wishes to acknowledge sincere appreciation to my parents, Albert and Julia Bell Rice, and to my brother and his family, Theron, Jackie, and Tiffany Reed. I would also like to acknowledge my thesis advisor, Dr. Gale Horton, for his guidance and encouragement.
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgment</td>
<td>ii</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>iii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>iv</td>
</tr>
</tbody>
</table>

#### Chapter

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>General Overview</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>1</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>5</td>
</tr>
<tr>
<td>II. REVIEW OF THE LITERATURE</td>
<td>7</td>
</tr>
<tr>
<td>Overview of Related Research</td>
<td>7</td>
</tr>
<tr>
<td>Statement of Hypothesis</td>
<td>20</td>
</tr>
<tr>
<td>Variables</td>
<td>20</td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>21</td>
</tr>
<tr>
<td>Instrument Design</td>
<td>22</td>
</tr>
<tr>
<td>The Sample</td>
<td>22</td>
</tr>
<tr>
<td>Method of Analysis</td>
<td>23</td>
</tr>
<tr>
<td>IV. FINDINGS</td>
<td>24</td>
</tr>
<tr>
<td>Frequency Distribution Findings</td>
<td>30</td>
</tr>
<tr>
<td>Findings Of The Bivariate Analysis</td>
<td>44</td>
</tr>
<tr>
<td>V. SUMMARY AND CONCLUSION</td>
<td>45</td>
</tr>
<tr>
<td>Implications For Social Work Practice</td>
<td>46</td>
</tr>
<tr>
<td>Limitation Of The Study</td>
<td>47</td>
</tr>
<tr>
<td>APPENDIX A</td>
<td>49</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>53</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Frequency Distribution: Demographic Characteristics Of The Respondents...</td>
<td>24</td>
</tr>
<tr>
<td>2. Frequency Distribution: Frequency Of Respondent Smoking Behavior</td>
<td>25</td>
</tr>
<tr>
<td>3. Frequency Distribution: Frequency Of Respondent Alcohol Usage</td>
<td>26</td>
</tr>
<tr>
<td>5. Frequency Distribution: Frequency Of Respondent Sexual Behavior</td>
<td>28</td>
</tr>
<tr>
<td>7. Bivariate Analysis Of The Dependent And Independent Variables: Respondent's Smoking Behavior</td>
<td>34</td>
</tr>
<tr>
<td>8. Bivariate Analysis Of The Dependent And Independent Variables: Respondent's Alcohol Use</td>
<td>35</td>
</tr>
<tr>
<td>9. Bivariate Analysis Of The Dependent And Independent Variables: Respondent's Drug Use</td>
<td>36</td>
</tr>
<tr>
<td>10. Bivariate Analysis Of The Dependent And Independent Variables: Respondent's Sexual Behavior</td>
<td>37</td>
</tr>
<tr>
<td>11. Bivariate Analysis Of The Dependent And Independent Variables: Respondent's Diet</td>
<td>38</td>
</tr>
<tr>
<td>12. Bivariate Analysis Of The Dependent And Independent Variables: Smoking</td>
<td>39</td>
</tr>
<tr>
<td>13. Bivariate Analysis Of The Dependent And Independent Variables: Alcohol</td>
<td>40</td>
</tr>
<tr>
<td>14. Bivariate Analysis Of The Dependent And Independent Variables: Drug Use</td>
<td>41</td>
</tr>
<tr>
<td>TABLE</td>
<td>Bivariate Analysis Of The Dependent And Independent Variables:</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>15.</td>
<td>Sexual Behavior ............................................</td>
</tr>
<tr>
<td>16.</td>
<td>Diet .............................................................</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

There are numerous factors which influence a person's health status which are related to that person's life-style. For example, the environment; both home and community; dietary practices, cultural practices, customs and others. The degree to which knowledge and understanding of these variables affects minority individuals and communities is similarly related to the degree to which there will be success in confronting minority health problems. An important challenge facing Black men in the United States is their health. Black men, women, and children, from an historical perspective, have waged a tremendous struggle against their social and physical environments in the attempt to survive and maintain a healthy state in a society that has been hostile to their existence.

STATEMENT OF THE PROBLEM

The life style of Black males influence their health status. For example, one study found that an analysis of excess deaths revealed that six specific health areas accounted for more than 80 percent of the higher annual proportion of minority deaths. These areas are: Cardiovascular and Cerebrovascular diseases, Cancer, Chemical dependency, Diabetes, Homicide, suicide, unintentional
injuries, infant mortality and low birthweight.\(^1\) The National Center for Health Information demonstrated that the risk for major causes of death among males ages 15-24 include cerebrovascular disease at a rate of 2.10 percent per 100,000 population, accidents at 0.64 percent, diabetes mellitus at 2.00 percent, chronic liver disease 2.33 percent, homicide at 5.43 percent, and suicide at 0.57 percent. This age-specific data reinforce the selection of six priority areas for minority health activity that can affect minority health status.\(^2\)

The health status of Black males is very much at risk and is endangering their existence as productive participants in a free and pluralistic society. It is this concern that has given impetus to this study. If there is to be an improvement in the quality of life for all black males, black females, and other minorities, young and old, the root of the problem must be identified and systematically addressed. The question arises as what are the factors contributing to the endangered health status of these Black males?

A number of indices in general, seem to have a negative impact on the health status of Blacks, particularly Black males, to include lifestyle behaviors and a nonsupportive environment from an economic and sociopolitical standpoint.


\(^2\)Ibid, pp. 33-34.
environment from an economic and sociopolitical standpoint. There are numerous factors that give evidence of the health risk of Blacks in general and for Black males in particular. For example, a high incidence of chronic diseases, a high incidence of mortality among black male infants, a high morbidity rate, a shortened life expectancy for Black males, and a high death rate due to homicide support the conclusion that the health status of black males are endangered.³

The annual compilation of health statistics indicated that overall life expectancy at birth increased from 74.9 years to 75.3 years from 1988 to 1989. However, the life expectancy for black men was 64.8 years, which continued a downward trend that health officials have observed since 1984. The report also revealed that from 1985 to 1989, the homicide rate for Black men between the ages of 15-24 rose to a devastating 114.8 deaths per 100,000, the highest ever. Death rates among young Blacks also rose because of AIDS, according to the report, which showed that HIV death rates among Black men was three times that of White men and nine times higher among Black women than White women.⁴

The misuse of substances such as alcohol and other drugs, has a major impact in the substantial number of premature deaths, illnesses and disabilities within this subgroup. It


is estimated that alcohol abuse alone is a factor in more than 10 percent of all deaths in the United States and is associated with half of all vehicle related deaths. "The relationship between substance abuse and homicide among Black males suggests that more than 50 percent of the murder cases in the Black community involve substance abuse/use".\(^5\) What this data in part suggests is that Black males' lifestyle behaviors are quite often antecedents to poor health conditions.

Hypertension or high blood pressure, strikes African-Americans at alarmingly higher rates than it does Whites. Studies show that racism and urban pressures may cause hypertension disparity between Blacks and Whites.\(^6\) In the 1972 Health Interview Survey, those who had family incomes under $5,000 had a 33 per cent higher prevalence of heart conditions than those with family incomes of $15,000 or more. The rates of hypertension without heart involvement were over 60 percent higher in the poorer group.\(^7\)


SIGNIFICANCE AND PURPOSE OF THE STUDY

The purpose of this study is to assess the health status of Black males in college through self-reported lifestyle behaviors of alcohol abuse or use, cigarette smoking, eating habits, sexual behavior, and drug use. The purpose of this study is to advance the previous knowledge of the health status and lifestyle of black males as it relate to their life expectancy. This study will also identify what social workers need to know about the life style of Black men in order to help them. It is further the purpose of this study to determine the extent of the relationship between health status and lifestyle behaviors and academic performance of those Black males attending college.

This study is significant because it hopefully will provide an additional impetus for the Black male to change their lifestyle in order to address their endangered health status. Additionally, this study seeks to inform human service providers of the years of life lost due to health conditions of Black males and how behavior and institutional changes may potentially reduce premature deaths and morbidity among this population.

There is a need for Black males to make healthy lifestyle changes. Black men are dying at alarming rates from diseases that are in many cases preventable and controllable. The Black community and its institutions are greatly dependent on the survival of Black males. Additional research on Black
males, with implications to influence change in institutional response to Black males and individual life style changes are needed and, therefore, provide an additional rationale for support of this study.
CHAPTER II
LITERATURE REVIEW

The review of relevant literature was useful in identifying the information regarding the health status of Black males. The literature in this study reviews Black males health as it relates to their life style. The review of literature focused on five main categories and are summarized as follows: 1) Health Risk Related to Smoking; 2) Health Risk Related to Alcohol Use; 3) Health Risk Related to Drug Use; 4) Health Risk Related to Sexual Behavior; and 5) Health Risk Related to Diet.

Health Risk Related To Smoking And Black Males

The U.S. Surgeon General has stated that "smoking represents the most extensively documented cause of disease ever investigated in the history of biomedical research."¹ Despite overwhelming scientific evidence against cigarettes, the tobacco industry continues to assert that controversy, debate, and uncertainty exist among scientists concerning smoking as an important cause of illness.²

Cigarette smoking is the chief preventable cause of cancer deaths in the United States. Cigarette smoking is


responsible for 30 percent of all lung cancer deaths. Nearly 90 percent of all lung cancers are caused by cigarette smoking. Smoking appears to increase the risk of coronary heart disease as well as cancer.\(^3\) About 44 percent of African-American adults smoke, compared with 37 percent of whites, according to the Simmons Market Research Bureau. Data compiled by the National Center for Health Statistics suggest that the higher proportion of minority smokers correlates with a higher incidence of smoking-related diseases in this community. The rate of heart disease among African-American men is 20 percent higher than among White men, and for African American women it is 50 percent higher than among White women.\(^4\)

The prevalence of heavy smoking by adults age 20 years and over, who smoke 25 or more cigarettes per day, increased between 1965 and 1980 in both Black and White males.\(^5\) The prevalence of heavy smoking was substantially higher among White men compared to Black men and the increase in heavy smoking rates between 1965 and 1980 is steeper for White men. The National Health and Nutrition Examination Surveys estimates of heavy smoking in the 25-74 years old population

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indicated no appreciable change in the proportion of heavy smoking in the population. Thus, the increase in the percentage of heavy smoking men appears to be related to the overall decline in the number of smokers. The National Health and Nutrition Examination Survey estimates of heavy smoking do suggest an increase in the number of Black males who are heavy smokers in the 35-74 age range.\(^6\)

According to the National Center for Health Statistics, age-specific data indicated that the 35-64 age group of smokers are more likely to be heavy smokers than other age groups among Black and White men.\(^7\) The data further indicated that in 1978, Black men and women, although lighter smokers are more likely to smoke cigarettes with high tar and nicotine content and fewer Blacks are successful when they attempt to the images of the African-American community are coming by way of negative tobacco and alcohol advertising and promotion," said the Reverend Jesse Brown. "These advertisements encourage use and abuse of cigarettes, beer, liquor, and wine among African-Americans, including our youth. The impact on our communities is devastating and raises the specter of chemical welfare. Tobacco and alcohol are the two most abused, addictive, and lethal drugs in our community. Each of these legal drugs, standing alone, causes more deaths than all

\(^6\)National Health And Nutrition Examination Surveys 1981.

\(^7\)National Center For Health Statistics. Health, United States. December 1984.
of the illegal drugs combined."  

Health Risk Related To Drinking Alcohol And Black Males

Beverage alcohol is the most widely used, enjoyed, and abused addictive substance in the United States. Alcohol related problems—which range from alcoholism, cirrhosis, trauma, and criminal behavior to birth defects, cancer, and other long-term health problems result in an estimated 100,000 deaths and cost the American society more than $135 billion each year. Alcohol abuse is the leading health and safety problem in the African-American community, making its health and social consequences especially severe.

Clinical and population-based data have repeatedly shown that men consume more alcohol-related problems than do women. Nationally representative data from a survey conducted in 1985 indicated that men were more than four times as likely as women to be classified as heavy drinkers (13% vs. 3%).

Data from a recently completed a national probability sample of U.S. adults revealed that about three times as many men as

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women met the criteria for alcohol abuse and dependence.\textsuperscript{11}

There is an estimated 18 million adults 18 years of age and over who currently experience problems as a result of alcohol use. These problems may include symptoms of alcohol dependence such as loss of memory, inability to stop drinking until intoxicated, binge drinking and inability to cut down on drinking.\textsuperscript{12} Alcohol abusers by definition are those drinkers that while not dependent on alcohol, experience negative social and personal consequences of alcohol use, such as arrest, poor school and work performance, accidents, and health problems.\textsuperscript{13}

Recent studies have reported higher rates of abstention among Blacks and similar rates of heavy drinking as compared to Whites. In a study of attitudes toward alcohol education campaigns, it was reported that Blacks were more likely than Whites to classify themselves as abstainers (47\% of Blacks as compared to 33\% for Whites); both were equally likely to classify themselves as semi-abstainers (10\%). Among those who reported drinking, about half (49\%) of the Blacks were classified as infrequent drinkers as compared to 28\% for


\textsuperscript{13}National Institute On Alcohol Abuse And Alcoholism. Alcoholism, An Inherited Disease. Rockville, Maryland, (Prepublication Copy).
Whites. A Report in 1982 also showed higher rates of abstention among Black males and females 30% and 49% respectively, this study showed that White men had considerably higher rates of heavy drinking than Black men, 21% versus 14%.

Alcohol abuse has been associated with physical illness, mental disorders, crime, suicides, and accidents, including a number of other personal and social problems and consequences. "Bourne ranks alcoholism, a result of alcohol abuse, as the number one mental health problem, if not the most significant of all health problems, in Black urban communities." For Black males in urban areas, abuse of alcohol and its consequences appear more grave when compared to statistics for White men, White women, or Black women. Black men have been cited as prime candidates for heart disease, hypertension, and diseases of the esophagus. Black males heavy drinking and tendency not to seek medical help or to get regular physical examinations often aggravate these disease or conditions and lead to premature death. Alcoholism itself as a disease has had a lot of effects on Black males.

With many Blacks concentrated in major inner cities, exposure to alcohol and drug use and abuse is considerable for Black children. In many areas of inner-city Black

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communities, liquor stores and open-air drug markets abound, which sends a message to many Black children that alcohol and drugs are not a problem, but a way of life. Advertising of alcohol and drugs is everywhere - on radio and TV; in newspapers and magazines; on toys, matchbooks, and t-shirts; in grocery and convenience stores; on race cars, scoreboards, and billboards - with few countermessages to promote healthy lifestyles and behaviors. "There are moral and ethical issues involved in heavily advertising and promoting alcohol products to a segment of the population that is already suffering from a number of health, economic, and social ills. Alcohol-related diseases such as liver cirrhosis and esophageal cancer are significantly higher among African-American males than among White males, although prevalence data indicate that fewer African-Americans drink than do whites."¹⁶

Since the inception of the High School Senior Survey in 1975, which is conducted by the National Institute of Drug Abuse, African-American youth have reported lower rates of alcohol use than White counterparts. In every category of drinking patterns, African-American youth experience lower rates of alcohol use than White youth. Also, African-American youth experience alcohol use rates that are lower or equal to Hispanic youth. Among African-American youth 12 to 17 years old, less than 20% used alcohol within the last month, in contrast to 30% and 35% for Hispanic and White youth,

¹⁶Office Of The Assistant Secretary For Health 1991:167.
respectively. Among 18 to 25-year-old African-American youth, 45% report using alcohol within the last 30 days in contrast to 70% of White youth and 60% of Hispanic youth in the same age group. Drinking rates peak for Whites and Hispanics between the ages of 18 and 25, but for African-Americans, it peaks between the ages of 26 and 34.

In a study done among college students, it was found that more than half of the students had started drinking before they got to college, but once the became freshman, their drinking accelerated. A nationwide survey released last fall reported binge drinking. According to a survey done by the State Council of Higher Education for Virginia, students who engaged in binge drinking are more likely to have lower grade-point averages than students who do not drink.

Health Risk Related To Drug Use And Black Males

A recent survey revealed that drug use among Blacks are lower than it is among Whites. Since the mid-1980s there has been a decline in drug use among young people in the non-institutionalized civilian population. For example, among high school seniors, cocaine use, as measured by the percent who used cocaine within the last 12 months, peaked at about 13 percent in 1985. It rose from about 7 percent in 1977 to

17Johnston, O' Malley and Bachman 1991.
little over 12 percent in 1981. After a decline appears to have been sharp and continued until 1988, the year for which the most recent data were available. Cocaine use among college students, higher than that among high-school seniors, also showed a drop in the mid-1980s. Cocaine use among all aged 18-25 years, generally higher than that of the subset of high-school seniors and college students, appeared to peak in the early 1980s and then to decline throughout the mid-1980s.

Drug use rates tend to be lower among Blacks than among Whites. While in 1985 12.4 percent of Whites reported having ever used cocaine, only 9.9 percent of Blacks admitted cocaine use. The gap was narrower for the response to whether cocaine had been used within the past 12 months. For Whites the rate was 6.4 percent, for Blacks it was down. Whites reported having ever used cocaine at a rate of 10.8 percent; the rate for blacks was 9.3 percent. This racial differential in prevalence of drug use is replicated for most

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24National Institute Of Drug Abuse, National House Hold Survey, Table 4-B, p.30.
other drugs and alcohol as well. It confirms, moreover, that the decline in occasional drug use occurred in both the Black and White communities.

Health Risk Related To Sexual Behavior And Black Males

Although African Americans represent only 12 percent of the U.S. population, they account for approximately 28 percent of AIDS cases reported in adults. Of the African American adults with AIDS, 46 percent are intravenous (IV) drug users, compared with 15 percent of white Anglo adults with AIDS.

This demographic portrait of AIDS points out the need for understanding attitudes and behavior in the realms of sexual activity and drug use among African American men. A recent study of one hundred and forty-nine male IV drug users found that almost half of African American participants had been in drug treatment over the past five years, whereas only 20 percent of the White respondents had not received treatment.

Since the mid-1980's, the incidence of sexually transmitted diseases (STD's) among Black men and women increased dramatically nationwide. From 1985 to 1989, primary and secondary syphilis rates among Blacks increased 132% from


52.6 to 121.8 cases per 100,000. With the incidence of syphilis declining low and relatively constant among White women during this period, the Black-to-White incidence rate ratio increased from 14.5 to 47.8. With some exceptions, the syphilis rate was greatest within cities, increasing more than 400% in Philadelphia, Rochester, NY, and Detroit from 1985 to 1989. \(^{28}\)

A household survey was conducted of a stratified, quota sample of 925 Black males and Black female adolescent and adult residents in North and West Philadelphia. The survey revealed a trichotomy among respondents with respect to condom use: approximately one-third of the sample used condoms consistently; one third used them intermittently, and one-third never used condoms. Consistent condom users tended to use condoms with both steady and casual partners; less frequent condom users tended to use condoms with partners who could be considered higher risk: new partners and casual partners. \(^{29}\)

**Health Risk Related To Dieting And Black Males**

Minority groups in the United States comprise several subgroups whose traditional dietary patterns may differ from

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those of the general population. The diets of minority group persons are influenced by several, interrelated factors. For example, the nature of the traditional diet, ways in which the diet has been adapted to or supplanted by dietary patterns from the dominant U.S. culture, the availability of preferred foods, and acculturation.

Relevant positive features of traditional Black food choices include the rich sources of vitamin A (yellow and dark leafy green vegetables) and thiamin (pork), and the relatively high fish and poultry content. Unfavorable features include the high sodium content of many items, the extensive use of frying, the use of less nutritious pork cuts, the overcooking of vegetables, and a tendency toward large, heavy meals. There does not seem to be an ideologically-based food hierarchy in traditional Black diets. However, certain health-related food beliefs may persist, particularly among older Blacks who were raised in the South.\(^\text{30}\)

With respect to Vitamin A, some limited evidence associating the excess risk of prostate cancer in Black men with the level of vitamin A consumption has been noted.\(^\text{31}\) The Prostate Cancer Association postulated that with high levels of Vitamin A consumption there is a risk for prostrate


cancer at higher levels of intake. In contrast, there is a considerable amount of evidence that high Vitamin A intakes are associated with lower lung cancer risk.

Data on food consumption patterns or food expenditures of Blacks continue to reflect the traditional Black American dietary emphasis, relatively high meat diets, but weighted more to fish, poultry, eggs, and pork than beef; high Vitamin A consumption, high salt consumption; somewhat lower intakes of dairy products and desserts. A survey done on diary products in 1972-1974 indicated that, at equivalent income levels, Blacks spent more on beef, pork, poultry, fish and seafood than White households; expenditures for cereal and bakery products, dairy products, sugar and other sweets were less than those of white households.\textsuperscript{32}

Diabetes is the third leading cause of death among Black Americans. Studies have shown that Black Americans are more prone to catching diabetes. There is no doubt that certain lifestyle factors are linked with diabetes among Blacks. As with other minority groups in the United states, eating patterns may contribute to an increased incidence of diabetes. Black Americans who eat a diet high in fats and simple sugars find themselves at greater risk for obesity. And obesity goes hand in hand with diabetes.\textsuperscript{33}


\textsuperscript{33}Loren Lipson. "Diabetes and Black Americans", Issues In Black America 1993 pp.36-37.
HYPOTHESES

Based on the literature reviewed, concerning the relationship of smoking, alcohol use, drug use, sexual behavior and diet to health issues, the researcher seeks to determine whether these variables are related to academic performance by Black males in college. The hypothesis can subsequently be stated as follows:

Null Hypothesis I:
There will be no statistically significant relationship between smoking and academic performance by Black males attending college.

Null Hypothesis II:
There will be no statistically significant relationship between alcohol use and academic performance by Black males attending college.

Null Hypothesis III:
There will be no statistically significant relationship between drug use and academic performance by Black males attending college.

Null Hypothesis IV:
There will be no statistically significant relationship between sexual behavior and academic performance by Black males attending college.

Null Hypothesis V:
There will be no statistically significant relationship between diet and academic performance by Black males attending college.

VARIABLES

Independent Variables:
The independent variables of this study are smoking, alcohol use, drug use, sexual behavior and diet in Black males attending college.

Independent Variable:
The dependent variable of this study is level of academic performance by the Black male attending college.
CHAPTER 3
METHODOLOGY

The research design employed in this study is known as the Descriptive or Explanatory research design. This research design is utilized for the development of social technology or in the formation, selection, evaluation and assembly of relevant basic information for purposes of technological innovation.¹

The population for this study were all African American males attending one of the four academic institutions of the Atlanta University Complex. The students of these four institutions; Clark Atlanta University, Morehouse College, Spelman College and Morris Brown College; all utilize the same library, the R.F. Woodruff Library of the Clark Atlanta University. The sample for this study consisted of thirty, male, African American, students. The sampling design was the Purposive or Judgmental sampling design. This sampling design is a nonprobability sampling design predicated on the assumption that the researcher has sufficient knowledge related to the research problem to allow the selection of "typical" persons for inclusion in the sample.² The Purposive research design is a sampling design based on available, appropriate sampling units. The sample was selected by the


²Ibid, p. 87

21
researcher walking through the R.F. Woodruff Library and selecting thirty, male, African American students by asking them the academic institution that they attend, handing them a questionnaire and asking them to fill it out.

Instrument Design

The questionnaire utilized in this study is an original questionnaire developed by the author. The questionnaire has a total of thirty-one questions. The questionnaire utilized in this study has six questions related to respondent demographic characteristics, five questions related to the respondents' smoking patterns, five questions related to the respondents' patterns of alcohol use, five questions related to the respondents' patterns of illegal drug use, five questions related to the respondents' pattern of sexual behavior, five questions related to the respondents' preferred diet and one question on the instrument related to the respondents' college academic performance. The items on the questionnaire were designed to collect data on the respondents' patterns of behavior related to smoking, alcohol use, drug use, sexual behavior, diet and academic performance.

The Sample

The sample consisted of thirty, male, African American students that attend one of the four academic institutions of the Atlanta University Complex. The sample was purposefully selected by the author by walking through the R.F. Woodruff Library and selectively choosing male students that fit the
criteria of this study. The selection criteria for the sample required that the sampling unit had to be an African American male, they had to attend one of the four academic institutions of the Atlanta University Complex, and be willing to answer the questionnaire. The Purposive sampling design allowed for the selection of the sample to meet the above criteria.

The questionnaire was provided to the sample on a one-shot basis. The questionnaire was self-administered by the respondents and returned to the author on the same day as it was given to them.

Method of Analysis

The methods of analysis that comprised this study consisted of descriptive and inferential statistics. The descriptive statistics in this study included frequency distributions, the mean and standard deviation. The inferential statistics in this study utilized correlation analysis. Correlation analysis employing Pearson's "r" was used to determine the strength of the relationship between the dependent and independent variables measured at the interval level. The data obtained in this study was coded into a computer and analyzed by the use of the statistical computer program *Statistical Package For The Social Sciences*.³

CHAPTER IV
FINDINGS
FREQUENCY DISTRIBUTIONS

Frequency distributions were utilized to demonstrate percentages of responses. See Tables I, II, and III.

TABLE I

DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

1. What is your age?
   - 50%: 18 years old.
   - 33%: 19 years old.
   - 3%: 20 years old.
   - 10%: 21 years old.
   - 11%: 26 years old.
   Mean: 18.967 Std. Dev. 1.629

2. What is your race?
   - 100%: Black.
   Mean: 1.000 Std. Dev. .000

3. What is your gender?
   - 100%: Male
   Mean: 1.000 Std. Dev. .000

4. Which academic institution do you attend?
   - 93%: Clark Atlanta University
   - 6%: Morehouse College
   Mean: 1.067 Std. Dev. .254

5. What is your grade point average?
   - 6%: 2.0 G.P.A.
   - 3%: 2.2 G.P.A.
   - 6%: 2.3 G.P.A.
   - 3%: 2.4 G.P.A.
   - 10%: 2.5 G.P.A.
   - 6%: 2.7 G.P.A.
   - 10%: 2.8 G.P.A.
   - 10%: 3.0 G.P.A.
   Mean: 2.9

6. What is your educational level?
   - 90%: Freshman
   - 6%: Sophomore
   - 3%: Graduate Student
   Mean: 1.200 Std. Dev. .761
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Frequency</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Do you smoke tobacco products?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20%</td>
<td>Yes</td>
<td>1.800</td>
<td>0.407</td>
</tr>
<tr>
<td>No</td>
<td>80%</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. How many times do you smoke during the day?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>3%</td>
<td>Once</td>
<td>2.500</td>
<td>1.378</td>
</tr>
<tr>
<td>Twice</td>
<td>10%</td>
<td>Twice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three times</td>
<td>3%</td>
<td>Three times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five times</td>
<td>3%</td>
<td>Five times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>80%</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are you aware of the health risks associated with tobacco products?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>96%</td>
<td>Yes</td>
<td>1.033</td>
<td>0.183</td>
</tr>
<tr>
<td>No</td>
<td>3%</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. How many years have you used tobacco products?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One year</td>
<td>6%</td>
<td>One year</td>
<td>3.500</td>
<td>2.881</td>
</tr>
<tr>
<td>Two years</td>
<td>3%</td>
<td>Two years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three years</td>
<td>3%</td>
<td>Three years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Six years</td>
<td>3%</td>
<td>Six years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eight years</td>
<td>3%</td>
<td>Eight years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>80%</td>
<td>Never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Have you suffered any health problems related to tobacco products.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>100%</td>
<td>No</td>
<td>2.000</td>
<td>0.000</td>
</tr>
</tbody>
</table>
**TABLE III**

**FREQUENCY OF RESPONDENT ALCOHOL USAGE**

12. Do you drink alcoholic products?
   
   - 53%: Yes
   - 46%: No

   **Mean: 1.467**  
   **Std. Dev. 0.507**

13. How many times a month do you drink alcohol?

   - 3%: Once
   - 6%: Twice
   - 10%: Four times
   - 5%: Five times
   - 6%: Six times
   - 6%: Seven times
   - 3%: Eight times
   - 3%: Fifteen times

   **Mean: 7.067**  
   **Std. Dev. 7.156**

14. Are you aware of the health risks associated with drinking alcoholic products?

   - 96%: Yes
   - 3%: No

   **Mean: 1.033**  
   **Std. Dev. 0.183**

15. How many years have you been drinking alcohol products?

   - 6%: One year
   - 10%: Two years
   - 6%: Three years
   - 3%: Four years
   - 10%: Five years
   - 3%: Six years
   - 10%: Seven years
   - 50%: None

   **Mean: 4.000**  
   **Std. Dev. 2.171**

16. Have you suffered any health problems related to your drinking alcohol?

   - 100%: No

   **Mean: 2.000**  
   **Std. Dev. 0.000**
### TABLE IV

**FREQUENCY OF RESPONDENT ILLEGAL DRUG USE**

17. Do you use illegal drugs?
   - Yes: 20%
   - No: 80%
   - Mean: 1.800  Std. Dev. .407

18. How many times do you use illegal drugs during a month?
   - Twice: 3%
   - Four times: 6%
   - Ten times: 3%
   - Thirty times: 3%
   - Sixty times: 3%
   - None: 80%
   - Mean: 18.333  Std. Dev. 22.888

19. Are you aware of the health risks associated with illegal drug use?
   - Yes: 93%
   - No: 6%
   - Mean 1.067  Std. Dev. .254

20. How many years have you been using illegal drugs?
   - One year: 6%
   - Two years: 3%
   - Five years: 3%
   - Six years: 3%
   - Ten years: 3%
   - None: 80%
   - Mean 4.167  Std. Dev. 3.545

21. Have you suffered any health problems related to your illegal drug use?
   - No: 100%
   - Mean 2.000  Std. Dev. .000
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Percentage</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Are you sexually active?</td>
<td>Yes</td>
<td>76%</td>
<td>1.233</td>
<td>.430</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. How many times are you sexually active during a month with a partner?</td>
<td>Once</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Twice</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Three times</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Four times</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Five times</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Six times</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seven times</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eight times</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nine times</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ten times</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Twelve times</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fifteen times</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thirty times</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Within the last six months, how many sexual partners have you had?</td>
<td>One</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Three</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Four</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Six</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Missing Data</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean: 4.217</td>
<td></td>
<td></td>
<td>3.074</td>
</tr>
<tr>
<td>25. How often do you use a condom during sexual intercourse?</td>
<td>Always</td>
<td>60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequently</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean: 1.867</td>
<td></td>
<td></td>
<td>1.383</td>
</tr>
<tr>
<td>26. Have you experienced any health problems related to sex?</td>
<td>No</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean: 2.000</td>
<td></td>
<td></td>
<td>0.000</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
<td>Percentage</td>
<td>Mean</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
<td>------------</td>
<td>-------</td>
<td>--------------------</td>
</tr>
<tr>
<td>27. Does your diet consist of high fat foods?</td>
<td>Yes</td>
<td>66%</td>
<td>1.333</td>
<td>0.479</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Do you generally eat traditionally Southern black food?</td>
<td>Yes</td>
<td>60%</td>
<td>1.400</td>
<td>0.498</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Do you eat a lot of fast food products?</td>
<td>Yes</td>
<td>83%</td>
<td>1.167</td>
<td>0.379</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Are you aware of the health risks related to high fat diets?</td>
<td>Yes</td>
<td>93%</td>
<td>1.067</td>
<td>0.254</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Have you experienced any health problems related to your diet?</td>
<td>Yes</td>
<td>100%</td>
<td>2.000</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Frequency Distribution Findings

The findings from the demographic characteristics demonstrated that fifty percent of the respondents were eighteen years old, thirty-three percent were nineteen years old, three percent were twenty years old, ten percent twenty one years old and three percent twenty-six years old. Out of thirty respondents, one hundred percent were Black males. Ninety-three percent of the respondents attended Clark Atlanta University and the other six percent attended Morehouse College.

The findings concerning the respondents grade point average demonstrated that six percent of the respondents grade point average were 2.0, three percent were 2.2, six percent 2.3, three percent 2.4, ten percent 2.5, six percent 2.7, ten percent 2.8, and ten percent were 3.0. The grade point averages of the respondents also demonstrated that ten percent of the grade point averages were 3.0, six percent 3.3, six percent 3.4, three percent 3.5, three percent 3.6, three percent 3.7, three percent 3.8, and three percent 3.9. Concerning the educational level of the respondents, ninety percent were freshmen, six percent were sophomores and three percent were graduate students.

The findings demonstrated that twenty percent of the respondents smoke tobacco products, three percent of the them smoke once per day, ten percent twice per day, three percent three times per day, three percent five times per day and
eighty percent of the respondents don't smoke at all. Ninety-six percent of the respondents reported that they are aware of the health risks associated with tobacco products. The respondents were also asked how many years they have smoked tobacco products. Six percent of the respondents said one year, three percent two years, three percent three years, three percent eight years, and eighty percent stated that they have never smoked. One hundred percent of the respondents indicated that they have never suffered any health problems related to tobacco products.

The frequency of the respondents alcohol usage demonstrated that fifty three percent drank alcohol and forty percent of the respondents do not drink alcohol. Three percent of the respondents drink alcohol once a month, six percent twice a month, ten percent four times a month, six percent five times a month, six percent six times a month, six percent seven times a month, three percent fifteen times a month, three percent thirty times a month, and fifty percent don't drink alcohol at all. Ninety-six percent of the respondents are aware of the health risks associated with drinking alcoholic products. The other three percent are not aware of health risks related to drinking alcohol.

Six percent of the respondents have been drinking alcohol for one year, ten percent two years, six percent three years, three percent four years, ten percent five years, three percent six years, and ten percent seven years. The frequency
of the respondents illegal drug use demonstrated that twenty percent of the respondents use drugs and eighty percent do not use illegal drugs. Three percent of the respondent use illegal drugs twice within a month, six percent four times a month, three percent ten times a month, three percent thirty times a month, three percent sixty times a month.

Ninety three percent of the respondents stated that they are aware of the health risks associated with illegal drug use and six percent of the respondents are not aware of the health risk associated with illegal drug use.

The findings demonstrated that six percent of the respondents have used illegal drugs for one year, three percent two years, three percent five years, three percent six years, three percent ten years, and eighty percent never used drugs. One hundred percent of the respondents have never suffered any health problems related to illegal drug use.

Seventy percent of the respondents are sexually active and twenty-three percent are not sexually active. Three percent of the respondents are sexually active once during a month with a partner, six percent two times, six percent three times, ten percent four times, ten percent five times, three percent six times, three percent seven times, six percent eight times, three percent nine times, six percent ten times, three percent twelve times, three percent fifteen times, three percent thirty times, and thirty percent of the respondents are not sexually active.
Within the last six months, twenty three percent of the respondents were sexually active once, three percent twice, thirteen percent three times, ten percent four times, three percent six times, three percent seven times, thirteen percent eight times, three percent nine times, and three percent ten times. Sixty percent of the respondents always use condom during sexual intercourse, twenty percent frequently, six percent uses condom sometimes, and thirteen percent never use condoms. One hundred percent of the respondents have not experienced any health problems related to sexual activity.

Sixty percent of the respondents diet consists of discernible fatty foods. In contrast, thirty-three percent of the respondents diet doesn't consist of high fatty foods. Sixty percent of the respondents eat traditionally Southern Black food and forty percent doesn't eat traditional Southern Black food. Eighty percent of the respondents eat a lot of fast food products whereas, sixteen percent do not. Ninety-three percent of the respondents are aware of the health risks related to high fat diets and six percent are not aware of the risks. One hundred percent of the respondents have not experienced any health problems related to their diet.
TABLE VII

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable: Respondents Smoking Behavior</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your age?</td>
<td>.4009</td>
</tr>
<tr>
<td>2. What is your race?</td>
<td>.0000</td>
</tr>
<tr>
<td>3. What is your gender?</td>
<td>.0000</td>
</tr>
<tr>
<td>4. Which academic institution do you attend?</td>
<td>.0000</td>
</tr>
<tr>
<td>5. What is your grade point average?</td>
<td>.6151*</td>
</tr>
<tr>
<td>6. What is your educational level?</td>
<td>.0000</td>
</tr>
</tbody>
</table>

$p < .05$
TABLE VIII

Bivariate Analysis Of The Dependent And Independent Variables

<table>
<thead>
<tr>
<th>Variable: Respondents Alcohol use.</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your age?</td>
<td>-.0935</td>
</tr>
<tr>
<td>2. What is your race?</td>
<td>.0000</td>
</tr>
<tr>
<td>3. What is your gender?</td>
<td>.0000</td>
</tr>
<tr>
<td>4. Which academic institution do you attend?</td>
<td>-.3126</td>
</tr>
<tr>
<td>5. What is your gender?</td>
<td>.5279*</td>
</tr>
<tr>
<td>6. What is your educational level?</td>
<td>-.1815</td>
</tr>
</tbody>
</table>

p < .05
TABLE IX

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable: Respondents Drug Use.</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your age?</td>
<td>.5016*</td>
</tr>
<tr>
<td>2. What is your race?</td>
<td>.0000</td>
</tr>
<tr>
<td>3. What is your gender?</td>
<td>.0000</td>
</tr>
<tr>
<td>4. Which academic institution do you attend?</td>
<td>.0000</td>
</tr>
<tr>
<td>5. What is your grade point average?</td>
<td>.7390*</td>
</tr>
<tr>
<td>6. What is your educational level?</td>
<td>.0000</td>
</tr>
</tbody>
</table>

p < .05
TABLE X

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable: Respondents Sexual Behavior.</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your age?</td>
<td>-.0799</td>
</tr>
<tr>
<td>2. What is your race?</td>
<td>.0000</td>
</tr>
<tr>
<td>3. What is your gender?</td>
<td>.0000</td>
</tr>
<tr>
<td>4. Which academic institution do you attend?</td>
<td>.0934</td>
</tr>
<tr>
<td>5. What is your grade point average?</td>
<td>.0830</td>
</tr>
<tr>
<td>6. What is your educational level?</td>
<td>-.0458</td>
</tr>
</tbody>
</table>

p < .05
TABLE XI

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents Diet.</td>
<td></td>
</tr>
<tr>
<td>1. What is your age?</td>
<td>-.0007</td>
</tr>
<tr>
<td>2. What is your race?</td>
<td>.0000</td>
</tr>
<tr>
<td>3. What is your gender?</td>
<td>.0000</td>
</tr>
<tr>
<td>4. Which academic institution do you attend?</td>
<td>-.2629</td>
</tr>
<tr>
<td>5. What is your grade point average?</td>
<td>.1468</td>
</tr>
<tr>
<td>6. What is your educational level?</td>
<td>-.1723</td>
</tr>
</tbody>
</table>

p < .05
TABLE XII

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable: Smoking.</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcohol Usage</td>
<td>.5528*</td>
</tr>
<tr>
<td>2. Drug Usage</td>
<td>.5478*</td>
</tr>
<tr>
<td>3. Sexual Behavior</td>
<td>.9283*</td>
</tr>
<tr>
<td>4. Diet</td>
<td>.4507</td>
</tr>
</tbody>
</table>

p < .05
### TABLE XIII

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable: Alcohol.</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Smoking</td>
<td>.5528*</td>
</tr>
<tr>
<td>2. Drug Usage</td>
<td>.9809*</td>
</tr>
<tr>
<td>3. Sexual Behavior</td>
<td>.3319</td>
</tr>
<tr>
<td>4. Diet</td>
<td>.9468*</td>
</tr>
</tbody>
</table>

$p < .05$
TABLE XIV

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable: Drug Use.</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Smoking</td>
<td>.5478*</td>
</tr>
<tr>
<td>2. Alcohol</td>
<td>.9809*</td>
</tr>
<tr>
<td>3. Sexual Behavior</td>
<td>.3525</td>
</tr>
<tr>
<td>4. Diet</td>
<td>.8720*</td>
</tr>
</tbody>
</table>

p < .05
TABLE XV

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable: Sexual Behavior</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Smoking</td>
<td>.9283*</td>
</tr>
<tr>
<td>2. Alcohol</td>
<td>.3319</td>
</tr>
<tr>
<td>3. Drug Use</td>
<td>.3525</td>
</tr>
<tr>
<td>4. Diet</td>
<td>.2368</td>
</tr>
</tbody>
</table>

p < .05
TABLE XVI

Bivariate Analysis of the Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pearson's r value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td></td>
</tr>
<tr>
<td>1. Smoking</td>
<td>.4507</td>
</tr>
<tr>
<td>2. Alcohol</td>
<td>.9468*</td>
</tr>
<tr>
<td>3. Drug Use</td>
<td>.8720*</td>
</tr>
<tr>
<td>4. Sexual</td>
<td>.2368</td>
</tr>
</tbody>
</table>

p < .05
Findings Of The Bivariate Analysis

The findings of the bivariate analysis indicated that weak correlations existed between the respondents smoking behavior and their grade point average, alcohol use and use of illegal drugs. Weak correlations also existed between the respondents alcohol use and their gender and the respondents use of illegal drugs and the age of the respondents.

The findings of the bivariate analysis indicated that strong correlations existed between the respondents use of illegal drugs and their grade point average, smoking and sexual behaviors and their diet. Very strong correlations were demonstrated between the respondents use of alcohol and the use of illegal drugs. Other very strong correlations were demonstrated between the respondents diet and their sexual behavior, smoking and illegal drug use.
CHAPTER V
SUMMARY AND CONCLUSION

The purpose of this study was to determine the extent of the relationship between health status and lifestyle behavior and the academic performance of African American males attending college. The study had five null hypotheses. The first null hypothesis indicated that there would be no statistically significant relationship between smoking and academic performance by African American males attending college. The second null hypothesis indicated that there would be no statistically significant relationship between alcohol use and academic performance by African American males. The third null hypothesis indicated that there would be no statistically significant relationship between drug use and academic performance by African American males attending college. The fourth null hypothesis indicated that there will be no statistically significant relationship between sexual behavior and academic performance by African American males attending college. The fifth null hypothesis indicated that there would be no statistically significant relationship between diet and academic performance by African American males attending college.

The bivariate analysis to determine the correlation of the dependent and independent variables indicated that the respondents alcohol and illegal drug use were statistically correlated and had an effect on their academic performance.
Also, the respondents smoking habits had a significant relationship with their sexual behaviors and their diet.

**Implications For Social Work Practice**

This study demonstrates that the profession of social work has a critically important role to play in addressing the health status of African American males through continued and improved research studies, through proactive program design, advocacy, community organization and health education. The profession has to educate more African American males, females, other minorities, researchers, managers, and clinicians to work with the African American male and other minority populations.

The evidence is quite clear that African American males are disproportionately at risk of poor health conditions which appears to be related to lifestyle behaviors, ecological systems and other conditions. The African American community must be empowered to address the conditions collectively and African American males individually must change their lifestyle behaviors if improvement in their health status is to realized.

Social workers along with other human service professionals must be adequately trained to systematically address the needs of African American and minority populations. Special attention should be given to culturally sensitive research, program and policy analysis and design as
well as administration, financing, community organization and clinical practice.

**Limitation Of The Study**

The findings of this study is limited to African American males attending four specific colleges in Atlanta, Georgia. The respondents attended one of the four academic institutions of the Atlanta University Complex. The sample for this study was limited to thirty respondents, this is an inadequate number of respondents to generalize the findings to the entire population of African American males that attend college. However, the study reveals a need for future research on this subject.

In conclusion, this study demonstrated that there is a significant relationship between health status and lifestyle behaviors and academic performance of African American males attending college. There is a need for African American males to make healthy lifestyle changes since African American men are dying at alarming rates from diseases that are in many cases preventable and controllable.

The African American community and it's institutions are greatly dependent on the survival of the African American male. Additional research on African American males, with implications to influence change in institutional response to this African American males and individual lifestyle changes are needed. If there is to be an improvement in the quality of life for all African Americans and other racial minorities,
young and old, the root of the problem must be identified and systematically addressed.

The literature reviewed in this study demonstrated that there are health risks related to smoking, alcohol use, drug use, sexual behavior, and diets of African American males in their later life. This study demonstrated that the lifestyle of African American males in relation to smoking, alcohol use, drug use, sexual behavior and diet while attending college has a relationship with their grade point average. This study further demonstrated that there is a need for further research among African American males.
APPENDIX A

CLARK ATLANTA UNIVERSITY
SCHOOL OF SOCIAL WORK

A DESCRIPTIVE STUDY OF THE RELATIONSHIP
BETWEEN HEALTH RISKS AND ACADEMIC PERFORMANCE
IN AFRICAN AMERICAN MALES ATTENDING COLLEGE

To All Participants Of This Study:

I am a graduate student in the Clark Atlanta University School of Social Work. I am conducting a study on The Relationship Between Health Risks And Academic Performance In African American Males Attending College. I would appreciate your cooperation in answering the attached questionnaire as part of this study. Any information that you provide will be kept confidential. The only people that will see the information provided will be connected to the Clark Atlanta University School of Social Work. Your anonymity will be maintained.

The data obtained by this study will be analyzed and placed into a research paper. The information requested in this study is important to the profession of Social Work in order to allow social work practitioners a better understanding of African American patterns of behavior.

If you have any questions about this study, or if you would be interested in reading the results of this study, please feel free to contact me by telephone or letter.

Sincerely,

Ms. Wendy Rice
Clark Atlanta University
School of Social Work
James P. Brawley Dr. at
Fair St., S.W.
Atlanta, Georgia 30314
Phone: 404-880-8548
QUESTIONNAIRE

Background Information: Please check only one answer.

1. What is your age? __________
2. What is your race?
   1. ___ Black.
   2. ___ White.
   3. ___ Hispanic.
   4. ___ Asian.
   5. ___ Other.

3. What is your gender?
   1. ___ Male
   2. ___ Female

4. Which academic institution do you attend?
   1. ___ Clark Atlanta University.
   2. ___ Morehouse
   3. ___ Spelman
   4. ___ Morris Brown
   5. ___ Other.
   What is your educational level?
   1. ___ Freshman.
   2. ___ Sophomore.
   3. ___ Junior.
   4. ___ Senior.
   5. ___ Graduate Student.

5. What is your grade point average? ________

6. Do you smoke tobacco products?
   1. ___ Yes
   2. ___ No.

7. How many times do you smoke during the day? (approximately) ________

8. Are you aware of the health risks associated with tobacco products?
   1. ___ Yes
   2. ___ No.

9. How many years have you used tobacco products? ________

10. Have you suffered any health problems related to tobacco products?
    1. ___ Yes
    2. ___ No
    (If yes, please specify: _________________________

11. Do you drink alcoholic products?
    1. ___ Yes
    2. ___ No.

12. How many times do you drink alcohol during a month? (Approximately) ________

14. How many years have you been drinking alcohol products? (Approximately)___________

15. Have you suffered any health problems related to your drinking alcohol? (If yes, please specify:___________________________)


17. How many times do you use illegal drugs during a month? (approximately)___________


19. How many years have you been using illegal drugs? (approximately)___________

20. Have you suffered any health problems related to your illegal drug use? (If yes, please specify:___________________________)


22. How many times are you sexually active during a month with a partner? (approximately)___________

23. Within the last six months, how many sexual partners have you had?___________

24. How often do you utilize a condom during sexual activity? 1. always. 2. frequently. 3. sometimes. 4. rarely. 5. never.

25. Have you suffered any health problems related to sexual activity? (If yes, please specify:___________________________)

_________________________________________________________
26. Is your diet generally composed of high fat food products?  
   1. Yes  2. No.

27. Do you generally eat traditional Southern Black food?  
   1. Yes  2. No.

28. Do you generally eat a lot of fast food products?  
   1. Yes  2. No.

29. Are you aware of the health risks related to high fat diets?  
    1. Yes  2. No.

30. Have you suffered any health problems related to your dietary habits? 
   (If yes, please specify: ______________________

   ______________________

End Of Questionnaire
Thank You For Your Cooperation
BIBLIOGRAPHY


Dawson, Deborah A. "Gender Effects In Diagnosing Alcohol Abuse And Dependence", Journal of Clinical Psychology. March 1993, pp. 298-300.


Enterline, J. "Personal Communication Regarding Preliminary Results Of A Case-Study Of Prostate Cancer Among Black Men", 1984, p. 10.


Johnston, O'Malley And Bachman. 1991.


National Health And Nutrition Examination Surveys 1981.


National Institute Of Drug Abuse, National House Hold Survey, Table 4-b, p. 30.


Office Of The Assistant Secretary For Health 1991: 167.


