Sexual Sensation Seeking, Compulsivity, and 
HIV Risk Behaviors in College Students

Donna L. Gullette, DSN, RN, and Margaret A. Lyons, PhD, RN

Capstone College of Nursing
The University of Alabama, Tuscaloosa

The purpose of this descriptive and correlational study was to understand the role of sexual compulsivity, sensation seeking, and alcohol use as mediators of HIV risk behaviors among college students. College students (n = 256) completed an online survey in 2003. Instruments included the Sexual Compulsivity Scale (SCS), Sexual Sensation Seeking Scale (SSS), and the College Alcohol Problem Scale (CAPS). Men scored higher on the SSS and SCS than women. Women who belong to Greek organizations reported significantly more personal problems, including depression and low self-esteem, after consuming alcohol than women who were not members of Greek organizations. Four predictor variables associated with HIV risk behaviors were age, high score on SSS and CAPS, but a low score on SCS. The personality dispositions of sexual sensation seeking and compulsivity among college students may need to be explored in other college settings, to determine if these traits are related to HIV risk taking behaviors. Interventions to help women better cope with the effects of alcohol and self-esteem issues may be beneficial.

For many students, the college years are a period of unprecedented personal freedom and multiple new social experiences and relationships. With this newfound freedom, many students will abuse alcohol, engage in unprotected sex, and have multiple sexual partners, putting them at risk for acquiring a sexually transmitted infection (STI), becoming pregnant, or tragically becoming infected with Human Immunodeficiency Virus (HIV; Chapin, 2001; Kalichman & Rompa, 1995; Rolison, 2002; Smith & Brown, 1998)

BACKGROUND

Data regarding condom use in college age students are limited. In a survey of mostly White college students (N = 1,919), Prince and Bernard (1998) determined that only

Requests for reprints should be sent to Donna L. Gullette, The University of Alabama, Capstone College of Nursing, Tuscaloosa, AL 35487–0358. E-mail: gullette@bama.ua.edu
about 10% of their sample admitted to regular condom use during intercourse. Thinking that condoms were unavailable, that hormone based birth control and oral sex ameliorated risk, involvement with a regular partner, and beliefs that their partners were disease-free were reasons posited for engaging in unprotected sex (Goodenow, Netherland, & Szalacha, 2002; Gullette & Turner, 2003; Jadack, Hyde, & Keller, 1995; Rolison, 2002; Sadovsky, Keller, & McKinney, 2002). In a survey of 51 sexually active, predominately Caucasian college students, Williams, Norris, and Bedor (2003) found that 47% of their sample reported using a condom during their last sexual encounter. Seventy-seven percent of the students engaged in sexual intercourse with a primary partner, 22% with a casual partner, and 2% with an anonymous partner. Concern about HIV/AIDS and STIs was found to be low and not related to condom use. Condom use was related to concern about pregnancy.

Although most research on risky sexual behaviors has been guided by cognitive and behavioral theories, interest is growing about the role of personality dispositions of sexual sensation seeking and sexual compulsivity as mediators of high risk behaviors (Kalichman & Rompa, 1995; Kalichman et al., 1994). Zuckerman (1983) coined the term sensation seeking and described it as a “trait defined by the need for varied, novel, and complex sensations and experiences and the willingness to take physical and social risks for the sake of the experiences” (p. 35). Sensation seeking is a multidimensional construct involving seeking out thrilling, adventuresome, novel, and often dangerous experiences; being uninhibited in social situations; and exhibiting sensitivity to boredom (Kalichman & Rompa, 1995). A person who is prone to sexual sensation seeking often attends parties, drinks to excess, is adventurous, seeks novel or different sexual experiences, may engage in unprotected sexual intercourse with multiple sexual partners, and may use illegal drugs (Boyle, Murray, & Boekeloo, 2002; Cronin, 1995; Kalichman & Rompa, 1995; Reece, Dodge, & Cole, 2002). In essence, sensation seeking has become synonymous with high-risk behavior (Kalichman & Rompa, 1995).

An extensive amount of literature supports the construct of sensation seeking as having both a biological and behavioral foundation (Zuckerman, 1983, 1994). Some gender differences have been noted in individuals with this trait. Although both men and women who are high sensation seekers frequently drink more alcohol, have multiple sexual partners, and participate in more HIV risk behaviors, women who are high sensation seekers often pursue parallel careers such as firefighters, policewomen, or physicians (Cronin, 1995).

Although sensation seeking has been explored among gay and bisexual men as a precursor to engaging in unprotected sex and having multiple sexual partners, little is known about the role of sensation seeking as a precipitant of risky sexual behavior among college students (Kalichman & Rompa, 1995; Kalichman et al., 1994). Even less is known about women and sensation seeking (Boyle et al., 2002). The few studies of college students that have been done consistently find that men score higher than women on sensation seeking, have more sexual partners, and drink more alcohol (Arnold, Fletcher, &
Women who are high sensation seekers are more prone to binge drink (more than 3 alcoholic beverages at one sitting; Parent & Newman, 1999).

The term sexual compulsivity was first described in literature by a sex therapist, Michael Quadland (1985), who found that gay men referred to themselves as “sexually compulsive.” Quadland defined sexual compulsivity as an inability to control sexual behavior. It is characterized by a persistent, habitual, unwanted desire to perform specific sexual acts in a meticulous or precise manner. Sexual compulsivity is not impulsive or pleasure-directed, but has been found to be associated with lower levels of self-esteem and refusal to utilize strategies that reduce sexual risk taking (Kalichman & Rompa, 1995; McCoul & Haslam, 2001; Quadland & Shattles, 1987). Levine and Troiden (1988) recognized that sexual addiction and sexual compulsivity were value laden, stigmatizing terms, driven by societal norms.

Sexual addiction and sexual compulsivity have also been studied in gay and bisexual men in low income, racially diverse populations. Gay and bisexual men who were prone to sexual compulsivity were more likely to have numerous sexual partners with unknown HIV status, and less likely to alter or adopt safer sexual practices, such as consistently using a condom (Dodge, Reece, & Cole, 2002; Kalichman & Greenberg, 1997; Kalichman & Rompa, 1995; Kalichman et al., 2001). Sexual compulsivity has been explored in gay and bisexual men but not in women (Reece, Plate, & Daughtry, 2001) and exploration of prevalence and correlates in college populations is encouraged (Beck, Thombs, Mahoney, & Fingar, 1995; Boyle et al., 2002; Reece et al., 2002).

Numerous studies have reported that men and women who consume excessive amounts of alcohol (4 or more drinks at a time) are more likely to participate in unprotected or unplanned sex (Hillman, Berkley-Patton, Mosher, & McCluskey-Fawcett, 2002; Hingson, Heeren, Winter, & Wechsler, 2002; Wechsler, Dowdall, Davenport, & Rimm, 1995). Not only is unplanned sexual intercourse a problem for those students, but also numbers of missed classes, illnesses resulting from hangovers, and having problems with memory (Hillman et al., 2002; Wechsler et al., 1995).

Membership in Greek organizations (sororities and fraternities) on college campuses has been associated with heavy consumption of alcohol and illegal drugs (Bartholow, Sher, & Krull, 2003; Canterbury et al., 1991; Sher, Bartholow, & Nanda, 2001). Canterbury et al. reported that a disproportionate number of men and women who belong to Greek organizations have more psychosocial problems surrounding heavy alcohol consumption and illegal drug use. For example, men who belong to Greek organizations on the average drink five or more drinks in one sitting and use alcohol as means to form friendships, to socialize, and to engage in sexual relationships than non-Greek students (Cashin, Presley, & Meilman, 1998).

The purpose of this study is to understand the role of sexual compulsivity, sexual sensation seeking (personality dispositions), and alcohol use as mediators of high-risk behaviors associated with HIV risk among college students. To date, very few studies have been conducted exploring these traits and their association with HIV risk behaviors.
among college students. An understanding of these behaviors and traits will provide valuable information for developing interventions to promote healthier lifestyles among college students. The following hypotheses were used to guide the study: (a) Students who score high on the Sexual Compulsivity Scale (SCS), Sexual Sensation Seeking Scale (SSS), and College Alcohol Problem Scale (CAPS) will participate in more HIV risk behaviors; (b) Greek membership will be positively associated with high scores on CAPS and HIV risk behaviors; (c) men will score higher on the SSS, CAPS, and the SCS and will participate in more HIV risk behaviors than women; and (d) sexual compulsivity, sexual sensation seeking, alcohol use, gender, and Greek membership will predict HIV risk behaviors.

METHOD

Design, Sample, and Setting

The design for this study was a descriptive and correlational survey. The study was conducted using the Internet and e-mail system located at a southern university in the United States. Eligible participants were enrolled undergraduate college students who were 18 to 43 years of age. After Institutional Review Board approval, a random sample of 2,500 undergraduate students was obtained through the University Department of Data Resource Management. Equal numbers of men and women were selected. Every fifth student’s e-mail address was selected, until the total sample was obtained. This department e-mailed a message inviting students to participate in the study. The message contained instructions on how to link to the consent form and questionnaires on the Internet. Having Data Resources send the message about the research study prevented the researcher from knowing any of the students, thus guaranteeing anonymity of the sample from the researchers. Once a student accessed the Web site and linked to the survey, a special software program was used to eliminate the student’s e-mail address, so that the researcher could not trace the origin of the transmission. Completion of the survey took 15 min.

Instruments

Three instruments and one demographic data sheet were used in this study. Instruments included the SCS, the SSS, and the CAPS. The following is a brief description of each instrument.

SCS. Sexual compulsivity is theoretically defined as an “insistent, repetitive, intrusive, and unwanted urge to perform specific acts often in ritualized or routine fashion” (Kalichman & Rompa, 1995, p. 587). Individuals who are prone to sexual compulsivity
are driven to satisfy sexual needs by very exact patterns of impulsive sexual behavior. Findings from Kalichman and Rompa’s study indicated that sexual compulsivity was associated with very few variations in sexual practices, but participants engaged in more frequent intercourse. Men were found to score higher on the scales than women. The SCS contains 10 Likert-type items assessing sexual compulsivity. Each item is measured on a 4-point scale ranging from 1 (not at all like me) to 4 (very much like me), with a minimum score of 10 and a maximum score of 40. Reece et al. (2001) reported an internal consistency of .76 for men and .81 for women on a total of 594 sexually active college students.

**SSS.** Zuckerman developed the scale to measure sexual sensation seeking. *Sexual sensation seeking* is theoretically defined as “the propensity to attain optimal levels of sexual excitement and to engage in novel sexual experiences” (Kalichman et al., 1994, p. 387). The SSS contains nine Likert-type items measured on a 4-point scale ranging from 1 (not at all like me) to 4 (very much like me), with a minimum score of 9 to maximum score of 36. The work of Kalichman et al. (1994) revised the original instrument. This instrument was validated on 106 homosexual men with a reported internal consistency of .75. Kalichman and Rompa (1995) further validated the SSS scale on 98 men and women. Internal consistency was .81 and a 3-month test retest revealed .73 reliability. Beck et al. (1995) further validated the instrument on 900 heterosexual college students and reported an internal consistency of .81.

**CAPS.** The CAPS measures personal and social problems associated with drinking alcohol. The CAPS contains two subscales of four items, each on a 6-point Likert-type scale ranging from 1 (never), to 6 (10 or more times), with a minimum score of 4 to maximum score of 24. Subscale 1 reflects personal problems related to drinking alcohol and Subscale 2 identifies social problems. Maddock, Laforge, Rossi, and O’Hare (2001) reported a Cronbach’s coefficient alpha of .79 for the personal problem scale and .75 for the social problem scale.

**HIV risk behaviors measurement.** HIV risk behaviors were defined as frequency of unprotected sexual intercourse, number of STIs, and number of sexual partners in the last 12 months. Information about HIV risk behaviors was obtained from the demographic data sheet.

**RESULTS**

A sample of 2,500 undergraduate students was obtained through random selection of every fifth student’s e-mail address at a large southern university. Students (1,250 men and 1,250 women) were e-mailed and invited to participate in an online survey to determine if
sexual sensation seeking, sexual compulsivity, and alcohol problems were related to high-risk sexual behaviors. A total of 256 college students completed the online survey over 4 months, from July through October 2003. Possible explanations for students not responding to the online survey may include (a) reluctance to divulge personal information, (b) concerns about confidentiality, (c) not wanting to take time to complete the survey, and (d) the fact that no incentives were provided for participation. Those students who completed the survey were provided the researcher’s e-mail address if they had any questions or comments about the survey. None of the students e-mailed the researcher. Characteristics of the sample are summarized in Table 1.

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age ( M = 21.6 )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 19</td>
<td>47</td>
<td>18.6</td>
</tr>
<tr>
<td>20 to 25</td>
<td>187</td>
<td>74.0</td>
</tr>
<tr>
<td>26 to 43</td>
<td>18</td>
<td>7.4</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>154</td>
<td>60.9</td>
</tr>
<tr>
<td>Men</td>
<td>99</td>
<td>39.1</td>
</tr>
<tr>
<td>Greek membership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>51</td>
<td>20.2</td>
</tr>
<tr>
<td>No</td>
<td>202</td>
<td>79.8</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>25</td>
<td>9.9</td>
</tr>
<tr>
<td>White</td>
<td>217</td>
<td>85.8</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>4.0</td>
</tr>
<tr>
<td>Number of sexual partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>172</td>
<td>68.0</td>
</tr>
<tr>
<td>2 to 5</td>
<td>73</td>
<td>28.9</td>
</tr>
<tr>
<td>6 to 10</td>
<td>6</td>
<td>2.4</td>
</tr>
<tr>
<td>11 to 20</td>
<td>2</td>
<td>0.8</td>
</tr>
<tr>
<td>Ever had STI(^a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>14</td>
<td>5.5</td>
</tr>
<tr>
<td>No</td>
<td>251</td>
<td>94.5</td>
</tr>
<tr>
<td>Steady or primary sex partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>155</td>
<td>61.3</td>
</tr>
<tr>
<td>No</td>
<td>98</td>
<td>38.7</td>
</tr>
<tr>
<td>Drink alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>229</td>
<td>90.5</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>9.5</td>
</tr>
<tr>
<td>Completed education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td>17</td>
<td>6.7</td>
</tr>
<tr>
<td>Sophomore</td>
<td>49</td>
<td>19.4</td>
</tr>
<tr>
<td>Junior</td>
<td>71</td>
<td>28.1</td>
</tr>
<tr>
<td>Senior</td>
<td>116</td>
<td>45.9</td>
</tr>
<tr>
<td>Tested for HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>79</td>
<td>31.2</td>
</tr>
<tr>
<td>No</td>
<td>170</td>
<td>68.3</td>
</tr>
</tbody>
</table>

*Note.* \( N = 256. \)

\(^a\)Sexually transmitted infection. Items not responded to resulted in missing data.
More women \((n = 154, 60.9\%)\) than men \((n = 99, 39.1\%)\) completed the survey, even though there were equal numbers of men and women who were invited to participate. Ages ranged from 18 to 43, with a mean age of 21.68 years and a \(SD\) of 3.3. Fifty-one \((20.2\%)\) of the students indicated they belonged to a Greek organization. A majority of the students were White \((n = 217, 85.8\%)\). When asked if they had a primary or steady sex partner, over half \((n = 155, 61\%)\) responded that they did have a primary sex partner. However, 30\% \((n = 73)\) of the college students indicated that they had between two to five sexual partners in the last 12 months. When asked about condom use, 48\% \((n = 121)\) of the students indicated that they used a condom sometimes \((n = 121; 48\%)\) when engaging in sexual intercourse during the last year; others \((n = 91; 35\%)\) had never used a condom during sexual intercourse. The majority of the students \((n = 170; 68\%)\) had never been tested for HIV.

Hypothesis 1

The first hypothesis, “Students who score high on the SCS, SSS, and CAPS will participate in more HIV risk behaviors,” was analyzed using Pearson \(r\) correlation. This hypothesis was supported. According to Burns and Grove (2003), \(r\) values ranging between 0.1 to 0.3 represent a weak relation, between 0.4 to 0.5 a moderate relation, and above 0.5 a strong relation. There were significant positive correlations between scores on each of the scales and selected HIV risk behaviors among college students. The strongest correlation was found between CAPS and unprotected sex \((r = .684)\). Moderate correlations were found between SSS \((r = .501)\) and SCS, but weak correlations between SSS and CAPS \((r = .342)\), unprotected sex \((r = .315)\), and number of sexual partners \((r = .236)\).

To further examine the difference between men and women on these scores, a one-way analysis of variance was conducted. Men scored higher on the SSS, \(F(1, 246) = 34.66, p < .0001\), and SCS, \(F(1, 246) = 36.62, p < .0001\), than women. Women \((n = 101)\) were more likely to have a primary partner than men \((n = 54)\). Students who had a primary sex partner and who drank alcohol were significantly less likely to forego using a condom during sexual intercourse, Wald \(\chi^2(df = 5), p < .0023\), than students who had casual partners.

Hypothesis 2

The second hypothesis, “Greek membership will be positively associated with high scores on CAPS and HIV risk behaviors,” was analyzed using Pearson \(r\) correlation. This hypothesis was supported. There was a significant positive, but weak, correlation between Greek membership and CAPS \((r = .319, p < .01)\), but a moderate relation between CAPS \((r = .402, p < .01)\) and HIV risk behaviors. Findings indicated that stu-
dents who belonged to Greek organizations were more likely to drink alcohol and participate in HIV risk behaviors.

Hypothesis 3

The third hypothesis, “Men will score higher than women on the SSS, SCS, CAPS and will participate in more HIV risk behaviors,” was analyzed using the $t$ test. The hypothesis was partially supported. There was a significant difference between men and women on the SSS, $t(253) = -5.04; p < .0001$, and SCS, $t(243) = -5.22 , p < .0001$. Men scored significantly higher on SSS ($M = 19.42, SD = 6.45$) and SCS ($M = 13.95, SD = 4.95$) than women ($M = 15.45, SD = 5.91; M = 11.04, SD = 3.85$). Both men and women had similar scores on the CAPS and HIV risk behaviors. In fact, there were no significant differences on scores of CAPS for personal problems, $t(254) = 1.64, p = .10$, or social problems, $t(254) = -1.88, p = .06$, between men and women. The scores for men ($M = 2.13, SD = 1.22$) and women ($M = 1.87, SD = 1.13$) were similar for HIV risk behaviors and were not significantly different.

Membership in Greek organizations was significantly associated with high scores on the CAPS. Students who belonged to Greek organizations had more personal, $F(1, 253) = 16.70, p < .0001$, and social problems, $F(1, 253) = 14.63, p < .0002$, than other college students. Women who belonged to Greek organizations had significantly more personal problems, $F(1, 243) = 9.45, p < .03$, such as feelings of depression and low self-esteem after consuming alcohol than men in similar organizations. Men in Greek organizations had significantly more social problems, $F(1, 245) = 5.40, p < .02$, such as driving under the influence of alcohol and were more likely to engage in using illegal drugs than other college students.

Hypothesis 4

The fourth hypothesis, “Sexual compulsivity, sexual sensation seeking, alcohol use, gender, age, and Greek membership will predict HIV risk behaviors,” was analyzed using stepwise regression analysis (see Table 2). Four variables were found to be significant in predicting HIV risk behaviors among college students. These variables included age ($\beta = .112, p < .042$), high scores on SSS ($\beta = .408, p < .0001$) and CAPS ($\beta = .326, p < .0001$), and a low score on SCS ($\beta = -.157, p < .014$). The multiple correlation coefficient ($R$) using all predictors simultaneously was .55 and the $R^2$ was .30, meaning that 30% of the variance in HIV-risk behaviors can be predicted by age and the scores on three scales (SSS, CAPS, and SCS).

A Pearson $r$ was used to determine if there was a correlation between the scales and the male gender. Findings indicate strong relations between being male and high scores on
the SSS and SCS \( r = .501 \). A moderate relation was found between being male, SSS, and HIV risk \( r = .435 \). A moderate relation was found between being male, high scores on CAPS, and HIV risk \( r = .402 \).

**DISCUSSION**

The strongest correlation was found between the scores on the CAPS and the frequency of unprotected sex. In fact, more than half of the college students in this sample who drank alcohol did not use a condom when engaging in sex. This finding is similar to the findings of Boyle et al. (2002), who reported that college students who drank alcohol participated in more high-risk sexual behaviors, and those encounters were in anonymous relationships. Additionally, previous research has shown that individuals who have primary sex partners are less likely to use condoms during sexual encounters (Gullette & Turner, 2003; Ross et al. 2001; Whaley & Winfield, 2003).

Congruent with the findings of several studies, sensation seeking and sexual compulsivity were found to significantly contribute to the risk taking behaviors of men and women (Beck et al., 1995; Boyle et al., 2002; Reece et al., 2002; Reece et al., 2001). In this study, men who scored higher on both these scales were significantly more likely to participate in HIV risk taking behaviors than women and were less likely to have a steady sex partner.

High sensation seekers (both men and women) frequently have more sexual partners than low sensation seekers. High sensation seekers are easily bored with the “routine” and enjoy wild parties with excessive drinking, gambling, and exotic sexual experiences. Thus, high sensation seekers are resistant to changing HIV risk behaviors (Kalichman & Rompa, 1995; Rolison, 2002). Sheer and Cline (1994) reported that high sensation seekers frequently had unprotected sex with someone of unknown HIV status. The vast majority of this sample of college students indicated they had never been tested for HIV.

Students who were members of Greek organizations were more likely to have personal and social problems after consuming alcohol. Findings in this study revealed that differences existed between men and women on the subscales of the CAPS. Women were more
likely to have personal problems such as low self-esteem and depression. Men, on the other hand, were more likely to have social problems such as driving under the influence of alcohol and using illegal drugs.

On most college campuses, Greek organizations are known for numerous activities that center around the use of alcohol. Students in these organizations often participate in alcohol-related activities as a way of conforming to peer expectations. For some of these students, being like their peers and having a sense of belonging is more important than not using alcohol. It is possible that alcohol is a common attractant whereby students who drink alcohol naturally seek out each other.

The use of alcohol and how it impacts the social well-being of women needs further exploration. Women in this study reported having more problems related to low self-esteem and feelings of depression after consuming alcohol. Women consumed alcohol for different reasons than men, and internalized more negative feelings after using alcohol. More studies are needed to explore ways to help women find alternative avenues of socializing without using alcohol.

The Centers for Disease Control and Prevention (2003) have continued to report a steady increase in the number of new HIV cases among heterosexuals. Many individuals are unaware that they or their partners are at risk for contracting HIV. Women who are sensation seekers are known to participate in unprotected sex with HIV-positive partners (Klevens, Flemming, Neal, & Li, 2001). As a result, they are prone to suffer the long-term effects of untreated STIs, such as pelvic inflammatory disease, chronic pain, and sterility. Therefore, interventions are needed that assist women to promote self-protection and awareness of risk associated with unprotected sex.

Age, sexual sensation seeking, compulsivity, and alcohol use were found to be significant predictors of HIV risk-taking behaviors. Of these, age is not unusual when associated with HIV risk behaviors. As individuals become older, they have more opportunity to explore sexuality, to experiment with alcohol, and establish their identities. Some students will experience multiple sexual partners before committing to a long-term relationship. For this study sample, HIV risk-taking behaviors were found to be minimal. One possible explanation may be that many of the students reported having a primary sex partner and did not perceive themselves at risk for a STI. Students were not asked if they were in a monogamous relationship. Further studies may be needed to determine what other variables influence HIV risk-taking behaviors.

Findings of this study revealed moderate to weak correlations between being male and the scales of SSS, SCS, CAPS, and HIV risk behaviors. However, being male was not a significant predictor of HIV risk behavior in this college population. This finding was surprising because countless studies have indicated that men participate in more HIV risk behaviors than women. The fact that 48% of the men in this study indicated they were in a steady relationship may explain this finding.

This study has several limitations. This was an online survey that depended on self-reported behaviors related to HIV risk and alcohol use. Some of the students may have de-
liberately over- or underreported their behaviors, or may not have been able to accurately recall sexual encounters during this last year. Therefore, generalizability of findings of this study to other populations is limited. The majority of the students were White. HIV risk behaviors were measured using a forced answer format on the demographic data sheet. Another limitation is the low proportion variance accounted for in HIV risk behaviors when considering the 13 statistically significant correlations.

**Nursing Implications**

Nurses and other health care professionals must intervene before adolescents and young adults have an opportunity to choose unhealthy lifestyles, such as abusing alcohol and having multiple sexual partners. Interventions need to begin in the communities where students live prior to coming to college campuses. Community focused interventions may hold the key to increasing self-efficacy skills to resist unhealthy life choices. Young people are more frequently influenced by their peers and thus model behaviors that are considered to be normal. Interventions to prevent substance abuse and HIV transmission need to be age-specific and culturally appropriate to reach these young people. Understanding what these young adults consider normal may be the next step in breaking the cycle of “everyone else is doing it.” More studies are needed to explore correlates related to risk taking, sensation seeking, alcohol use, and self-esteem.

Interventions that focus on support groups for young people may be needed to develop cognitive and behavioral skills that increase awareness of risk associated with HIV and substance abuse. Young people may benefit from community led interventions that teach them how to negotiate safer sex, to become knowledgeable about HIV transmission, to eliminate socially stigmatizing disclosure of being HIV positive, and to learn how to choose healthy lifestyles. Gender specific interventions are needed for women in the community.

**CONCLUSIONS**

Sexual sensation seeking, sexual compulsivity, alcohol use, and age were found to be strong predictors of HIV risk behaviors in this college age population. Men scored higher than women on the SSS and SCS but not on the CAPS or HIV risk behaviors. Sixty-one percent \((n = 155)\) of these students were in a steady sexual relationship that may explain the low risk behaviors. Also, although scores on the SSS and the SCS were higher for men than women overall, scores for sensation seeking and sexual compulsivity were very low in this population compared to other studies. Therefore, the personality dispositions of sexual sensation seeking and sexual compulsivity among college students may need to be explored in other universities and college settings to determine if these traits are truly
related to HIV risk taking behaviors. Other interventions may be indicated for women to help cope with the effects of alcohol and self-esteem issues.

REFERENCES


