HHS Public Access

Author manuscript

Am J Health Promot. Author manuscript; available in PMC 2024 February 20.

Published in final edited form as:

Am J Health Promot. 2021 July ; 35(6): 809–817. doi:10.1177/0890117121997040.

A Qualitative Investigation of Facilitators to Black and Latino Adolescent and Young Adults' Participation in a Couple-Based HIV Prevention Study

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Abstract

Purpose: Recruitment and retention of adolescents and young adults (AYAs) in couple-based HIV prevention research can be difficult. This study's primary objective is to identify factors that influenced Black and Latino AYAs to participate in couple-based HIV/STI prevention research.

Design: In-depth, semi-structured qualitative interviews.

Setting: Face-to-face interviews with couples recruited from the South Bronx, New York.

Participants: Twenty-three heterosexual couples (46 individuals) aged 16–28 (M = 20.1, SD = 3.01).

Methods: Participants completed 60 to 90-minute individual and dyadic interviews. All interviews were audio-recorded and transcribed. Thematic analysis was conducted to identify key themes.

Results: Two levels of influence emerged from participants' interviews regarding their reasons for study participation: 1) individual factors (interest in the study topic, study incentives, opportunity to help their community, and opportunity to learn something new), 2) interpersonal factors (positive interactions with the research team, partner's desire to participate and relationship strengthening). There were key differences by gender and recruitment order.

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Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: A Qualitative Investigation of Facilitators to Black and Latino Adolescent and Young Adults' Participation in a Couple-based HIV/STI Prevention Study.

Conclusion: Black and Latino AYAs report multiple reasons for participating in couple-based research. Highlighting the benefits of study participation to themselves, their relationships, and their communities may be an important strategy for engaging AYAs in couple-based research.

Keywords

adolescents and young adults; black and Latino; heterosexual couples; recruitment methods; HIV/STI prevention and intervention

Purpose

Adolescents and young adults (AYAs) account for a disproportionate number of HIV infections in the United States. Of the estimated 38,739 new HIV diagnoses, AYAs aged 13 to 24 make up 21% (8,164).[1] Black and Latino AYAs comprise the vast majority of new HIV diagnoses accounting for 53% and 24%, respectively.[2] Black and Latino AYAs also have higher rates of sexually transmitted infections (STIs) than their white peers.[3] STIs, which are on the rise among AYAs,[4] increase the risk for HIV acquisition and transmission.[5] The primary mode of HIV transmission among youth is sexual contact.[6] While the burden of disease falls most heavily on men who have sex with men (MSM), 14% of youth acquire HIV through heterosexual transmission[2]; approximately 8 in 10 of those infected through heterosexual transmission are Black or Latino.[7]

Romantic relationships are an important context for HIV/STI prevention and intervention.[8,9] Research indicates that romantic relationships are a central part of AYAs' lives.[9] Romantic relationships are common during adolescence and young adulthood[9,10] and are the primary context in which sexual activity occurs.[11] AYAs are also more likely to engage in sexual risk behaviors that increase the risk for HIV/STI acquisition within romantic relationships as compared to more casual relationships.[12,13] Moreover, there is growing evidence that relationship dynamics influence sexual risk and protective behaviors and that partners exert a mutual influence on another.[14–16] There is also strong evidence that couple-based interventions are effective in promoting sexual health behaviors.[17–19] Despite the significance of the couple context and the dyadic nature of romantic relationships and sexual behavior, HIV/STI prevention research that targets AYA couples is relatively scarce.

One reason for the absence of dyadic HIV/STI research targeting AYAs is that engaging young couples is challenging.[20–22] In general, there are methodological challenges associated with the recruitment and retention of dyads. Unlike studies that include only one member of the couple, studies that target the dyad require that both couple members meet study eligibility criteria, are willing to participate, and are jointly available to complete study activities. These considerations present unique couple-specific methodological challenges that can impact study participation. Two significant barriers that impede study participation in couple based research are: 1) logistical barriers such as successfully recruiting the nominated or referral partner, scheduling conflicts between couple members, and securing appropriate research space that allows for dyadic facilitation of study activities, and 2) relationship barriers such as the dissolution of the relationship before or during the facilitation of study activities, relationships where one or both partners have other romantic

or sexual partners which are unknown to their partner, concerns regarding partner-specific data confidentiality, and dynamics of the relationship, such as unequal gender power and inter-partner violence, which may cause individuals to be hesitant to share study details with their partner. While these challenges are relevant to both adult and AYA couples, they may be more pronounced in AYA couples. For example, young couples may have more difficulty arranging their schedules and coordinating a participation time that best fits both of their availabilities thus increasing their likelihood of non-participation.[21]

In addition to these methodological challenges, there are also legal and ethical barriers that can affect AYA couples' research participation. For example, the issue of parental permission must be considered when one or both partners are minors (individuals under the age of 18). Parental consent is a major barrier to adolescents' research participation.[23–25] There are a number of challenges associated with obtaining parental consent in health research.[25,26] However, obtaining parental consent becomes more complicated in dyadic research. In cases where both couple members are minors, consent must be provided by both partners' parent/guardian. Thus, the inability to obtain parental consent from both partners' parent/guardian precludes the couple from participating. Requiring parental permission may dissuade youth from participating due to concerns that their romantic relationship(s) and/or past and current sexual activity may be disclosed to their parent(s)/guardian(s).[27] Local age of consent laws may also impede research participation.[28] For instance, couples in which one partner is a minor and the other is an adult may be wary of research participation due to fears of potential legal consequences. Together, these methodological and legal factors, as well as other factors like the nature of the research topic, can make recruiting and retaining young couples difficult.

While the barriers to participation in couple-based health research have been well documented, relatively less is known about factors that facilitate study participation. Prior studies have identified a range of factors associated with AYAs' individual participation in HIV/STI research such as altruism, desire to learn new information, and study incentives.[29,30] However, the decision to enroll and participate in HIV/STI prevention research with one's romantic partner involves a unique set of participation considerations that differ from independently joining a research study. Thus, there may be distinct factors associated with AYAs' participation in research that targets dyads compared to research that targets individuals.

Moreover, the reasons for study participation may vary as a function of participant characteristics. For example, men and women are often motivated to participate in research for different reasons.[31] Likewise, there may also be distinguishable differences in reasons for participation by participant type such as those who are directly recruited into the study (and typically must meet some primary eligibility criteria) and their nominated romantic partner. However, to date, this has not been sufficiently explored. Since both couple members must agree to research participation, understanding how gender and participant type may affect the decision-making process is imperative. The study aims to understand how AYAs make decisions about participation in a couple-based HIV/STI prevention study. Specifically, we seek to identify facilitators to participation in couple-based research. A greater understanding of factors that motivate individuals to participate in couple-based

HIV/STI prevention research may optimize recruitment and retention methods, thereby potentially increasing the participation of young couples in HIV/STI prevention and intervention research. To fully understand the reasoning process, we explored potential differences by gender and participant type (index participant vs. nominated partner).

Approach

Setting

Participants were recruited from the Bronx, 1 of 5 boroughs in New York City (NYC), NY. We specifically targeted neighborhoods in the South Bronx, a geographic area of HIV/STI vulnerability.

Participants.—Participants were couples enrolled in a qualitative, cross-sectional study that explored sexual decision-making within the context of their romantic relationships. Couples were comprised of the index participant (IP) and their nominated partner (NP). The IP was the member of the couple the research team made initial contact to assess his/her interest in and eligibility for the study. The NP was the individual that the IP referred to as his/her romantic partner and nominated to participate in the study. Study participation was contingent on both the IP and NP meeting distinct eligibility criteria. However, the IP had to meet primary eligibility criteria. IPs were eligible to participate if they were proficient in English, self-identified as Black and/or Latino, were between the ages of 16 and 24, currently lived in a targeted neighborhood in the South Bronx, NY, and currently involved in a dating relationship with a person of the opposite sex. NPs were eligible to participate if they were proficient in English, at least 14 years old, and in a reciprocal romantic relationship with the IP. For all minors (individuals 17 years and younger), there had to be a less than a 4-year age difference between the IP and NP to be consistent with New York state age of consent laws. Minors were required to obtain parental permission to participate.

We used purposive sampling to recruit couples from targeted neighborhoods in the South Bronx. Prior to recruitment, we conducted extensive community mapping to identify key recruitment times and locations. Street recruitment was primarily utilized to recruit couples. Trained research assistants (RAs) randomly approached young men and women and provided study details. Individuals who expressed interest in study participation but were unable to stop for screening were provided with a flyer containing basic study information. Individuals who were available for on the spot screening provided verbal consent and then completed a brief, electronic screening survey. If eligible, they were classified as the IP and their contact information was collected. In instances where their romantic partner was physically present or available by phone, s/he was also immediately screened (dyadic screening method), and, if eligible, their contact information was obtained at that time. If the NP was unavailable, the IP was given a study flyer and encouraged to talk to the NP about the study and have her/him contact the study as soon as possible for screening (individual screening method). Sampling and data collection continued until data saturation was reached. Screening, recruitment, and enrollment procedures have been previously published.[21]

Methods

Data Collection

Interviews were conducted in a private space at the first author's home institution or at a local community-based organization. Consent procedures were performed jointly with both couple members. Participants 18 years and older provided written informed consent; participants under 18 years provided written informed assent and a signed parental permission form. Trained interviewers, including core members of the research team, facilitated the interviews using semi-structured interview guides that were developed by the Principal Investigator (PI). Guided by the Unified Theory of Behavior[32] and existing literature on romantic relationships, the individual interview guide contained open-ended questions on individual and relationship facilitators and barriers to use of combination HIV prevention methods. The dyadic interviews also included open-ended questions but focused on the development of a couple-based HIV intervention for Black and Latino youth. Both interview guides included probes to elicit more detailed responses from participants. While the reason for study participation was not the primary focus of the study, a single question ("Why did you decide to participate in this study?") was included at the end of both the individual and dyadic interview guides in order to develop strategies that could strengthen future recruitment and retention efforts for couple-based research. Both interview guides were reviewed by members of the target population to ensure that the questions were understandable. This feedback was incorporated into the final interview guide. Individual interviews were conducted simultaneously with each couple member in separate, non-adjacent rooms. Following the individual interviews, the dyadic interview was conducted jointly with both couple members. When possible, 3 different interviewers conducted each of the interview sessions to ensure participants' confidentiality. Individual and dyadic interviews each lasted approximately 60 – 90 minutes. Interviews were conducted until saturation was reached. Participants also completed a brief survey on demographics, relationship dynamics, and sexual health. Each participant received $30 and a roundtrip subway card as a token of appreciation. The study protocol was approved by the New York University Institutional Review Board.

Analysis Strategies

Interviews were audio-recorded and transcribed verbatim. For this study, we focused only on data pertaining to reasons for study participation. Thematic analysis was used to analyze the qualitative data.[33] Individual-level analysis was used to capture the range of facilitators to study participation across participants. An inductive approach was selected to allow researchers to determine broad patterns that were then analyzed to determine themes. This ensured that the researchers' findings were not imposed or predetermined, allowing for the themes to follow closely with the raw data. Although participants were directly asked about their reasons for study participation, transcripts were reviewed in their entirety to identify themes that emerged in other portions of participants' reflections. All data were coded by hand by 3 members of the research team (YL, AC, AT). Coders scrutinized the data line by line to systematically generate initial codes related to our research interest across the data. Coders collated the codes into potential themes gathering all data relevant to each potential theme. Coders engaged in ongoing discussions throughout the analysis to refine the

specifics of each code generating clear definitions and appropriate phrasing for each theme. Inter-coder reliability was assessed throughout the coding process by comparison of codes independently generated by each coder, identifying discrepancies, and coming to consensus via research team discussions.[34] Themes were developed based on patterns and topics that persisted throughout the interviews. Coders extracted quotes that related to and illuminated the research question. Descriptive statistics were analyzed using SPSS version 26.

Results

Detailed screening information is presented elsewhere.[21] Three hundred and seventy-two IPs were screened for eligibility. Of those, 132 meet eligibility criteria and 125 decided to provide contact information. Of the 125 IPs, only 49 NPs completed screening procedures. A total of 39 couples enrolled in the study, and 23 completed the interview session. Demographic information for the 23 couples that participated in the study are presented for the full sample and by gender and participant type in Table 1. As a whole, participants were aged 16–28 (M = 20.1, SD = 3.01) and identified as Black/African American (43.5%), Hispanic/Latino (45.7%), Black and Latino (6.5%), and mixed race (4.3%). Approximately 61% of the sample had at least a high school diploma or GED. Fifty percent of the sample was currently enrolled in school and not currently employed. Most participants classified their relationship as serious (i.e., boyfriend/girlfriend) (93.5%) and reported being in a relationship with their current partner for at least 12 months (61%). The majority of IPs (61%) were women.

Facilitators to Study Participation

Thematic analysis revealed both **intrapersonal and interpersonal facilitators to AYAs' participation.** All AYAs reported multiple facilitators to their participation within and across these 2 domains. We describe the most common facilitators to **AYAs'** participation below. Similarities and differences between men and women as well as IPs and NPs on facilitators to participation are highlighted. There was also one unintended study benefit that was noted among AYAs. While this was not a facilitator to AYAs' research participation, we include it because of the frequency in which it was noted. Direct quotations are listed by number in Table 2.

Intrapersonal Factors

Four primary intrapersonal facilitators to study participation were identified: interest in the study topic, study incentives, opportunity to contribute and help the AYA community, and opportunity to learn something new.

Interest in the Study Topic

In general, there was an overwhelming interest in the study. Youth expressed liking research, with many reporting that this was their first opportunity to participate in a research study. However, their interest in the topic prompted many participants, particularly women and IPs, to participate in the study. AYAs noted that they liked that the study focused on young people's romantic and sexual relationships and appreciated that it included both partners.

Moreover, youth felt that these topics were relevant to their current lives and thought it would be interesting to talk about these topics. Many AYA specifically noted their level of comfort in discussing these topics (quote 1). Several AYA also shared that the study topic "drew them in" despite their initial reluctance to engage with the recruitment team (quote 2). Thus, youths' decisions to participate stemmed from their interest in and desire to talk about youth romantic relationships.

Study Incentives

Incentives were a main reason for study participation. Many AYAs' explicitly stated that their involvement was because of "the money." This was overwhelmingly expressed more among males and NPs. Many participants described being unemployed and/or having to rely on their parents for money. Subsequently, study participation was perceived as an immediate solution to address their financial needs. Other study incentives, like roundtrip subway cards to offset transportation costs, also contributed to participants' interest in study enrollment (quote 3). In some cases, these study incentives prompted participation among individuals who were hesitant about participating. While study incentives were a major motivating factor, several AYAs explicitly noted that they would have participated even if incentives were not offered due to other perceived study benefits such as their partner's enthusiasm for participating (quote 4) and the opportunity to contribute and help the community. This highlights the nuance of AYAs' decision-making regarding study participation. Specifically, while study incentives may be a facilitator to study participation, other intrapersonal and interpersonal factors, such as their partner's desire to participate, were in some cases more influential than incentives.

Opportunity to Contribute and Help the AYA Community

Many AYAs participated because of a genuine desire to contribute and help the AYA community. Youth recognized the importance of the study and its potential to lead to the development of a program that could improve young people's romantic relationships and sexual health, both of which were viewed as important and relevant issues within their communities. Several AYAs specifically discussed not having the opportunity to take part in a couple-centered HIV/STI prevention program (quote 5) which seemed to fuel their enthusiasm for study participation. AYAs viewed their participation as directly benefiting other young people. Thus, they were open to discussing their personal experiences and offering their thoughts on the design and implementation of the program. For some AYAs, "sharing their voice" in this way was empowering. While many AYAs spoke in general about helping other young people, males specifically indicated wanting to help AYAs make better and more informed decisions regarding their romantic relationships and sexual practices before sexual initiation occurred (quote 6). Overall, AYAs' participation was a way for them to contribute to the well-being of the AYA community in a meaningful way.

Interpersonal Factors

Three primary interpersonal facilitators to study participation were identified: positive interactions with the research team, partner's desire to participate, relationship strengthening.

AYA-Friendly Recruitment Approach by the Research Team

An AYA-friendly recruitment approach by the research team played a significant role in study participation. IPs shared how the research team was friendly, made them feel comfortable, and did not "force" themselves **onto** youth during the initial recruitment interaction (quote 8). The pleasant and easy-going nature of the research team seemed to vary from other experiences that they had with people attempting to engage them. This prompted many IPs to participate in screening procedures despite some initial hesitancy due to overwhelming solicitation in their communities. Both IPs and NPs noted their interaction with the research team after study enrollment. Many AYAs reported experiencing challenges such as last-minute work, school, and/or familial obligations as well as transportation issues which hindered their ability to attend their scheduled interview session. This resulted in couples frequently needing to reschedule the interview session, sometimes without sufficient notice. Participants discussed how the research team was willing to work with them, often going "the extra mile" to accommodate their busy schedules (quote 9). The research team's engaging and flexible approach to study participation helped to support AYAs' engagement throughout the research process.

Partner's Desire to Participate

Youth reported that their partner's enthusiasm for and desire to participate in the study were significant motivating factors in their study participation. This was noted primarily among male NPs. However, one male IP shared that he completed screening procedures because he believed that his partner was knowledgeable about the topic and would be interested in participating in the study. Males screened jointly with their partners were more likely to engage in shared decision-making where there was explicit discussion regarding study participation before agreeing to proceed with screening procedures. In contrast, individuals screened separately were less likely to discuss study participation. Female IPs often completed screening procedures and then informed the male NP of his participation without consulting his thoughts on or interest in the study (quote 10). Although there was no explicit conversation about interest and desire to participate, male NPs were willing to move forward with screening procedures (quote 11). Despite differences between individuals screened jointly and individually regarding their level of communication about the study, overall, male NPs' desire to participate was often fueled by the female' study interest.

Relationship Strengthening

Many youths' participation was based on some perceived benefit to their relationship, specifically enhancing relationship quality, albeit they manifested differently for women and men. Women spoke of experiencing problems and challenges within their relationship and viewed study participation as a way to strengthen their partnership (quote 12). Women further believed that study participation would help them identify what was wrong in their relationship and make potential changes. Men, on the other hand, viewed study participation as a bonding experience. Men stated that the study was something new that they could do with their partners. Men also highlighted the positive social impact of the study (quote 13). Overall, both women's and men's participation were based on an underlying desire to enhance their relationships. However, women's participation was a function of potentially

fixing issues within their relationship, whereas men's involvement stemmed from doing something new and meaningful with their romantic partner.

Unintended Benefits

Opportunity to Learn About PrEP

Notably, several AYAs discussed an unintended benefit of their study participation. More specifically, AYAs noted becoming aware and knowledgeable about PrEP as an effective HIV prevention method (quote 14). Despite having a lack of awareness about PrEP before enrollment into the study, youth expressed a desire to learn more about PrEP and potentially incorporate it into their prevention toolkit (quote 15). Therefore, while not an initial driver of study participation, learning about other effective and available HIV prevention methods was an intended benefit.

Conclusion

Considerable research has focused on barriers to research participation. Our study extends the literature by identifying facilitators to Black and Latino AYAs' participation in couples-based HIV/STI research. We found that no single factor influenced AYAs' decision-making. Rather, their participation was informed by multiple intrapersonal and interpersonal factors, many of which seemed to be benefits to participation.

Intrapersonal factors such as interest in the study topic, helping their community, opportunity to learn something new, and study incentives were central to AYAs' participation in the study. Previous studies have identified these as reasons for participation in individual research.[29] However, a major difference in our study was that these factors were often influenced by couple-level considerations. For example, the desire to receive study incentives was often based on their own and their partner's current financial circumstances. Likewise, learning about PrEP, which is a partner-independent prevention strategy, was viewed as an opportunity to discuss new HIV prevention strategies with their romantic partner in the context of their relationships. Thus, our findings add to the literature by providing preliminary evidence that some intrapersonal factors are universal to engaging AYAs in health research. However, in couples research, these intrapersonal factors appear to be informed by dyadic influences.

Several interpersonal factors were also important in AYAs' decision-making. Positive interactions with the research team during screening and enrollment were instrumental in study engagement. This finding demonstrates the importance of establishing and maintaining a positive rapport with participants (i.e., being approachable, flexible, etc.) throughout the research process.[35] Most notably, we found that AYAs' romantic relationships played a central role in their participation. Men and women saw study participation as an opportunity to support their partners and foster stronger emotional bonds. While previous studies have found partner and relationship considerations to be barriers to research participation,[22,36] our findings show evidence that certain aspects of the relationship promote study engagement. Our findings are a function of the types of couples that were recruited and enrolled into the study. Study inclusion required that AYAs be in

reciprocal romantic relationships, and most AYAs defined their relationships as serious. Individuals involved in serious partnerships may be more committed to preserving or enhancing the quality of the relationship.[37] Hence, these youth may be more inclined to participate in activities that they perceive as beneficial to their relationships.

Consistent with prior research, men and women were often motivated to participate for different reasons. Men were more likely to indicate altruistic motivations such as helping other young couples and study incentives as reasons for study participation. In contrast, women's participation was more often based on the relationship focus. There was also some variability between IPs and NPs regarding their reasons for study participation. To our knowledge, this is one of the first studies to explore differences by participant type. A significant challenge of dyadic research is recruiting the nominated partner.[20] In studies with heterosexual couples, this is typically the male partner.[22,38] Even in the current study, although recruitment efforts targeted both men and women, more NPs were male. Highlighting study benefits relevant to young men and NPs values and priorities during the recruitment process may be an effective strategy for increasing the overall number of couples completing screening procedures and enrolling in the study.

The current findings should be considered in the context of the study design. AYAs completed a one-time qualitative interview. Qualitative cross-sectional studies may be perceived as having less commitment and risk than other research designs (i.e., longitudinal studies, randomized control trials, etc.).[39] Thus, AYAs may have different motivations for participation in studies that have a higher study demand. Additionally, the findings observed in the current study may play out differently in other research designs. For example, we found that relationship factors served as a strong motivation for AYAs' participation. However, these couple-level influences may have important implications for studies that have multiple assessment points. Specifically, AYAs whose participation is primarily motivated by the relationship may be less likely to be retained in the study if, for example, the couple breaks up or if their partner is no longer interested in participating. Therefore, it may be important to ensure that AYAs also have autonomous motivations for study participation.

Several study limitations should be noted. First, only couples that were in reciprocal relationships were included. Relationships where both couple members agree that they are in a relationship may be more willing to participate in couples research than individuals in asymmetrical relationships. Thus, the study may suffer from selection bias. Second, AYAs' responses were based on a single interview question that may have limited the range of AYAs' responses. Thus, further investigation is needed to more fully understand how multi-level factors (individual, intrapersonal, structural) foster AYAs' engagement in couples research. Third, members of the recruitment team often served as interviewers. Thus, it is possible that AYAs provided responses that they felt would be perceived as more acceptable. Finally, our study focused on reasons for study participation at the individual-level. While beyond the current paper's scope, future research should examine reasons for study participation at the couple-level to explore potential differences and similarities between dyad members.[40] Nevertheless, the current study is a critical first step

in understanding young couples' decision-making concerning their participation in couples' HIV/STI prevention research.

Despite these limitations, the current study provides important insights into the context of Black and Latino AYAs' decision-making regarding their participation in couples research and the unique interplay between intrapersonal and interpersonal factors. Understanding AYAs' motivations for engaging in research may optimize effective recruitment and retention strategies for dyadic research. This may result in more observational and intervention HIV/STI research that includes young couples.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Centers for Disease Control and Prevention Minority HIV/AIDS Research Initiative U01 PS 005 121.

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SO WHAT?

What is already known on this topic?

Recruiting and retaining AYA couples in HIV/STI prevention and intervention research can be challenging.

What does this article add?

The current study details factors that contribute to Black and Latino AYAs' decision-making to participate in couples-based HIV prevention research.

What are the implications for health promotion practice or research?

Study findings can aid in optimizing methodological strategies to engage AYA couples in HIV/STI prevention research.

Table 1.

Demographic Characteristics for the Sample

	Male(%)	Female(%)	IP(%)	NP(%)	Total(%)
Gender					
Male	–	–	9 (39.1)	14 (60.9)	23 (50)
Female	–	–	14 (60.9)	9 (39.1)	23 (50)
Race/Ethnicity					
Black/African American	12 (52.2)	8 (34.8)	12 (52.2)	8 (34.8)	20 (43.5)
Hispanic/Latino	9 (39.1)	12 (52.2)	10 (43.5)	11 (47.8)	21 (45.7)
Black and Latino	1 (4.3)	2 (8.7)	1 (4.3)	2 (8.7)	3 (6.5)
Mixed Race *	1 (4.3)	1 (4.3)		2 (8.7)	2 (4.3)
Mean Age (Std. Deviation)	20.0 (2.7)	20.2 (3.4)	19.5 (2.4)	20.7 (3.6)	20.1 (3.0)
Age Range					
16–17	5 (21.7)	6 (26.1)	6 (26.1)	5 (21.7)	11 (23.9)
18–24	16 (69.6)	14 (60.9)	17 (73.9)	13 (56.5)	30 (65.2)
25 and older	2 (8.7)	3 (13.0)	0 (0)	5 (21.7)	5 (10.9)
Highest Level of Education					
Did not finish high school	11 (47.8)	7 (30.4)	7 (30.4)	11 (47.8)	18 (39.1)
High school graduate or GED	10 (43.5)	11 (47.8)	12 (52.2)	9 (39.1)	21 (45.7)
Associate or junior college	1 (4.3)	2 (8.7)	1 (4.3)	2 (8.7)	3 (6.5)
Bachelor’s degree	1 (4.3)	2 (8.7)	2 (8.7)	1 (4.3)	3 (6.5)
Refused to answer		1 (4.3)	1 (4.3)	0 (0.0)	1 (2.2)
School Enrollment					
Enrolled	10 (43.5)	13 (56.5)	10 (43.5)	13 (56.5)	23 (50.0)
Not Enrolled	13 (56.5)	10 (43.5)	13 (56.5)	10 (43.5)	23 (50.0)
Employment Status					
Not working	11 (47.8)	12 (52.2)	13 (56.5)	10 (43.5)	23 (50.0)
Working part-time	6 (26.1)	9 (39.1)	7 (30.4)	8 (34.8)	15 (32.6)
Working full-time	6 (26.1)	2 (8.7)	3 (13.0)	5 (21.7)	8 (17.4)

* Black/African American or Hispanic/Latino and/ another race.

Table 2.

Themes and Quotes From Participant Interviews.

Theme	Quote
Intrapersonal Factors	
Interest in the study topic	1. When I heard about this interview, it's a research [study] about how young couples make decisions together. Especially about when it comes to sexual stuff. I always found that really interesting. I told him [her romantic partner], he called me right away and I was like, "Go ahead." I was like, "This sounds interesting. It's something that I'm comfortable talking about." (Female NP) 2. First, usually when people stop me [on the street] I don't pay attention to them. I really don't. I was like I don't wanna say nothin'. Then she [a RA] says something about relationships and I thought, I might as well try it." (Female IP)
Study incentives	3. "Then they [the RAs] were like, there's snacks and Metrocards. I'm like, what? We [my partner and I] are there. Leave a spot open [for us]. And that was that." (Male NP) 4. And me and her [his romantic partner] are out of jobs and we're tryin' to get jobs and money is a—it's scarce. So, that [the incentive] helped. But I think if there was no money involved and she [his romantic partner] was enthusiastic about it, she would've convinced me "cause like I said, I'll do anything she asks me if it's reasonable." (Male NP)
Opportunity to contribute and help the AYA community	5. When I spoke on the phone with the screener, I asked her, "What is the main purpose [of the study]", and I was like, "Oh, for couples and HIV. Trying to help out other couples. I was like, "Wow, that's impressive", because we didn't have that help when we started off. (Male NP) 6. I wanna help young teens think about their relationship and stuff, make "em think smarter about what they gonna do before they have sex with their partners and stuff like they should use protection and stuff, go to the hospital, check themselves out, make sure they both clean before you think about bein" with the person or before you think about not usin' protection with a certain person. (Male IP) 7. You know, it's like, also, I want to help you guys start a good program that's gonna be worth it (Male IP)
Interpersonal Factors	
AYA-friendly recruitment approach by the research team	8. I don't know. All I think of is like the people that approached me about it [the study]. You guys seem fun. You guys weren't so hectic, you were smiling, talking to us, explaining [the study] to us. I feel like if it were other people that barely smiled or were really dull, I would be like no [decline screening]. (Female IP) 9. Male: I think you guys really made it work for us, 'cuz we kept rescheduling— Interviewer: Yeah? Male: Yeah. Female: Like, I thought you guys were really patient with us. Male: Yeah, because a lot of things [competing priorities] come up for us. (Female NP, Male IP)
Partner's desire to participate	10. It was her [his partner] that—I mean, she hit me with it. She basically surprised me with it. She said, "I signed us up for this research." What do you mean you signed us up? What happened to talking to me? I was joking. I wasn't serious like I didn't wanna do this. (Male NP) 11. Male NP: She just pushed—she started it. Female IP: I pushed. I was a bossy person. Male NP: You know what? She did. She already made up—she already made the plan to do it. Female IP: Then I was just like, "You're coming." Male NP: She's like, "Okay. Yeah. I made plans to do this, this, and that." Didn't ask me if I was okay with it. Just like, "Yeah. You're going." Just like, okay. All right. I guess that's what I'm doing now. (Female IP, Male NP)
Relationship strengthening	12. "I felt like we needed it. We needed something to bring us closer. Cuz we're at a point in our relationship where we're going in opposite directions." (Female NP) 13. "It's just doing something with my partner like this. I never really did this with a female, so doing this actually makes me feel good about myself. I'm actually doing something positive with the person I love". (Male IP)
Unintended benefits	
Opportunity to learn about PrEP	14. If I woulda never went here, I woulda never knew about PrEP. So now I know about PrEP. Now that's good." (Male IP) 15. It was really helpful because I never heard of PrEP. Now it's like, it's new to me. Now I could learn more about it, maybe talk to my doctor about it, and maybe—also, this brings a new way to talk to your partner or to get tested and try different methods of prevention. It really does help. (Male NP)

Am J Health Promot. Author manuscript; available in PMC 2024 February 20.