Making Sexuality Education and Prevention Programs Relevant for African-American Youth

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ABSTRACT: *A demographic and cultural profile of African-American youth is presented. Culturally-based differences in decision-making are reviewed. Attitudes and cultural values related to identity and self-image, gender role socialization, contraception, marriage and parenthood, homosexuality, and HIV/AIDS are described. Recommendations and strategies to make sexuality education and pregnancy prevention programs relevant to African-American youth are offered.* (J Sch Health. 1992;62(7):339-344)

In 1990, 5,493,000 African-American youth between the ages of 10 and 19 were living in the United States, representing 16% of the total U.S. youth population and 17.6% of the total African-American population. By the year 2030, nearly 18% of all young people in this country will be of African-American descent.[1] Demographic statistics alone demonstrate the importance of designing appropriate and effective strategies to reach, teach, and provide counseling and reproductive health services to African-American youth. No prevention strategy can be effective if it fails to reach such a large and growing segment of its target population.

Data on the reproductive behaviors of African-American youth, however, suggest the absolute urgency of assessing the reach and effectiveness of current strategies:

- In 1988, African-American women ages 15-19 continued to have the highest rates (61%) of sexual activity compared to 49% for Hispanics and 52% for Whites. While the rate of sexual activity increased significantly from 1982 to 1988 for White teens, it increased only slightly for African-American teens.[2]
- Teen-age African-American males are significantly more likely to report younger ages at first intercourse than White or Hispanic teens; 20% report first intercourse before age 13 and 35% had intercourse at least once before age 14.[3]
- In 1988, 58% of sexually active African-American females ages 15-19 reported having had sex with two or more partners; nearly one in four have had sex with four or more partners. Among 18- to 19-year-old sexually active males, one in two report multiple partners in a one-year period.[2]
- African-American and Hispanic teens are less likely than White teens to use any contraceptive method at first intercourse.[2]
- In 1988, African-American teens were twice as likely to become mothers as their White counterparts. Thirty percent of births to African-American teens were repeat births. Ninety-two percent of African-American teens who gave birth were single at the time of birth.[4]
- Younger African-American teens are at particular risk of early parenthood. In 1988, nearly six of 10 births (58.4%) to teens younger than age 15 were to African-American teens.[4]
- A 1990 Centers for Disease Control report revealed that 52% of children under age 14 who have AIDS are African-American.[5]

Reports of statistics by ethnic group are undoubtedly inflammatory because of the confounding relationship between socioeconomic status and ethnicity. Early sexual intercourse, early parenthood, and STD infection are all more prevalent among low-income populations than among those more affluent. Nonetheless, the data represent a fraction of the indicators of the present status of adolescent health outcomes among African-American youth. The good news is that demographics do not necessarily dictate destiny. Despite the litany of difficulties and disparities faced by African-American youth, many remain resilient, focused, and goal-oriented.

Data also suggest the need to assess the appropriateness of current prevention efforts on two distinct levels:

- At the program level, the appropriateness and effectiveness of both the content and adult/youth interaction must be examined. Are materials culturally relevant? Are realistic attitudinal and behavioral changes being espoused and/or accepted among African-Americans in general and African-American youth in particular? Are statements or behaviors of either the youth or the adult leaders likely to be misread or misunderstood because of unfamiliarity with cultural styles and values? Are assumptions about the ability and willingness of young African-Americans to increase their knowledge and skills appropriate?
- At the policy level, there is a need to assess, and probably adjust, assumptions about the relative priority attached to primary vs. secondary vs. tertiary prevention strategies, especially among middle to late adolescence. The comparatively high rates of sexual activity, pregnancy, and childbearing among African-American youth suggest it is unrealistic to focus total energy on promoting abstinence. Relevant programs for African-American youth should educate them about abstinence in addition to offering strategies for reducing risks associated with sexual activity.

PUTTING THE SEXUAL AND REPRODUCTIVE DECISIONS OF AFRICAN-AMERICAN YOUTH IN CONTEXT: CULTURALLY-BASED DIFFERENCES IN DECISION-MAKING

Discussions of how to tailor programs to meet the needs of African-American youth lead quickly to dis-

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cussions of inequities in circumstance — poverty, urban inner-city neighborhoods, single-parent families, and neighborhood crime and violence — and differences in preparation and opportunity — school achievement, employment, even marriage. To understand the African-American experience, it is important to be cognizant of these factors:

- African-American youth are disproportionately poor. In 1989, 44% of African-American children younger than age 18 lived in poverty. Fifty percent, as compared to 17.5% of Whites, lived in mother-headed households.[1]
- Teens in families with incomes below the poverty level are four times more likely to have poor basic skills than are teens in families above the poverty level.[6]

In large part, the arguments for a new "life options" approach to pregnancy prevention were a response to these broader realities. Black or White, low-income teens with poor basic skills are less likely to have other positive life options that make early parenthood an unattractive and irrational choice. Poor skills and poor prospects for either marriage, higher education, or economic self-sufficiency limit the options of Black teens, not early childbearing *per se*. Given the bleak economic landscape surrounding many young African-Americans, early childbearing has few perceived costs to counterbalance its many perceived benefits. Understanding the effect, conscious or unconscious, of the often vast differences in circumstance and opportunity between Black and White youth in America on reproductive decisions is a critical first step toward developing effective, appropriate prevention programs and services.[7]

It is clear how black-white differences in present and future options for education, employment, marriage, mobility, and even health and safety, can result in Black-White differences in young people's assessment of the consequences of unprotected intercourse or their decisions about how to resolve unplanned pregnancies. What is less clear, perhaps, are Black-White differences in decision making that may be based not on options, but on differences in attitudes, values, and beliefs that often are rooted in, but to some extent, transcend social and economic circumstances.

Far too many African-American youth are poor, undereducated, unemployed, or underemployed. All, however, are African-American and thus, to some extent, related to a distinct culture and experience that influences how they see themselves, how they evaluate alternatives, and how they behave and communicate,[8,9] whether their efforts are spent embracing this culture or distancing themselves from it. African-Americans are not a monolithic group. Differences exist among Blacks in the level of acceptance and demonstration of African-American culture and in the recognition of and reaction to discriminatory experiences. Nonetheless, educators, program directors, counselors, and health professionals need to be aware of Black-White differences in values, attitudes, beliefs, and perceptions.

Differences documented in research or observation that are of particular importance to those working in the sexuality education/reproductive health fields are divided into two categories: 1) African-American attitudes and cultural values directly related to sexuality; and 2) broader issues of cultural differences in language, expression, and learning styles. While the first category has the most direct bearing on delivery of sexuality-related education and services, adequate understanding of the second category is equally important.

Attitudes and Cultural Values Related to Sexuality

This background information is provided as a context for understanding the attitudes and cultural values African-American youth might bring to programs. Educators and administrators must recognize that each youth is an individual whose personal experience may not be reflected accurately in this general data.

Identity and Self-Image. African-Americans have long been labeled as "minorities" in this country and often described by negative images and stereotypes. Black males are portrayed as lazy, trifling, and jive, while females are stereotyped as tough, sexually promiscuous, or self-sacrificing martyrs such as Celie in *The Color Purple*. Unfortunately, many young people internalize the negative portrayals they have heard and seen throughout their lives. Acceptance of these negative attitudes about one's own group can lead to low self-esteem and self-destructive as well as socially deviant behaviors.

Gender Role Socialization. Nothing in recent years has done more to lay before the public the image of African-American females as independent baby-makers and African-American males as impregnators than the 1986 Bill Moyer's special on teen-age pregnancy. Timothy, the young man who boasted of fathering numerous children but supporting none of them, stands out in many people's minds as the sterotypical "Black male stud." Second in many memories is the opening discusion among a group of young mothers — these young women all agree that they would prefer to raise their children alone, voicing the belief that one mistake is enough.

Adult African-American couples often have fewer sex-linked tasks and often share financial and decision-making responsibilities more than their White counterparts.[10] Hidden behind this relative equity, however, are some controversial, but nonetheless, persistent gender role definitions. African-American females are socialized to be strong, economically independent, and assertive. Often, as young girls, they receive a powerful double message about men — "go get a man, but know that you can't count on him." As a result, African-American women tend to be highly critical of men; yet many still want to attach themselves to a man, sometimes badly enough to put up with chauvinism, neglect, mistreatment, or outright abuse.

African-American males, like all men in the U.S., are socialized in very specific ways. They learn to evaluate their masculinity by their "willingness to take risks, experience pain or discomfort and not submit to it, by their drive to constantly accumulate money, power, sex partners, and experiences and by their resolute avoidance of any behavior that might be construed as female."[11] Dalton's 1989 article[12] on AIDS in the African-American community proposes that Black men demonstrate particularly rigid sex-role behaviors in their

struggle to overcome the social, political, and economic obstacles that challenge their attempts to fulfill society's expectations of them as men. If Dalton is correct, and we agree with his theory, African-American men are even more likely than other males to express their masculinity by being daring in sexual encounters, divorcing feelings from sexual gratification, having many sexual partners, fathering children, and otherwise being sexually adventurous. All these attitudes and behaviors provide a rationale, in part, for why young African-American males initiate sexual intercourse earlier than other males and express a willingness to engage in unprotected intercourse.[13]

To the extent that a young African-American male or female shares the dominant culture's beliefs about childbearing, that young person's basis for making decisions is quite different. In an ethnographic study of teen-age mothers in Massachusetts, Williams[14] concluded that early parenthood among African-Americans may be an adaptive and even reasonable response to social and cultural realities. It is important to understand the adolescent perspective to avoid labeling rational decisions based on different criteria as irrational, and thus perceive the decisions of White youth as rational and those of African-American youth as irrational.

Attitudes Toward Contraception. While African-American youth report receiving information about contraception more frequently than Whites, their beliefs about the topic conflict. One study revealed Blacks are more likely to believe birth control is dangerous and to have less faith in the effectiveness of methods.[15] Educators may hear young women and men talk about their fear for themselves or their partners of getting "messed up" by the pill, or voice beliefs about how wearing a "jimmy" (condom) is uncomfortable and interferes with sexual pleasure. Traditionally in the African-American community, common sense and direct experience carry more weight than information gained by reading or taking a course. Thus many African-American teens are more likely to believe a friend's reported experience than the facts coming from an educator. This phenomenon diminishes, however, as levels of education increase.

Marriage and Parenthood. Historically, marriage and parenthood have had special meaning within African-American culture. Even during slavery, when marriage was illegal and all births occurred outside marriage, couples would "jump the broom" into the land of matrimony. Having children remains a way of continuing the race in spite of forces that threaten its numbers — high infant mortality rates, high rates of cancer, hypertension, diabetes, and deaths due to violence. In African-American communities, welcoming and taking care of children regardless of the age or marital status of the parents is a tradition.

The 1960s sexual revolution brought a decline in the double standard, an increase in premarital sexual activity, availability of contraception and abortion, and destigmatization of unwed births. During the late 1970s and 1980s, African-American men younger than age 25 experienced a decline of real earnings approaching nearly 50%,[16] leading to a shrinking number of "marriageable" men in this age group with an economic base for forming stable families. This decline in earnings and concomitant decrease in marriage rates have been most severe among young, under-educated African-Americans. It is not surprising then that a recent review of trends in adolescent sexual behavior, pregnancy, and parenting reveals that African-Americans appear more tolerant of sexual activity outside marriage, rate marriage as less important than do Whites, and perceive a greater tolerance in their communities for birth before/without marriage.[17,18] Given this cultural backdrop, it makes sense that African-American youth report the ideal age for becoming a parent as younger than the ideal age for getting married.[13,17]

Homosexuality. Gay, lesbian, and bisexual youth face isolation, ridicule, rejection and, in some cases, verbal or physical assault by their family, friends, and religious groups in American society. African-American gay and lesbian youth face even greater pressure because they are vulnerable to racial discrimination from the larger society, including the White gay community, in addition to rejection from the Black community. The basic African-American value system that homosexuality is wrong is a barrier to discussing this issue. According to Dr. Timothy Moragne, president of the Association of Black Psychologists, "It is impossible to discuss homosexuality in the Black community without getting people upset. Homophobia certainly exists in the Black community to a large degree."[19]

As it does in many areas of African-American culture, religion or "right vs. wrong" has a major effect on people's willingness to accept homosexuality. The Black church, for the most part, views homosexual relationships as unnatural and immoral, the community tends to view homosexuality as something created and promoted by Whites, and African-American gay men and lesbians have not spoken up in loud voices to educate their own community about sexual orientation. In a small study conducted at the Hetrick-Martin Institute,[20] several Black and Hispanic gay youth reported that playing out the stereotyped role of the effeminate homosexual served as a protection of sorts and placed them at reduced risk of violance.

Gay, lesbian, and bisexual youth who experience extreme isolation and rejection are prime candidates for substance abuse, homelessness, prostitution, HIV infection, and suicide. Unprotected homosexual and bisexual behavior, though a known significant contributor to the disproportionate effect of the HIV/AIDS epidemic among African-Americans, continues to be denied by the Black community.

Attitudes About HIV/AIDS. The fact that African-Americans are more likely than Whites to be poor and live in high-crime urban areas, coupled with a seemingly higher incidence of needle-sharing behavior and heterosexual transmission of the virus from IV users to their female partners, have resulted in African-Americans being disproportionately affected by HIV/AIDS.[21]

Early in the epidemic, because of the emphasis on homosexuals as the primary "risk group," the African-American community perceived AIDS as a White gay male disease, and individuals did not believe themselves to be at risk. This erroneous and homophobic attitude must be overcome if much needed-education is to be

effective.

The African-American community was, and to some extent, still is, also influenced negatively by perceptions that Blacks either caused or are being systematically infected with the virus. Early speculation that the virus originated from African monkeys, the rumor the virus was created as germ warfare by the U.S. government to wipe out gays and Blacks (genocide), and the discriminatory targeting of Haitians as a "high-risk group" are a few of the factors that have led to the Black community's reluctance to deal with AIDS.

The final factor that fuels Black people's paranoia on this issue is the history of racism and Black oppression in the U.S. Despite the dreams and hard work of Martin Luther King, Jr., and countless others, too many African-Americans continue to live, go to school, work, and play in segregated communities without equal access to the American dream. In U.S. history, documented cases exist of Blacks being used as medical guinea pigs — poor women being sterilized against their will and so on. Persistent inequality, painful memories of medical abuses, and the consequent anger, mistrust, suspicion, and despair felt by many African-Americans have contributed to the conspiracy theories that hamper HIV education efforts in African-American communities.[12]

Recent polls suggest these attitudes are changing and African-Americans are beginning to view themselves as being at risk for HIV infection. The disclosure by basketball icon and all-American hero Earvin "Magic" Johnson that he contracted the HIV virus through unprotected heterosexual intercourse has affected Black and White, young and old in this country, and has gone a long way toward shattering AIDS-related myths. His disclosure also places him in a key position to send out correct messages and to promote HIV awareness and prevention among young people and within the African-American community at large.

Culturally-Linked Differences in Expression and Communication

The African-American community continues to debate the influence of socioeconomic status on cultural style and life experiences such as discrimination. Communications professor Thomas Kochman[9] maintains that while the characteristics that comprise the distinctive African-American cultural style are more prevalent among Blacks in lower socioeconomic levels than among those in the higher levels, the characteristics exist to some degree within the entire community. Middle-class African-Americans are quite likely to be bicultural — able to interact in the manner of the larger society but likely to switch to African-American style in appropriate settings (code-switching).

In 1969, sociologist Rosalie Cohen identified two basic styles of thinking, learning, and interacting — analytical and relational. Analytical style is more ordered, controlled, logical, precise, and cognitive. Relational style is more free, creative, expressive, social, approximiate, and affective. European-Americans, especially males, operate most often within the analytical style while African-Americans are predisposed to the relational style. The key is not to view one style as better, but to see them both as valid.

Language, communication, and creative expressic are important characteristics of African-Americans. Black language is emotional, animated, and rhythmic. Because words themselves have fewer specific meanings, they can convey different meanings depending on the context and tone used. African-Americans tend to "tell it like it is," preferring colorful language that touches the heart and soul while at the same time keeps the message simple and straightforward.

Communication in African-American culture often is characterized by interaction between speaker and listener. If a speaker makes a point that connects with the listener, she or he will likely respond with, "right on," "word," "amen," "got that right," "I'm telling you," or "go on, girlfriend." Interaction can be fiery, direct, and argumentative without being threatening. Communication viewed as assertive among Black youth often is construed as aggressive by nonBlacks. "Woofing," "joning," "getting in someone's face," and "playing the dozens" are forms of verbal debate or argument that often are entertaining, energy-releasing, and for the most part, harmless. According to Kochman[9], "Black style is more self-conscious, more expressive, more expansive, more colorful, more intense, more assertive, more aggressive, and more focused on the individual than is the style of the larger society of which blacks are part." This expressiveness is expressed in areas such as body language (the swagger or "pimpin" walk of African-American males), hairstyles and dress, performance style in the arts, and sports (showboating).

RECOMMENDATIONS FOR PROGRAMS

What implications are there for the sexuality education, pregnancy prevention, and HIV prevention programs that target African-American youth? First, programs must be as culturally relevant as possible. Second, program priorities and policies must acknowledge the specific needs of African-American youth to enable them to become sexually healthy and responsible.

The challenges in making sexuality education, pregnancy prevention, and HIV education programs more relevant for African-American youth are:

- acknowledge rates of sexuality and parenting behaviors in the African-American community and choose prevention strategies at the appropriate level;
- choose appropriate staff to lead programs;
- adapt traditional program activities to make them more appealing to African-American youth;
- create environments that affirm Black youth and allow them to honestly explore their opinions of themselves;
- avoid stereotyping and maintain high expectations for the learning capacity of African-American youth.

Choosing the Appropriate Level of Prevention

Given the early initiation of sexual intercourse among African-American youth, abstinence education cannot be the sole prevention strategy advocated. Thus, prevention strategies must be built on the premise that African-American youth are quite likely to have initi-

cannot or will not learn. Instead of seeing the student as the problem, leaders should look at themselves and their approach to see what might be adapted to enable those youth to grasp what is being taught.

CONCLUSION

The importance of sexuality education in preventing pregnancy and HIV should no longer be debated. Neither should its critical role in the life fabric of African-American adolescents. A great need exists for more educators who can impart comprehensive, accurate, sexuality education using culturally-relevant strategies that are grounded in the reality of young people's lives. Enough said. ■

References

1. Projections of the population of the United States, by age, sex, and race: 1988 to 2088. Washington, DC: US Dept of Commerce, Bureau of the Census. *Current Population Reports*. series P-25, no 1018; 1989:Table 4.
2. Forrest J, Singh S. The sexual and reproductive behavior of American women, 1982-1988, *Fam Plann Perspect*. 1990;22(Sep/Oct).
3. Sonnenstein F, Pleck J, Ku L. Levels of sexual activity among adolescent males in the United States. *Fam Plann Perspect*. 1991;23 (4):162-167.
4. National Center for Health Statistics. Advance report of final natality statistics, 1988. *Monthly Vital Statistics Report*. Washington, DC: US Dept of Health and Human Services; August 1990.
5. AIDS knowledge and attitudes of Black Americans: United States, 1990. Washington, DC: *Advance Data from Vital and Health Statistics of the National Center for Health Statistics*. DHHS publication (PHS) 92-1250; 1991.
6. *Adolescent and Young Adult Fact Book*. Washington, DC: Children's Defense Fund; 1991.
7. Dryfoos J. *Adolescents at Risk: Prevalence and prevention*. New York, NY: Oxford University Press; 1990.
8. Hale-Benson J. *Black Children: Their roots, culture, and learning styles*. revised ed. Baltimore, Md: Johns Hopkins University Press; 1986.
9. Kochman T. *Black and White Styles in Conflict*. Chicago, Ill: University of Chicago Press; 1981.
10. Romer H, Cherry D. Ethnic and social class differences in children's sex-role concepts. *Sex Roles*. 1980;6:245-259.
11. Kimmel M, Levine M. Men and AIDS. *Men and Intimacy*. Freedom, Calif: The Crossing Press; 1990.
12. Dalton H. AIDS in Blackface. *Daedalus: Journal of the American Academy of Arts and Sciences*. 1991;205-228.
13. Clark S Jr, Zabin L, Hardy J. Sex, contraception and parenthood: Experience and attitudes among urban black young men. *Fam Plann Perspect*. 1984;16(2):77-82.
14. Williams CW. *Black Teenage Mothers: Pregnancy and child rearing from their perspective*. Lexington, Mass: Lexington Books; 1991.
15. Zabin L, Clark S. Why they delay: A study of teenage family planning clinic patients. *Fam Plann Perspect*. 1981;13:205-217.
16. Declining Earnings of Young Men. *Adolescent Pregnancy Prevention Clearinghouse Reports*. Washington, DC: Children's Defense Fund; 1987.
17. Zelnik M, Kantner J, Ford K. *Sex and Pregnancy in Adolescence*. Beverly Hills, Calif: Sage Publishers; 1981.
18. Abrahamse A, Morrison P, Daite L. Teenagers Willing to Consider Single parenthood: Who is at greatest risk? *Fam Plann Perspect* 1988;20(Jan/Feb).
19. Vittoriano L. Minority within a minority: Gay people of color *Class*. 1991;(Sept):60-62.
20. Hetrick E, Martin A. Developmental issues and their resolution for gay and lesbian adolescents. *J Homosex*. 1987;14(1&2):25-43.
21. *America Living with AIDS: Report of the National Commission on AIDS*. Washington, DC: National Commission on Acquired Immune Deficiency Syndrome; US Government Printing Office; 1991.
22. Thomas S, Quinn S. The Tuskegee Syphilis Study, 1932 to 1972: Implications for HIV education and AIDS risk education programs in the black community. *Am J Public Health*. 1991;81: 1948-1504.