

EXPLORING THE FACTORS THAT INFLUENCE THE SEXUAL DECISION MAKING
PROCESS AMONG AFRICAN AMERICAN ADOLESCENT GIRLS

by

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(Under the Direction of Deryl F. Bailey)

ABSTRACT

The purpose of this qualitative study was to explore the factors that influence the sexual decision making process of 12 African American female adolescents. Three research questions guided this study:

1. What are the perceptions and beliefs that African American female adolescents have regarding sex and HIV/AIDS?
2. What are the factors that impact the sexual decision making process of African American female adolescents?
3. How do African American female adolescents describe the emotional impact that affect the decision making process to have sex?

The aim of this research was to explore the factors that influence the sexual decision making process of African American female adolescents. The phenomenological research design was grounded in Black feminist theory to capture the lived experiences of the phenomenon (Patton, 2000). Data was collected during semi-structured interviews with four participants and two 90-minute focus group of an independent sample of eight informants that did not participate in the individual interviews. Bracketing of researcher assumptions was used to demonstrate dependability, credibility and coherence of the data reduction and analysis (Creswell, 2007).

Open coding allowed the researcher to generate a list of broad domains to create a codebook (Wertz, 2005). The researcher used a recursive method of data collection and analysis; the codebook guided independent coding of each transcribed interview. Constant comparisons were used to help identify new codes that did not fit under previously identified domains (Lincoln & Guba, 1985). Emergent themes that parallel the research questions are described. First, themes that described the factors that impact the sexual decision making process of African American adolescent females included: (a) peer relationships; (b) media influence; and (c) mother-daughter relationship. Practice and research implications regarding the factors that influence the decision making of adolescent girls of color are discuss.

INDEX WORDS: African American female adolescents, Sexual decision making, Peer relationships, Media influence, Mother-daughter relationship

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DEDICATION

I would like to dedicate this work to my soul mate and husband, Darren Brown and my first African American female role model, my mother, Dorothy M. Sinclair.

To my Darren: Thank you for encouraging me when things were rough and helping me to put things in perspective. Most importantly, thank you for loving me unconditionally.

Mommy: Your sacrifices for me are greatly appreciated and will never be forgotten. Thank you for always supporting my dreams, aspirations and instilling in me a lifelong love for learning.

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CHAPTER 1

INTRODUCTION

One in 22 Blacks will acquire Human Immunodeficiency Virus [HIV] (Center for Disease Control [CDC], 2010). For this reason, “it is time for all of us to take action to protect ourselves and our young people against HIV/ AIDS. . . . [W]e must educate our children about HIV prevention. They need to know that it is OK to talk about AIDS because illness, like injustice and inequality, cannot be eliminated by remaining silent” (CDC, 2005a; 2005b). Undeniably this statement by the late Coretta Scott King suggests that we must simultaneously work together to eliminate the disparities in the rates of new HIV infection in the African American community. The Acquired Immune Deficiency Syndrome (AIDS) epidemic threatens to rob an entire generation of young African Americans. Twenty five percent of HIV/AIDS cases were among African Americans (CDC, 2007). African Americans represented 51% of newly diagnosed infections from 2001-2004. In 2002, an AIDS diagnosis among African Americans, both male and female, was nearly 11 times the rate of Whites, and African American women had 23 times greater diagnosis rate than their White counterparts. African American women represent the ethnic group with the fastest rising HIV prevalence (CDC, 2004).

Lee and Fleming (2001) used HIV surveillance data reported from 25 states from 1994-1998 to describe recent trends in HIV diagnoses born between 1950 and 1979. The authors found that the overall HIV diagnoses among women decreased slightly from 1994-1995, as the youngest group of women aged 15-19 reached the age at which they initiated risk behaviors, the number of HIV cases caused by injection drug use increased, and the number acquired through

heterosexual contact more than doubled (Lee & Fleming, 2001). The findings support current data which suggests that the vast majority of young Black women with HIV are infected through heterosexual contact (CDC, 2010). Furthermore, there may be many infected females who have not been tested or have not reported their status in areas with relatively new HIV infection surveillance systems.

In 2007, the AIDS diagnosis rate (AIDS cases per 100,000) for African American females (39.8) were 22 times as high, than the rate for European American females (1.8). The estimate number of AIDS cases diagnosed among females was similar for Hispanics/Latino and European American females; however, the CDC (2008) reported that these numbers underestimated female adults and adolescents living with HIV. It is believed that they were infected during their adolescence years.

It is estimated that out of 25,000 infections that occur each year among African Americans, more than one-third (38%) are among young people aged 13-29 (CDC, 2010). The statistics for young Black women are far greater than for HIV than young women of other races. The rate of new infections among young Black females aged 13-29 is 11 times as high as that of young White females and four times that of young Hispanic females (CDC, 2010). Seventy-four percent of females aged 15-19 have partners the same age or one to three years older, are less likely to use contraceptives, and are susceptible to an unintended pregnancy (Di Noia & Schinke, 2008; Kaiser Family Foundation, 2005). Increased teen birth rates, escalating births to unwed mothers, and STIs ascribed to one in four adolescent females are reasons to enhance effective prevention efforts (CDC, 2007). The primary exposure to HIV/AIDS in this age group is unprotected sexual intercourse (CDC, 2005; Jemmott, Jemmott, & Fong, 1998). The 2007 Youth Risk Behavior Surveillance data (CDC, 2007) reported that 47.8% of high school students had

engaged in sexual intercourse and 38.5% had not used a condom at last encounter. Blacks represent the largest proportion of sexually active adolescents, followed by Hispanics (CDC, 2007). Although a decline in sexual activity among adolescents has been reported, these declines are occurring in the lowest risk groups, providing further evidence of the widening health disparities between Blacks and White adolescents (CDC, 2007; Faryna & Morales, 2000; Feldmann & Middleman, 2002).

The statistics for African American adolescent females are quite concerning; given the multitude of communication campaigns intended to overturn stereotypical views of HIV/AIDS and curb the high contraction rate. It leads me to ask the following questions: “What are the factors that influence the sexual decision process of African American adolescent females?” and “What does an African American adolescent female know about HIV?” While these statistics are alarming, HIV/AIDS is a preventable disease and there are ways to protect against HIV infection. Helping adolescents make safe sexual choices is apt to have lifelong benefits. It is essential that we increase our understanding of Black adolescent females’ sexual health by exploring the factors that they attribute to their sexual decision-making. After discovering the factors that influence their sexual decision making, we can work to reduce their risk taking behaviors thereby diminishing their chances of becoming infected with the disease.

Adolescent Development and Risk Taking Behaviors

Many adolescents, as well as young adults, have difficulty predicting the consequences of their actions and frequently underestimate their risk for adverse consequences (Hall, Holmqvist, & Sherry, 2004). According to the CDC (2005a; 2005b) risky and reckless sexual behaviors are the leading cause of infection and transmission of HIV. While some level of behavioral risk taking is appropriate for healthy adolescent development and necessary for the transition from

childhood to adulthood (Laurencin, Christensen, & Taylor, 2008), choosing to engage in unprotected intercourse and/or having multiple sexual partners are behavior choices that pose a major threat to the physical health of this subgroup (Roberts, 1999). Common examples of other substantial health and physical risk taking include: smoking cigarettes, alcohol and illicit drug use and driving under the influence. Alcohol and drug use can lower the chance of youth protecting themselves by lowering their inhibitions. Lowered inhibitions and lack of confidence in using refusal skills, may increase adolescents vulnerability to HIV/AIDS (Goggin et al., 2002). Some studies have documented certain predictors that tend to lead to high and low risk behaviors. For example, Boyer, Tschann, and Shafer (1999) conducted a study on factors that predict for contracting sexually transmitted diseases. Their study investigated alcohol and drugs, social support, peer affiliation, and perceptions of self-efficacy and knowledge of HIV risk behaviors. Boyer et al. (1999) found alcohol and drug use to be a good predictor of high risk HIV behaviors.

The increasing consumption of alcohol and illicit drugs (e.g., marijuana use) among adolescents and college youth (Youth Risk Behavior Surveillance Study, Monitoring the Future Study, 2006 & the National College Health Assessment) supports the need for more empirical studies to determine the link between substance use and the gradient of sexual risk behaviors. This is particularly true in African American populations, where the data revealed their rates of alcohol use and marijuana use are generally lower than other racial ethnic minorities (Monitoring the Future Study), yet they demonstrated the highest frequencies of sexual intercourse (Eaton et al., 2006). According to the literature, alcohol and marijuana usage are not factors that are influencing sexual decision making of African American adolescent females. This suggests that there are other factors that are more prevalent for this particular group as it relates to sexual

decision making. Therefore it is crucial that we include the voices of African American adolescent females in the research process; as we attempt to identify those factors that negatively impact their decisions regarding sex.

African American Female Adolescents and Risk Taking Behaviors

As researchers attempt to address this crisis several have noted that African American adolescent girls tend to have sex earlier than Caucasian or Latina teens, and they are more likely to engage in sexual activity prior to age 13 than Caucasian teens (Bachanas et al., 2002; CDC, 1999; Laurencin et al., 2008). As a result African American girls who initiate sex at an earlier age are more likely to have a greater number of sexual partners and are less likely to practice safer sex, placing them at increased risk for pregnancy, STDs, and HIV (Bachanas et al., 2002). In addition, some researchers (Lescano, Vazquez, Brown, Litvin, & Pugatch, 2006) report that condom use and “hooking up”, or the phenomenon of adolescent sexual activity outside of a traditional dating relationship (Manning, Giordano, & Longmore, 2006), suggest that adolescents may underestimate risk with certain partners. A study by Sznitman et al. (2009) used data from qualitative interviews with 124 African American adolescents to describe and understand condom usage, methods of protection from pregnancy and sexually transmitted diseases. In their study, female participants expressed concerns that condom failure was in reality a result of deliberate manipulation on the part of their male partners. In this respect, condom breakage as an excuse takes on a variety of meanings. On the one hand, it highlights the possibility that girls may use condom failure as an excuse to conceal or deny the fact that they were deceived by their partners. Alternatively, it is also possible that girls use “being tricked” as an excuse when the decision not to use a condom was actually consensual. Another possible reason as to why condom failure as an explanation was so dominant in this sample is that adolescent females do

not control condom use. The finding that condom failure was used as an excuse by females emphasizes the importance of sex roles in sexual behavior. These findings indicate that condom use does not provide one hundred percent protection against sexually transmitted diseases (STDs) and unintended pregnancies (Sznitman et al., 2009).

The findings from Sznitman et al. (2009) supports Wingood and DiClemente's (2000) argument that for women to have true equality in protecting themselves from unsafe sex, societal norms and practices structured to preserve male power and regulate female sexuality must change. This argument is particularly true for young African Americans females. When compared to their European counterparts African American females are more likely to experience the social norms and socioeconomic risk factors relevant to the sexual division of labor and power that produces and reproduces gendered sexual health inequalities (Sznitman et al., 2009). The implications of these findings suggest that we must understand the interplay of these structural factors and the impact that they have on the sexual decisions of African American adolescent females.

African American Female Adolescents and Sexual Decision-Making

Adolescent sexual decision-making is a complex issue that has received attention in the literature. Some studies have focused on decision-making and its relationship to perceived risk of sexual activity. A study using a sample of African American males and females by Chapin (2001) examined the role of optimistic bias, or the suggestion that individuals underestimated their personal risk to health hazards in relation to their peers. The findings indicated that the participants did not use condoms consistently, and believed that they would not become pregnant or cause pregnancy to occur. Furthermore, this perception was also coupled with the belief that they were not susceptible to health risks and their peers were more sexually active than they really were. This study did not address the participant's previous sexual health knowledge nor

was there mention of any other factors that contributed to their decision to not use condoms consistently.

Additional research with younger African American female adolescents supports the idea of misperceived risk. For example a study by Kershaw, Eithier, Niccolai, Lewis and Ickovics (2003) found that approximately half of their participants underestimated the risk of their behaviors, and of those engaged in high-risk behavior, 65% believed that their behavior was only slightly risky or not risky at all. In this study, high risk behavior was defined as unprotected sex with multiple partners. It appeared that the adolescents in this study equated long-term relationships with trust and safety, even when the evidence did not support the assumption. Does this imply that they are making “in heat of the moment” decisions concerning sex?

In spite of the numerous media messages that only condoms and barrier methods can protect against HIV, heterosexual African American female adolescents are still not making a connection between their risk and the need to consistently use condoms when participating in sexual intercourse (CDC, 2003).

Summary

The rate of HIV infection continues to increase among African American female adolescents despite the multitude of programs that have been developed to delay sexual activity, reduce the number of sexual partners, and promote condom use among this age group. Overwhelming evidence exists to confirm that current primary prevention efforts have not decreased HIV incidence among adolescents (Hoff, Greene, & Davis, 2003; Kaiser Family Foundation, 2006). Unfortunately, these prevention efforts may not be sufficient to sustain newly adopted behavior change over extended periods of time (DiClemente & Wingood, 2000).

Therefore, more interventions are needed on African American adolescent females' sexual behaviors. There is a dearth of counseling studies on African American female adolescents' HIV/AIDS perceptions and beliefs and factors that influence sexual decisions. Concerted efforts are necessary to develop prevention programs based on evidence-based interventions to halt the prevalence of HIV/AIDS, and to reduce the transmission of other STIs among African American adolescent females. Developing appropriate interventions to reach African American adolescent females is necessary to understand the factors that influence their sexual decision making. This exploratory study helped to fill this gap in the literature. The results of adopting programs without conscious tailoring to the target population can result in misuse of resources, wasted time, and increase rates of sexually transmitted infections among African American adolescent females. Understanding the factors that influence abstinence and the sexual behaviors of African American adolescent females may assist health educators, prevention specialist, and counselors in designing educational programs for both sexually active students and those who choose abstinence.

Purpose of the Study

The purpose of this study was to explore the salient factors that contribute to the risk and protective factors related to African American female adolescents' and their sexual decision-making process. This study contributed to the literature by offering additional insight into the factors that contribute to the sexual decision making process of African American adolescent female. It often has been a practice in empirical research to characterize Black women as sexually experienced, high-risk and amoral (Few, Stephens & Rouse-Arnette, 2003). Using a phenomenology paradigm allowed the researcher to study a phenomenon from the reality as it is experienced by the Black women. A phenomenological approach was utilized to examine what

is unknown about the perceptions of risk and sexual decision-making of African American female adolescents. This method offered a richer understanding of the cognitive and emotional dynamics associated with the sexual decision making process of African American female adolescents. Furthermore this method was the most appropriate qualitative method because researchers use this method as they seek to understand the essence and meaning of an individual's lived experiences of a phenomenon (Creswell, 2007). This researcher used focus groups and individual interviews as methods of data collection to identify themes related to the factors that influence the decision-making process of African American female adolescents. Individual interviews can provide a means for understanding participants' perceptions of a unique or specific experience or event (Seideman, 2006). In addition, a focus group, according to Kress & Shoffner (2007), is an efficient intervention that promotes the exploration and exchange of salient issues and attitudes that are potentially beneficial for a number of participants. The utilization of focus groups ties naturally with many counseling philosophies as it provides a respect for varying perspectives, an encouraging, inviting stance, and a search for deep understanding (Paisley & Reeves, 2001). The use of these qualitative methods (interviews and focus groups) have been instrumental in informing research of the various dynamics that shape sexuality, race and gender interactions (Few et al., 2003).

Research Questions

This investigation will focus on the following salient research questions:

1. What are the perceptions and beliefs that African American female adolescents have regarding sex and HIV/AIDS?
2. What are the factors that impact the sexual decision making process of African American female adolescents?

3. How do African American female adolescents describe the emotional impact that affect the decision making process to have sex?

The aim of this research was to examine the factors that influence the sexual decision making process of African American female adolescents.

CHAPTER 2

REVIEW OF THE LITERATURE

A review of the HIV/AIDS literature revealed that over the past 10 years Black women in the United States (U. S.) have been considered as an at-risk group. In 2006, Black women accounted for 61% of new HIV cases among women, but make up only 12% of US female population. HIV was the leading cause of death for Black women aged 25-34 years and Black teenagers ages 13-19 accounted for 69% of new AIDS cases among teens in 2006. The sexual behavior of African American adolescent females is an area where more research is warranted. Understanding the factors that influence their decisions to choose abstinence, engage in safe sex or participate in high risk sexual behaviors is necessary to fill the gaps in research. Currently there are few qualitative studies with adolescent females who are at risk for contracting HIV. Gaining first-hand knowledge from African American adolescent females will prove invaluable as we move towards developing interventions, programs and services to reduce the negative health outcomes for this population.

This literature review presented in this chapter is inclusive of databases, which included public health abstracts, social services abstracts, social science abstracts, social work abstract and Psycinfo. The literature review will be presented in three sections. The first section will briefly define sexual decision making. Literature regarding factors that impact African American adolescent female sexual decision making will be discussed in the second section. The third section will comprise of literature that describes the impact of ethnic identity on

sexual decision making. The chapter concludes with a description of theoretical frameworks used in HIV prevention.¹

Sexual Decision Making

According to Vera & Reese (2000), sexual decision-making is an important aspect of establishing positive sexual experiences and health. Therefore understanding the factors that influence the sexual decision making of African American adolescent females is necessary as we attempt to address the disparities in the rate of HIV infections. There are two commonly used definitions in the literature that describe sexual decision-making as either the intention to engage or not engage in sexual activity or as one's intentions and ability to use contraceptives (Wyatt et al., 2000). When sexual decision-making was defined in either of these two ways, the focus was placed on which factors were most influential. This was illustrated in a study by Wyatt et al. that examined contraceptive decision-making and the sexual health of an ethnically diverse sample of women. They found that younger women and women with a history of STDs were more likely to use contraceptive methods to prevent both pregnancy and disease. Furthermore, African American women were significantly more likely than European American women to not use contraception (Wyatt et al., 2000). These findings are of great concern because it implies that something negative has to occur, such as becoming infected with a disease, for younger African American girls to practice safe sex. Therefore understanding the circumstances or factors that influence their decisions to not use a condom warrants further study.

¹The majority of HIV/AIDS literature identifies all persons of African descent as African American. According to the United States Census Bureau (2000) African American is defined as a person having origins in any of the Black racial groups of Africa. The category of African American includes people who indicate their race as "Black, African, or Negro," or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian. There are people of African lineage that do not identify themselves as African American. Thus, the words African American and Black will be used interchangeably throughout this paper

A recent study suggested that African American women make sexual decisions on a case-by-case basis. According to Foreman (2003), 15 African American participants revealed that a hierarchy of sexual arrangements was established to help them make sexual decisions. This hierarchy was individually established and fluid in nature. The participants stated that they made decisions to use condoms based on what kind of sexual encounter they were faced with at any given time (Foreman, 2003). These findings represent the importance of understanding what types of sexual encounters warrants not using or using a condom.

Making good decisions about sexual activity during the adolescent years can have lasting implications for overall health outcomes. How African American adolescent females make decisions about abstaining or participating in sex with or without a condom is influenced by numerous factors. Therefore understanding which factors influence the ways in which African American adolescent females make their decisions regarding sex is essential for future development of preventive programs.

Factors that Influence the Sexual Decision Making Process

The Media and Sexual Decision Making

Factors contributing to African American female adolescents' sexual decision making process cannot be examined without accounting for the impact of the media. There is evidence that African American adolescents watch approximately 6 hours of screen media each day (i.e., TV, videos and/or DVDS and movies), in comparison to an average of 3 hours and 47 minutes for White youth (Roberts, Foehr, & Rideout, 2005). The media offers a multitude of examples of what women are and what their roles are in society should be (Arnett, 1995). African American women are negatively depicted and often seen as sexually disparaging in rap music videos. These portrayals are often considered degrading and send a mix message to African American

adolescent females about what it means to be an African American woman. For example, a content analysis of 2,033 hip hop music videos on Black Entertainment Television (BET) reported that 42% of videos depicted fondling, and 58% of videos featured women dancing sexually (Ward, Hansbrough & Walker, 2005). These images are particularly significant for African American girls, who face the challenges of solidifying positive racial and gender identities within a more global personal identity (Phinney, 1990), as they work to discover themselves and their value in society. As a result their beliefs about their sexuality may differ in meaning. Unfortunately, these depictions of Black women have been associated negatively with sexuality throughout history; these pathological images of Black women's sexuality are pervasive in every aspect of American culture including the mass media (Collins, 2000). Researchers are not "immune" to these social constructions of women, and several have further exploited the cultural myth that urban girls of color are the root of most social problems (Collins, 2000).

Robillard (2000) suggests that music video viewing habits in relation to sexual risk behavior of African American teens found that viewing rap music videos was associated with less traditional attitudes toward women. A significant finding in this study was a predictive relationship between exposure to negative images of women in music videos and the perceived level of influence from music videos (Robillard, 2000).

In another study exploring media influences, Brown, Halpern, and L'Engle (2005) recruited teens from middle schools to complete two self-administered surveys about their pubertal status, interest in and exposure to various media, and perceptions of sexual media content to investigate the possibility that mass media serves as a kind of "super peer" for girls who enter puberty sooner than their age mates. These findings indicated that regardless of age or

race girls that matured earlier reported more interest in seeing sexual content compared to those that matured later (Brown et al., 2005). More importantly, earlier maturing girls were also more likely to interpret the messages they saw in the media as approving of teens having sexual intercourse than their age-mates (Brown et al., 2005). Implications from these studies propose that exposure to rap music videos can have a negative impact on health in African American girls (Peterson, Wingood, DiClemente, Harrington, & Davis, 2007). As a result of their exposure to the media, it is essential that we understand the perceptions that African American adolescent girls develop about themselves and the ways in which these perceptions impact their sexual decision making. Therefore further research in this area is necessary so that we can gain insight into how they see their role in their relationships based on the images they see in the media.

These findings suggest that adolescents often look to the media to explore new roles and see if they can identify with these images. Unfortunately, this can prove hazardous because groups of people can be reduced to mere negative depictions which may then be accepted as fact. The literature revealed that an increased exposure to sexual content may produce a more tolerant attitude toward sexual activity. Finally, current literature provides evidence that supports the contention that various types of media have an impact on the sexual decision making of African American adolescent females. Therefore, it is vital that further exploration on the various types of media as a variable that may possibly impact the sexual decisions of African American adolescent females to either engage in safe sex or high risk sexual behaviors is warranted.

Gender Role Perception and Sexual Decision-Making

Adolescent girls appear to be influenced by stereotypical “scripts” pervasive in society and reflected in their peer group interactions relating to appropriate gender role norms and sexual behavior (Stokes & Gant, 2002). Amaro (1995) proposed the need to consider gender role in

risky sexual behaviors among adolescent girls of color. Adolescents are socialized to believe that girls should be passive in sexual matters, which contribute to a lack of communication with partners about sexual gender roles, particularly in adolescent heterosexual relationships, young women are not supposed to desire sex or be sexually assertive, and are therefore expected to resist young men's sexual advances (Holland & Thomson, 1998). If a woman insists her male partner use a condom, it implies that she is sexually experienced, sexually assertive, and therefore, sexually promiscuous. A young woman can be labeled a "whore" or a "slut" if she is seen as sexually knowledgeable and/or assertive (Andrews & Buchanan, in press).

An interesting study by Pleck, Sonenstein, and Ku (1993) found that both male and female participants that held traditional attitudes toward masculinity were significantly more likely to have more sexual partners and use condoms less consistently. The use of the term "gender ideologies" by Pleck et al., in their case specifically in relation to masculinity, is purposeful in that it helps to make clear and distinguish the theoretical assumption that gender is socially constructed through the exchange of ideas regarding how men versus women should be and act, rather than a psychological or biological trait possessed by a member of a given sex, often referred to as a "gender orientation." This led to the development of the Gender Role Strain Paradigm which suggests that male gender role strain can be characterized into three different types of strain including discrepancy, dysfunction and or trauma. The paradigm has not been applied to the experience of women, who are also at risk for strain and stress as a result of adherence to gender ideologies, which they have internalized. More importantly, if adolescents adhere to the perspective of the gender ideologies this may be of considerable costs to their physical and psychological health (Pleck et al.).

Similarly, in a study by Kerrigan et al. (2007), the authors explored the perspective of both male and female African American adolescents regarding what it means to be a man or a woman and the social relationships and life experiences which have influenced the definitions. Their findings suggest that the young men and young women interviewed were experiencing heightened gender role strain in multiple forms and that these stressors are linked to their risk for HIV/STD infection. Furthermore, these findings contextualized the association between desire for relationship intimacy and condom use.

In particular the implications from this study suggests that women who take on a heightened amount of economic and emotional responsibility for others at a young age may find themselves at heightened risk for HIV/STD by prioritizing relationship intimacy over HIV/STD-related protective behaviors due to the unacknowledged and /or unexplored psychological stress of adhering to gender ideologies related to emotional strength and care-taking (Kerrigan et al., 2007). Several female study participants suggested that they perceived the need to be extra-sympathetic to their male partner's behavior because of the multiple challenges faced by young, Black men in the United States. Young women who have internalized this aspect of what it means to be a woman may be more accepting of their male partner's lack of monogamy in the name of "supporting their man" (Kerrigan et al., 2007).

Thus, an empowered, independent young woman with her own active sexual desires, who seeks sexual pleasure and sexual safety on her own terms, is not a "normal" feminine woman, but often seen as sexually and socially deviant (Andrews & Buchanan, in press). These distinctions and accompanying judgments serve to disempower young women by limiting their scope of socially acceptable sexual behaviors. Further, faced with the threat of a tarnished reputation or loss of their relationship, many women choose to remain submissive or ignorant

with regard to male condom use, which places them at high risk for contracting HIV through unprotected heterosexual intercourse (Andrews & Buchanan, in press). Finally, it is clear that gender role perceptions held by African American adolescent females may impact their ability to effectively make decisions during sexual encounters which can ultimately impact their health.

Condom Use and African American Adolescent Females

Despite numerous media messages that only condoms and barrier methods can protect against HIV/AIDS; heterosexual African American women are still not making a connection between their risk and the need to use condoms when participating in sexual intercourse (CDC, 2003). Studies have found that individuals tend to determine the risk of sex without a condom on a situational basis. For example, they may feel that it is unnecessary to use a condom in certain instances or with particular partners, especially when the relationship is thought to be monogamous or committed, since asking to use condoms within these relationships may signal disloyalty (Foreman, 2003).

A study by Jemmott, Jemmott, Braverman and Fong (2005) tested the effects of HIV/STD risk reduction interventions on unprotected sexual intercourse and the rate of STDs among African American and Latino female patients in a low-income, inner-city adolescent medicine clinic that provided confidential and free family planning services. They randomly assigned the participants to 1 of 3 interventions based on cognitive behavioral theories and formative research. Participants were assigned to a: (1) HIV/STD intervention class that provided information needed to reduce sexual risk, but it provided no practice or direct experience with condoms or role-playing; (2) a skill based HIV/STD intervention class that provided information and taught skills necessary to practice and negotiate condom use; or (3) health-promotion control intervention concerned with health issues unrelated to sexual

behavior. The results of this study suggest that behavioral interventions, particularly those that focus on skills training, may be helpful in reducing unprotected intercourse and STD rates among adolescent girls. Finally, interventions using skill training may be important for African American and Latino adolescents, whose rate of STDs is considerably higher than the rate among other adolescents.

Body Image and Sexual-Decision Taking

Wingood, DiClemente, Harrington and Davies (2002) suggested that there is an association between African American adolescent female body image and their sexual health. Their study discovered an association between dissatisfaction with one's body image and adolescents' sexual attitudes, beliefs, behaviors and sexual health concerns. Exposure of one's physical body requires taking a social evaluative risk, which may be quite challenging for a female adolescent who is less dissatisfied with her body image (Wingood et al., 2002).

Adolescents who are more dissatisfied with their body image may believe that potential mates or their current male sexual partner perceives them as less desirable. Furthermore, participants who reported a greater dissatisfaction with their bodies also felt that there were fewer options available to them for sexual partners.

Consequently, these women may be less likely to engage in actions that threaten the stability of their relationship. One of the most pertinent findings in this study was that women having greater dissatisfaction with their body image were significantly less likely to negotiate condom use, as they feared that this practice would result in abandonment by their partners. Negative body image evaluations, through their association with unhealthy sexual attitudes, beliefs and behaviors, could enhance the risk of unintended pregnancy, sexually transmitted diseases and HIV infection. Recommendations from this study suggests that increasing

adolescents' awareness of how their body image perceptions influence their sexual decision making could be an essential element in reducing their risk of pregnancy, STD, and HIV infections (Wingood et al., 2002). Finally, understanding the impact that body image may have on the sexual decision-making process is necessary for scholars to understand as they develop culturally appropriate HIV interventions.

Ethnic Identity and Sexual Decision-Making

Ethnic identity reflects a sense of belonging to one's ethnic group, positive evaluation of the group, and interest and involvement in the groups' activities, heritage and customs (Phinney, 1995). Adolescents achieve a sense of ethnic identity through a process of exploration and commitment that includes self-identifying with their own ethnic group, experiencing a sense of belonging, and positive attitudes toward this group (Phinney, 1992). Researchers suggests that African American adolescent girls with a stronger sense of ethnic identity report less risky sexual attitudes than girls with a weaker sense of identity (Belgrave, Marin, & Chambers, 2000; Townsend, 2002). However, a strong sense of ethnic identity could be skewed by negative stereotypes of their own ethnic group and lead to risky sexual behaviors (Stephens & Few, 2007). This concern is of particular importance for late adolescents and emerging adults (ages 15-24), who are more likely to contract HIV and other sexually transmitted infections (Weinstock, Berman & Cates, 2004).

Belgrave et al. (2000) examined how cultural factors, including ethnic identity, influence risky sexual attitudes in early adolescent African American females. They found that lower levels of ethnic identity were associated with having more risky sexual attitudes after controlling for the effects of age, family, school, religiosity, and self-esteem. Their findings indicate that

ethnic identity commitment may play a key role in explaining variation in sexual behaviors and attitudes between and within ethnic groups (Belgrave et al., 2000).

Beadnell et al. (2003) studied the ethnic identity of African American women. Using baseline information from 78 African American women enrolled in an HIV/STD intervention efficacy trial, they examined whether level of ethnic identity was associated with sexual risk-taking and attempted to identify any antecedent factors (information, motivation or self-efficacy) involved in this relationship. During a four month follow-up, findings revealed that participants with higher ethnic identity differed from those with lower ethnic identity on risky sexual acts. The findings also raised the possibility that ethnic identity had a risk reducing role in the realm of sexual behavior, which is similar to that found with other risk-taking behaviors.

In a similar study using African American adolescent girls, DiClemente et al. (2004) evaluated an HIV intervention tailored specifically to the gender, socio-demographic, and cultural characteristics. Results from this study indicated that an HIV intervention can result in substantial reductions in risky sexual behaviors. This study significantly contributed to the literature by demonstrating that a well developed and implemented theory-based sexual risk reduction intervention for adolescents can impact behavior. Therefore interventions that are gender specific and culturally congruent are also likely to result in a reduction of risky sexual risk reduction behaviors. Finally, promoting exploration and commitment to one's own ethnic identity could prove to be an effective strategy in promoting healthy sex practices.

Conceptual Frameworks

Tailored interventions explicitly acknowledge that adolescents are not a homogeneous population; rather, adolescents are a heterogeneous mosaic subgroup of different ethnicities/cultures, behavioral risk characteristics, developmental levels, sexual preferences, and

gender differences (DiClemente et al., 2008). More importantly, the use of a theoretical framework is vital to the development of a HIV prevention program because it serves as a guide for developing core elements and activities of HIV prevention (DiClemente et al., 2008). The literature on sexual decision-making and HIV prevention is informed by multiple theoretical frameworks. The following theories are highlighted in this section: social cognitive theory; theory of planned behavior; theory of gender and power; and health belief models. Even though these theories were not originally created for conceptualizing sexual decision making they have been useful in HIV prevention and reducing other risky sexual outcomes (Baker, Morrison, Carter, & Verdon, 1996; Finkelstein & Branick, 1997, Jemmott, Jemmott, & Fong, 1992).

Social Cognitive Theory

According to social cognitive theory (Bandura, 1986), self-efficacy, or an individual's beliefs about his/her ability to perform a particular behavior in a given situation, mediates the relation between an individual's knowledge and skills related to performing a behavior and his or her actual performance of the behavior. For example, in the area of sexual risk taking, contraceptive self-efficacy has been found to be linked to actual level of contraceptive use at the time of their last sexual experience.

Self-efficacy is a construct that has gained recognition as a tool for facilitating positive behavior change. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment. These cognitive self-evaluations influence all manners of the human experience, including the goals for which people strive, the amount of energy expended toward goal achievement, and the likelihood of attaining particular levels of behavioral performance. Unlike traditional psychological constructs, self-efficacy beliefs are

hypothesized to vary depending on the domain of functioning and circumstances surrounding the occurrence of behavior (Bandura, 1986).

Self-efficacy can impact the type of thought patterns and attitudes that are exhibited among adolescents. Jemmott, Jemmott, Fong and McCaffree (1999) described a research program that was designed for African American adolescents. In this program, the researchers randomly assigned four hundred and ninety-six participants to one of two groups: (1) an HIV risk reduction intervention or (2) a general health promotion intervention. The interventions were led by adult facilitators and took place over a six month period. Participants attended a baseline session and were asked to return during three and six month follow-up sessions. The sessions involved games, videos, brainstorming and skill building. Findings from this study revealed that the HIV-intervention group consistently had a higher self-efficacy to use condoms when compared to participants in the general health group over the six month intervention period.

In an earlier study, conducted to test the effects of self-efficacy on HIV risk behaviors, Goh, Primavera & Bartalini (1996) found self-efficacy to be significantly related to HIV-preventive behaviors such as condom use. Goh et al. surveyed 152 New York City youth on risk behavior items associated with HIV. The survey items focused on preventive behaviors such as condom use, abstaining from sex and avoiding substance use. The researchers asked participants particular questions that examined self-efficacy in terms of how much control they believed they had to protect themselves from getting HIV. Results from this study, adds to the literature in that it identifies a relationship between perceived self-efficacy and HIV preventive behaviors.

Likewise Halpern-Felsher, Kropp, Boyer, Tschann, and Ellen (2004) investigated social self-efficacy and how it relates to risk behaviors in adolescents. Halpern-Felsher et al. (2004)

demonstrated that greater social self-efficacy was linked to a commitment to use condoms by adolescent participants. Adolescent risk reduction researchers believe that self-efficacy is linked to increased skill, which in turn would lead to improved behaviors. An additional study by Salazar et al. (2004) used a sample of three hundred thirty-five African American, sexually active, high-risk, adolescent females to test a model in which self-concept and partner communication predicted the frequency of refusing unprotected sex in the previous six months. The authors found that partner communication variables mediated the relation between self-concept and sex refusal. These results suggest the importance of self-concept and self-efficacy to understanding African American females' sex refusal behavior. The study neither measured nor modeled the specific contributions of specific measures of sexual self-concept and sexual self-efficacy.

In a similar study conducted by Wingood et al. (2003), they investigated whether exposure to rap music videos at baseline could predict the occurrence of health risk behaviors and sexually transmitted diseases among African American adolescent females over a 12-month follow-up period (Wingood et al., 2003). When comparing adolescents with less exposure to rap videos with those with greater exposure they found that the latter were two times more likely to have had multiple sexual partners and more than 1.5 times more likely to have acquired a new sexually transmitted disease over the 12-month follow-up period (Wingood et al., 2003). Using social cognitive theory to explain their findings, they asserted that rap videos, which are explicitly about sex and violence, while rarely showing the long-term effects of risky behaviors, may influence adolescents by modeling these unhealthy practices (Wingood et al., 2003). A limitation of this study is that potential mediating factors were not assessed and it was not

determined whether the relationship between rap video exposure and adolescents' health status was causal.

Theory of Planned Behavior

The theory of planned behavior introduces the concept of perceived behavioral control. Perceived behavioral control is not totally within the volitional control of the individual. The theory contended that people estimate consequence of actions before deciding to engage (intent factor). According to the theory of planned behavior, intention, devoid of unforeseen circumstances that limit control, will help predict future behavior (Ajzen & Madden, 1986).

According to Ajzen and Madden (1986) there are two possible outcomes from the theory of planned behavior. First, a person perceives their behavioral control over a particular goal to be easy or within reach; therefore the intention and behavior are carried out. However, if they perceive their control with difficulty then the intention and behavior will not be carried out. Second, an individual is more likely to carry out a behavior if they believe there will be positive outcomes from performing that behavior. Having resources to carry out the behavior is also important to successful behavioral outcomes (Conner, Warren, Close, & Sparks, 1999). Perceived behavioral control is quite similar to self-efficacy, because it requires one to believe they can carry out the behavior.

Utilizing the theory of planned behavior Jemmott, Jemmott & Fong (1992) assessed risky sexual behaviors, intentions and attitudes regarding risky sexual behavior using an AIDS and STD knowledge questionnaire. Participants were administered a questionnaire three months after the intervention. The theory-driven intervention resulted in the following: greater knowledge about AIDS; less favorable attitudes toward risky behavior; and weaker intentions to engage in risky behaviors.

In a similar study, the theory driven intervention group showed positive changes in condom-use knowledge, beliefs about condom use, impulse control, and self-efficacy to use condoms (Jemmott, Jemmott, & Fong 1998). Finally, these findings suggests that the theory of planned behavior provides a potentially useful conceptual framework for guiding the creation of interventions that are designed to reduce HIV infections.

Bryan, Fisher and Fisher (2002), examined the role of preparatory safer sexual behavior as a mediator between intentions to engage in safer sexual behavior and safer sexual behavior. The role of preparatory behaviors has been conceptualized explicitly or implicitly within several models of safer sexual behavior and preparatory safer sexual behaviors recently emerged as significant correlates of condom use in a meta-analytic review of factors associated with condom use. The researchers allowed for the possibility that condom use, for an individual, might occur without any mediating role for preparatory behaviors. Among samples as diverse as inner-city minority high school students and predominately Caucasian college students, effects of intentions to engage in safer sexual behavior appeared to flow through preparatory safer sexual behaviors to affect condom use per se. The current results have clear implications for the development of interventions to promote safer sexual behavior in populations similar to those in this study.

Theory of Gender and Power

In 1987, Connell developed a collection of writings on the theories of sexual inequality and gender and power imbalances. Connell identified the critical components of these existing theories and developed an integrative theory of gender and power. According to Connell, three major structures characterize the gendered relationships between men and women: the sexual division of labor, the sexual division of power, and the structure of cathexis, which is the

construction of emotionally charged social relations with “objects” (i.e., other people) in the real world. Both the sexual division of labor and the sexual division of power had been identified from previous research as two fundamental structures that partially explain gender relations. Connell devised the third structure, the structure of cathexis to address the affective component of relationships.

Sexual division of labor is an allocation of particular types of work to particular categories of people. This structure explains that people are usually constrained from exploring certain job options because of their sex (Connell, 1987). Sexual division of labor is maintained through the segregation of unpaid work, namely household and childcare to women, which are often referred to as “women’s work”, and inequalities in wages and educational attainment between men and women (Connell, 1987). Wingood and DiClemente (2000) identified being younger and being an ethnic minority as socioeconomic factors that are often synonymous with women’s HIV-related economic exposures.

Sexual division of power examines inequalities and abuse of authority and control in relationships and institutions favoring males (Connell, 1987). Sexual division of power is maintained by means such as the abuse of authority and control in relationships. Relationship power, defined by Pulerwitz, Gortmaker, and DeJong (2000), is having control of the connection and decision making. The inequalities resulting from the sexual division of power are apparent as physical and behavioral risk factors. For example, women in power-imbalanced relationships tend to experience some common HIV-related interpersonal, partner-related risks such as having a sexually, and or physically abusive, drug-abusing, or high-risk, non-monogamous sexual partners (Wingood & DiClemente, 2002). In addition, they also have some common behavioral

risk factors such as: using alcohol and drugs, difficulty with negotiating and using condoms and perceiving themselves as having limited or not power (Wingood & Diclemente, 2000).

The final structure, social norms dictates appropriate sexual behavior for women, and encompasses emotional attachments involved in social relationships. This structure also defines the outlook that society has regarding women's sexuality, in turn shaping women's expectations about themselves (Wingood & DiClemente, 2002). This structure is maintained by biases people have regarding how each gender's sexuality should be expressed. These biases produce cultural norms, and the enforcement of stereotypical beliefs about women (Wingood & DiClemente, 2002).

Finally, these three overlapping but distinct structures serve to explain the cultural bound gender roles assumed by men and women. Connell (1987) emphasized that none of the three structures is or can be independent from the others. Neither is there one structure from which the others are descended. From a public health and psychological perspective, it is these gender-based inequities and disparities in expectations that generate the exposures, or acquired risks, and the risk factors that adversely influence women's health. Connell's seminal work on gender and power has direct relevance for understanding issues with regard to women's health.

DiClemente and Wingood (1998) described a study aimed at reducing HIV sexual risk behavior among African American women. The intervention consisted of five two-hour sessions delivered by peer facilitators in a community based setting. The sessions were gender and culturally relevant and included behavioral skills practice, group discussions, lectures, role play, a prevention video, and take home exercises. The five sessions' generated discussions and the activities included Ethnic/Gender Pride; HIV/AIDS Education; Self Assertiveness Skills Training; Behavioral Skills Management; and Coping. Results indicated that social skills

training that is delivered in a community setting can positively affect condom use. Specifically, women in the experimental condition, reported more condom use than women in the control condition.

Health Belief Model

The Health Belief Model (HBM) is a value-expectancy model for predicting health behavior and changes in health behavior. The model describes how an individual must place value on avoiding a particular illness or negative outcome (Maiman & Becker, 1974). The underlying assumptions of the model are: (1) belief depending on the amount of perceived threat from the disease or feelings regarding the severity of the disease; (2) perceived susceptibility or one's subjective perception of the disease; and (3) perceived seriousness of the consequences or barriers related to the disease (Maiman & Becker, 1974). Based on the HBM, late adolescents and emerging adults are motivated to avoid risky sexual behaviors when they believe that they are susceptible to an unplanned pregnancy or a sexually transmitted disease and when they believe that the consequences of these would be severe (Brown, DiClemente, & Reynolds, 1991). When an individual is motivated to avoid pregnancy or and STD, their choices regarding participating in risky sex will depend on their perceptions of the barriers or benefits associated with safer sex (Brown et al., 1991). For example, if late adolescents and emerging adults believe the benefits of condom use outweigh the potential barriers to using condoms, they are more likely to adopt condom use.

Summary

The research studies in this section were guided by a social cognitive lens to examine factors that may be significant in predicting sexual risk behaviors. Some of these prevention methods have demonstrated some effectiveness in reducing self-reported measures of unsafe

sexual practices. These social cognitive models assume that all behavior is individualistic. However these frameworks fail to incorporate into the model the effects of the larger community and environment (Ajzen & Fishbein 1980). Many African Americans engage in behavior out of social, family, and/or community obligations (Cochran & Mays 1993). For this reason, it is believed that the Black Feminist lens encompasses the environment including the intersection of race/ethnicity, class, sexual orientation, and gender of young African American female adolescents.

Black Feminist Theory

Existing theories are used to identify factors related to sexual behaviors that place persons at risk of contracting HIV and for developing and testing interventions. These theories are based on the general principle that individuals have control over the behaviors they perform. Unfortunately these theories fail to address the social, cultural and systemic barriers that these African American female adolescents face. We must understand that HIV among Black women is not simply about individual behavior, but a combination of social, cultural, economic, geographic, and political factors that ultimately affect their health (DeCarlo & Reznick, 2009). Some of the factors may be unknown to the adolescents. Therefore, it is essential that we consider the life experiences of African American female adolescents and the impact their experiences have on their sexual decision making skills. More importantly, understanding the interactions of race, gender and class is necessary to grasp the impact that these factors have on the experiences of African American female adolescents. For the above mentioned reasons, the researcher will use a Black feminist empowerment lens along with a phenomenological approach to address this crisis (Andrews & Buchanan, in press).

The basic tenets of feminism includes a belief in the equal worth of all human beings, recognition that each individuals personal experiences and situations are reflective of society's attitudes, and a commitment to political and social change that equalizes power among people. Feminist recognize and attempt to reduce the influences of oppressive societal attitudes through understanding the use of power and its connection to gender, race culture, class, physical ability, sexual orientation, age, and forms of oppression based on religion, ethnicity, and heritage (Andrews & Buchanan, in press). In contrast, a Black feminist perspective views these elements as part of an interlocking matrix with a focus on the effects of the interconnection of these forces of oppression (Collins, 2000). Therefore a Black feminist prospective is the most appropriate theoretical framework to use to guide the current study.

Black feminism stems from critical scientific inquiry. Critical scientists suggest that all men and women are potentially active agents in the construction of their social world and their personal lives. They analyze the meanings, social rules, values and motives that govern action in specific context (Comstock, 1982). Utilizing a Black feminist lens allows the researcher to validate the experiences of Black women as the creation of new knowledge emerges. Black feminists assert that Black women have a shared historical reality and, thus, a shared world view of historical resistance (Collins, 1991). The marginalization of Black women, as members of a specific group characterized by their gender and race, creates a shared experience. For example, for Black women race is the most salient construct centering both their individual and group identity (Shorter-Gooden & Washington, 1996).

Black feminists see research as being for Black women, rather than simply about Black women. Black feminists incorporate this activist perspective toward research through a three-phase process: knowledge, consciousness, and empowerment. The concept of knowledge begins

with validating the individual's experience as an authoritative standpoint (hooks, 1984). Black feminists emphasize empowerment within the context of Black women's lives; this focus is the first step to social change. Empowering women requires a contextualized understanding of power in three dimensions: (a) personal power; (b) interpersonal power; and (c) political power (Few et al., 2003).

One must consider the context within which this group's knowledge was developed. All Black societies share a common link of core African values that have stood the test of racism. The core values, which are family, religion and community, foster the development of Afrocentric consciousness that resonates through Afrocentric epistemology (Collins, 1989). Four dimension of knowledge are understood by Black feminist epistemology. They are: (1) concrete as a criterion of meaning; (2) use dialogue in assessing knowledge claims; (3) an ethic of caring; and (4) an ethic of personal responsibility (Collins, 1989).

Experience as a criterion for meaning. For African American women knowledge is seen differently from wisdom, which comes with experience. Knowledge is having an understanding about a particular thing or experience, whereas wisdom is seen as knowing how to apply this information in a particular experience. Having wisdom is a tool that Black women use for survival as a group of oppressed individuals. This wisdom with experience is seen as credible and validated by the group (Few et al., 2003).

Use of dialogue in assessing knowledge claims. Communication with the community is very important. Communication is used to express opinions, try out ideas and share experiential knowledge, as well as build or nurture connections between people. Promoting connections is very important within the community through dialogue, which is rooted in African oral tradition and African American culture (Banks-Wallace, 2005). The use of language in words or phrases

provides insight into culture and conveys both the reality of the ongoing struggle and the importance of nurturing a unique African American experience. Dialogue provides and opportunity for women to share their knowledge, experience, and wisdom.

Ethics of caring. The three components that comprise the ethics of care are: personal expressiveness, emotions, and empathy. Highly valued in the culture, personal expressiveness is emphasized by the uniqueness of each individual expressed by a common spirit, power, or energy. Knowledge claims are evaluated in terms of both content and depth of feeling associated with them. Emotions are considered indicative of a speaker's belief in the validity of her argument. A sense of concern or connection between the speaker's claim and the individual evaluating the claim is an essential part of assessing the claim's validity. Empathy implies a level of concern grounded in the realization that everyone's well-being is connected (Collins, 1989).

An ethic of personal responsibility. Individuals are expected to develop their knowledge claim through dialogue, represent themselves in a way that establishes caring, and be accountable for their knowledge claims. Collins (1989) stated that assessment of knowledge claims evaluates an individual's character, values and ethics.

Summary

The review of the literature revealed several factors that are identified as influencing or regulating sexual decision-making. In addition, it was further demonstrated throughout the literature review, HIV/AIDS is a serious problem that must be addressed. While current research efforts are geared toward creating prevention programs that reduce the rates of HIV they are guided by traditional theories. Using a Black Feminist lens will reflect African American social location and that of others with whom they interact in their world (Stephens & Phillips, 2005).

To close this gap we must find ways to connect with this population on an emotional level to understand the factors that influence their experiences which ultimately impacts their decisions. Using a Black Feminist approach will create an atmosphere for the researcher that will allow her to connect with the participants on an emotional level. The following chapter addresses the methods used in conducting this exploration of factors that influence sexual decision-making.

CHAPTER 3

METHODS

The purpose of this study was to explore the factors that influence the sexual decision-making of African American female adolescents. The researcher explored the following questions:

1. What are the perceptions and beliefs that African American female adolescents have regarding sex and HIV/AIDS?
2. What are the factors that impact the sexual decision making process of African American female adolescents?
3. How do African American female adolescents describe the emotional impact that affect the decision making process to have sex?

Phenomenological Research

A qualitative research design was chosen to be utilized due to the nature of the subject being studied and the research questions. Creswell (2007) proposes several defining characteristics of qualitative research. First, qualitative research involves inductive reasoning, which is the process researchers use to build their patterns, categories and themes from the “bottom up”, by organizing the data. Secondly, qualitative researchers study constructs in their natural settings, attempting to make sense of or interpret, phenomenon in terms of the meanings people bring to them. Third, qualitative researchers are the key instrument in the data collection process.

Qualitative researchers collect data themselves through examining documents, observing behavior, and interviewing participants.

Qualitative methods enrich empirical data by highlighting the meanings behind the numbers as well as cultural distinctions between and within groups. When studying Black women, it often has been a practice in research to characterize Black women as sexually experienced, high-risk behavior-seeking, and amoral. These characteristics remain widely circulated, accepted and used to frame ideas about Black women (Collins, 1991; hooks, 1984; Wyatt, 1997). The use of qualitative methods, particularly interviews or narrative documents has been instrumental in informing researchers of the various dynamics that shape sexuality, race and gender interactions (Few et al., 2003). Finally, integrating Black feminist themes into our qualitative research designs will allow Black women to be directly involved in the research process through the sharing of our analyses and through discussions of their experiences.

Phenomenological research is a qualitative research approach which focuses on understanding a concept or a phenomenon (Creswell, 2007). Phenomenology is “concerned with wholeness, with examining entities from many sides, angles, and perspectives until a unified vision of the essences of a phenomenon or experience is achieved” (Moustakas, 1994, p. 58). The aim in phenomenological research is to grasp how we come to interpret meaning through action, experience, and subjectivity (Denzin & Lincoln, 2003). Whereas other expressions of qualitative research focus on uncovering themes and patterns within the data to develop theories of processes (Grounded Theory), cultural descriptions (Ethnography), or to derive correct understanding in text (Hermeneutics); Phenomenology focuses on understanding the essence of a phenomenon through explicating its constituents and possible meanings (Moustakas, 1994).

The proposed study employed a phenomenological approach in an effort to capture the core essence of study participants experiences (Creswell, 2007). Understanding the lived

experiences marks phenomenology as a philosophy as well as a method. This approach requires the researcher to describe what all participants have in common as they experience a phenomenon.

In addition the researcher must interpret the meaning of the lived experiences. Phenomenological researchers contend that unique characteristics of consciousness require a distinct scientific method, utilizing data collection procedures designed specifically for developing general descriptions of individual experiential processes (Moustakas, 1994). Throughout this process, the researcher is encouraged to bracket or set aside his or her own experiences to understand those of the participants in the study (Creswell, 2007). More importantly this process requires a commitment to rigor, openness to learning, and a respect for those who participate (Merriam, 2002).

Role of the Researcher

The researcher possesses a unique and critical role in the process of qualitative investigation. Since the inquiry of a particular phenomenon takes place in the natural setting of human subjects, a human instrument is required to provide context for the data that are recovered. No other investigative instrument has the characteristics needed to cope with the multifaceted construction of knowing and feeling in humanistic inquiry (Lincoln & Guba, 2003). To illustrate the point, Lincoln and Guba identify phenomenological researchers as “social scientists concerned with the expansion of what count as social data [who] rely increasingly on the experiential, the embodied, the emotive qualities of human experience that contribute the narrative quality of life” (p. 275). Although it is the collaborative process of meaning making between and among the researcher and the participants that is valued (Moustakas, 1994), it is

understood that the biases, values, and judgment of the researcher do become part of the research report (Creswell, 2007).

The process of self-reflection is a crucial element to the research so that the meanings conveyed are those of the participants, and not just those of the researcher (Morrow, Rakhsha, & Casteneda, 2001). Husserl defined this place as the “Epoche” and he called it “the freedom from suppositions” (Moustakas, 1994, p. 85). In the Epoche, a Greek word meaning to stay away from or abstain, the researcher seeks to eliminate consciousness, previous knowledge, and experiences based in scientific fact that may provide a knowing of things in advance (Moustakas, 1994). Moustakas sees the Epoche, or bracketing, as “a preparation for deriving new knowledge, a process of setting aside predilections, prejudices, predispositions, and allowing things, events, and people to enter anew into consciousness, and to look and to see them again, as if for the first time” (p. 85). Creswell (2007) suggests that:

Phenomenological analysis requires the researcher to state his or her own assumptions regarding the phenomenon under investigation and then bracket or suspend these preconceptions in order to fuller understand the experience of the subject and not impose an a priori hypothesis on the experience (p. 277).

Given that the framing of a phenomenological study requires the researcher to be the primary instrument of inquiry and the research thereby has the responsibility to make his or her own assumptions, experiences, and biases known (Morrow et al., 2001), a disclosure of assumptions regarding the phenomenon of sexual decision making is obligatory. As stated earlier, the process of self-reflection is a crucial element to the research so that the reader distinguishes between the inevitable mingling of researcher and participant meanings. The following narrative is designed to enable that distinction to be more accurately determined.

As the mother of an African American girl, a professional school counselor and a facilitator of an adolescent girls group, I have a vested interest conducting research that can help inform the prevention efforts that target this population. My personal and professional experiences come together to create assumptions and biases on my part. The following are those assumptions:

1. The mother-daughter sex talk focuses on pregnancy and it does not address sexually transmitted diseases;
2. African American female adolescents underestimate their risks;
3. Their sexual decisions are related to the way they are being socialized.

However, in keeping with the tenets of phenomenology, I made an effort to set aside my assumptions by scribing in my journal so that they did not interfere with the meaning making the participants offered of their experience of sexual decision making.

Theoretical Framework

A Black feminist empowerment lens was paired with a phenomenological approach to guide this study. While traditional theories offer a framework that is flexible enough to fit realities of any group's development; a Black feminist approach is more specific in its integration, validation, and centering of Black women's unique realities (Few et al., 2003). This approach asserts that African American women have a shared historical reality and, thus, a shared worldview of historical resistance to their own oppression and dehumanization (Hill-Collins, 2000). The marginalization of African American women as members of a specific group characterized by their gender and race creates shared experiences. Furthermore, the American Psychological Association (2003) promotes integrating research methods that complement the worldview and lifestyles of research participants. Allowing participants to share

their experiences facilitates a collaborative process thereby contributing to their empowerment (Patton, 2002). As informants, Black women are no longer simply talked to, but talk for themselves as result their information is valued and listened to (Phillips & McCaskill, 1995).

Key components of Black feminist theory, as defined by Shambley-Ebron & Boyle (2004), are: (1) resistance of oppression and the ideas that justify it; (2) common challenges and experiences of Black women that result in core themes, including a legacy of struggle; (3) group knowledge and experience that is connected through social activism; (4) the importance of the role of Black feminist scholars and intellectuals in creating Black feminist thought; (5) the significance of change in articulating Black women's knowledge; and (6) its relationship with other projects in the broader struggle for human justice. This theoretical framework addresses structure while simultaneously acknowledging agency among Black women. What is more, Black feminism suggests that traditional HIV risk reduction theories and methods are more effective in the lives of people who have common risk factors as those for whom these early interventions were designed to address.

How do Black women develop knowledge? First, one must consider the context within which this group's knowledge? One must consider the context within which this group's knowledge was developed. All Black societies share a common link of core African values that have stood the test of racism and oppression. These core values, which are family, religion and community, foster the development of Afrocentric consciousness that resonates through Afrocentric epistemology (Collins, 1989). Four dimensions of knowledge are understood by Black feminist epistemology. They are: (1) concrete as a criterion of meaning; (2) use of dialogue in assessing knowledge claims; (3) an ethic of caring; and (4) an ethic of personal responsibility (Collins, 1989). The goal of this framework is to legitimize Black women

scholars' ways of creating knowledge about Black women's experiences. Finally, this process will allow the researcher to close the gap of what is unknown about the factors that influence the sexually decision making of African American adolescent females.

Ethical Considerations

In the effort to centralize the focus of the inquiry on the narratives of the participants, this researcher attempted to approach this study of a phenomenon having set aside "... prejudgments, biases, and preconceived ideas about things" (Moustakas, 1994, p. 85). This process is called bracketing. I was guided by ethical standards and principles. Care and caution were taken to establish clear agreements with the participants, to recognize the necessity of confidentiality and informed consent, and to fully disclose the nature, purpose and requirements of the research, as well as the results of the research (Creswell, 2007; Moustakas, 1994). Finally, the researcher requested approval from the Institutional Review Board (IRB) from the Studies Involving Human subjects at the University of Georgia. Upon approval the researcher contacted the moderator of the parent list-serv and director of the Empowerment Youth Program to request permission to participate in the study.

Participant Selection/Sampling

The participants were 12 African American adolescent females between the ages of 14-17 years old. There were four interview participants. They were recruited from the CDC parent list serve. The focus group participants consisted of an independent sample of eight and were recruited from the Empowerment Youth Program (EYP). Understanding how African American adolescent females made their decisions to have sex or not to have sex was the goal of this study, therefore locating participants, and using ice breaker activities to establish rapport to provide valid data was an important aspect of this research. Purposeful sampling procedures in the form

of convenience and snowball sampling methods were used to recruit participants because the purpose of the study was to obtain an in-depth understanding of the sexual decision-making process of African American female adolescents (Mugo, 2006). This sampling method allowed the researcher to capture and describe the central themes related to the sexual decision making-process of African American female adolescents, as well as provide the opportunity to identify unique or diverse differences of this process among this group (Mugo, 2006). Participants that met the following criteria were selected: (a) at least 14-years-old; (b) African American; and (c) female.

To recruit participants for individual interviews, I first sought permission to post my script (Appendix A) on a parent listserv. Permission was granted for me to post my script on a parent listserv in September 2010. The script directed interested parents to contact me by phone. Two parents contacted me a few days after the posting and give me permission to interview their daughters. The parents referred me to other parents they thought would allow their daughters to participate in the study and that met the selection criteria. I contacted the parents of the potential participants and they agreed to let me interview their daughters. A description of the purpose and the design of the study was explained thoroughly to the parents of the participants. Informed consent detailing potential benefits and risks of the study were emphasized and obtained from each parent prior to the initial contact with the participants (Appendix A).

Data Sources

Individual Interviews

During the month of September, 2010, initial contact was made between the researcher and the participants. At that time, a description of the purpose and design of the study was explained. Assent details outlining the potential benefits and risks of the study were emphasized

and obtained from each participant (Appendix B). Four participants were selected to participate in three 60-minute individual interviews. Interviews were conducted at the homes of each participant's to ensure privacy and confidentially. Before each interview began, I spent time establishing rapport with each participant. After the assent form was explained and signed, I asked the participant to complete the Demographic Questionnaire (Appendix E). After each interview, I transcribed the tape and emailed the transcripts, to the participants within a week of the interview. This process is called member checking and is necessary to ensure the accurateness of the data collected. The participants reviewed their individual transcripts to ensure accuracy and provide feedback.

The interviews in this study followed the "three-interview series" approach (Seidman, 2006) (Appendix C). The first interview focused on the participant's life history and allowed me to put the experience in context by asking the participant to tell as much as possible about herself in relation to the topic. The focus was to ask "how" the participant came to be in the current place and situation. The second interview focused on the details of the experience. Its purpose was to concentrate on the details of the participant's present experience and to reconstruct the details. The focus was on the factors that influenced their decisions. The third interview asked the participant to reflect upon the meaning of her experience. Questions addressed the intellectual and emotional factors that impacted their sexual decision decisions. "Making sense or meaning," clarifies Seidman, "requires that the participants look at how the factors in their lives interacted to bring them to their present situation. It also requires that they look at their present experience in detail and within the context in which it occurs" (2006, p. 19). A copy of the interview guide appears in Appendix C.

Focus Groups

An independent sample of eight participants was recruited from Empowered Youth Programs (EYP) after the completion of the interviews during November 2010. Participants for the focus group were currently enrolled in school and recruited from the Empowered Youth Programs (EYP). EYP is comprised of three programs: Young Women Scholars, created for African American females; Project: Gentlemen on the Move (GOTM), designed for African American males; and Parents of Empowered Youth, established to assist parents of the Empowered Youth participants. The goals of EYP are to cultivate and foster academic and social excellence in adolescents, especially African Americans through several academic components including Saturday Academies, Exam Lock-Ins, and the Summer Leadership Academy. The program focuses on providing developmental and comprehensive support for students along with individual and group counseling (Bailey, 2008). During November 2010, I attended a parent informational session and read my script (Appendix A) to the parents of potential participants. Interested parents were asked to meet with me following the meeting. Following the meeting several parents met with me. During that time, informed consent detailing potential benefits and risks of the study were emphasized and obtained from each parent prior to the initial contact with the participants (Appendix C). When the initial contact was made between the researcher and the participants, a description of the purpose and design was explained. On the second Saturday in November, I met with the potential participants at a local high school. Assent details outlining the potential benefits and risks of the study were emphasized and obtained from each participant (Appendix A). After assent form was explained and signed, I asked the participants to complete the Demographic Questionnaire (Appendix E). Upon the completion of the Demographic Questionnaire, I facilitated an ice breaker to establish

rapport. A copy of the Focus Group Guide appears in Appendix D. The focus groups were audiotaped, transcribed, and edited for accuracy. After each focus group, I used member checking. I transcribed the tape and emailed a copy to the participants to review for accuracy and to provide feedback. The participants returned the transcript before the next meeting. During the second focus group, participants were asked to complete a scrapbook activity. After the interview process was complete, each participant was debriefed (see Appendix F).

Participant Demographic Information Sheet

Before the semi-structured interview and the focus group, participants were asked to complete a participant demographic information sheet (Appendix E). It took each participant approximately 10 minutes to complete. No personal identifying information was recorded on the demographic sheet. Participants were asked to choose a pseudonym, which was used throughout the study to maintain confidentiality.

Reflexive Journal/Bracketing

Epoché, a Greek word meaning, to stay away from or abstain, is the first step of the phenomenological reduction process. Prior to the start of data collection the research team and I met to discuss our biases, prejudgments, and previous assumptions of the phenomenon. This step is conducted to help ensure that focus is fully on the perspectives offered by the participants (Moustakas, 1994). Additionally, maintained a reflective journal throughout the data collection and data analysis processes of recorded biases, assumptions, and reactions (Creswell, 2007).

Research Team

The research team consisted of the primary researcher (a doctoral candidate in the counseling and personnel services), an African American high school counselor who identified as being gay (a doctoral candidate in the counseling and personnel services), an African

American female high school counselor (a doctoral candidate in the counseling and personnel services) and an African American female middle school counselor (a doctoral candidate in the counseling and personnel services). All researchers had completed coursework and have experience in qualitative methods and analysis. Phenomenological approaches guided the primary researcher to bracket, or withhold previous assumptions, before data analysis (Creswell, 2007). Therefore, the research team described their prejudgments about African American female adolescents and the factors that influence sexual decision making in addition to their expectations for emerging themes with the primary researcher. As a result of their various backgrounds and experiences, members of the research team possessed assumptions that may have had an impact on their interaction with the data. Two members of the team believed that the more knowledge students had regarding HIV would reduce their behaviors. The other member believed that low self-esteem had an impact on sexual decision making. At times the team members questioned the veracity of the participants' statements. One member previously worked with juvenile sex offenders. He believed that self-esteem and peer pressure were major factors that influenced sexual decision making. This information was helpful as the team analyzed the data and reached a consensus. During team meeting discussions and being open to the emerging themes, the researchers were able to suspend these judgments.

Scrapbook Activity

At the end of the second focus group, I placed scrapbook materials on the table and turned on a CD player. Participants were given the following prompt: Create a scrapbook page describing your perceptions of sexual decision-making. Some of the participant worked individually and others choice to work in pairs. Examples are included in Chapter 4.

Data Analysis

As an exploratory phenomenological study, the data analysis process followed the five phases grounded on the six steps suggested by Creswell (2007). As emphasized in the literature on phenomenological methodology (Creswell), the research team engaged in bracketing, defined as “the analytic tactic of taking an idea, word, or phrase that participants, or the researcher, takes for granted and treating it as an object of study” (Bogdan & Biklen, 2007, p. 271). This was done throughout the study during team meetings. The members consistently provided me with feedback regarding my biases and assumptions that were related to the factors that influence sexual decision making. Furthermore this process helped me to minimize tainting the subjective meaning of the data collected and analyzed. The data collection and analysis process was recursive in nature to strengthen verification procedures in the study. This process included five steps. Step one included the research team bracketing their assumptions and the previous experiences related to the phenomenon of the sexual decision making experiences of African American adolescents. In step two, the researcher interviewed the first participant three times, within a week between each interview. At the completion of each interview, I labeled the tape with demographic information, the date, and number. Each individual participant was debriefed (Appendix F), given the sensitive nature of my research topic and the interview questions. I encouraged each participant to talk to their school counselor or parent, if our discussion caused them to recall any negative experiences. Following the interviews, I scribed a journal entry which included my overall impressions of the interview. Then, I transcribed the interviews, which were emailed to the participant for member checking to confirm the accuracy of the data and provide feedback. I read the transcriptions while listening to the tapes. This was important as it allowed me time to absorb the interview text and look for any errors. It also served as the

sorting out process (Creswell, 2007). All transcriptions were numbered by line. In step three, the research team and I used phenomenological techniques to treat the data (Creswell, 2007). After receiving confirmation from the participants that the transcripts accurately reflected their thoughts, the coding process began. My research team and I independently went through the following steps with the first participant's three interviews to move from a broad and to a specific understanding of the data required by a phenomenological approach. From each transcript, significant phrases and sentences that pertained to factors that influence sexual decision making were identified. Meanings were formulated from the significant statements and phrases. In step four, the research team generated a list of questions to confirm and verify emerging themes. These themes were sent to the participant for member checking to confirm their accuracy and an initial codebook was developed. In step five, I conducted two 90 minute focus groups with an independent sample of eight participants. I transcribed the tapes and viewed the video tapes. The research team and I replicated steps 1-4 for analysis of the focus group transcript, and member checking was conducted on the focus group themes with participants. The research team and I collapsed the themes of the individual and focus group participants. Finally, the research team and I continued to examine our biases and assumptions throughout the data collection and analysis process. Moreover, I maintained a reflective journal to examine my previous knowledge, experience, and assumptions on the sexual decision making experiences of African American female adolescents.

Trustworthiness

One measure of good qualitative research is the trustworthiness of the study (Lincoln & Guba, 1985). Two key components of trustworthiness in qualitative research are credibility (i.e.,

the appropriateness and accuracy of the data sources and interpretations) and dependability (i.e., the reliability of the coding procedures).

Credibility

Several steps were taken to establish credibility. First, I audio taped all interviews and both focus groups. I transcribed each interview and both focus group sessions. Then, I solicited the views of each participant by asking them to review the transcripts for accuracy and encouraged them provide me with feedback, this process is called member checking. This technique is considered by Lincoln and Guba (1985) to be the most critical technique for establishing credibility. My research team and I used phenomenological techniques to analyze the data. Code books were developed for the individual interviews and focus groups. I bracketed my assumptions throughout the data collection and analysis process.

Dependability

Lincoln and Guba (1985) defined the term dependability “as a qualitative equivalent of reliability.” Dependability was addressed through use of an audit trail which detailed the record keeping procedures of the study. An independent examiner reviewed step-by-step how the data were analyzed and how conclusions were reached.

Transferability

Some would liken transferability to generalizability in quantitative research. Unlike quantitative research which provides statistical measures of the degree of findings’ transferability, a qualitative study’s rich thick descriptions of phenomena can provide the necessary information for others interested in generalizing the findings with careful consideration through comparison of demographic data. Lincoln and Guba (1985) suggest that the assessment of the probability that a study’s findings have meaning to others in similar

situations is the responsibility of other potential users of the findings and not with initial the researcher.

CHAPTER 4

FINDINGS

This exploratory study identified factors that influence the sexual decision making experiences of the African American female adolescents that participated in this study. Detailed exploration and analysis of the sexual decision making experiences led to an enhanced understanding of the factors that influence the sexual decision making process. The data was collected from individual interviews, focus groups, demographic information, the scrapbook activity and my reflexive journal. The sample for this study included twelve participants who identified themselves as African American. Participants ranged in ages from 13-17. See Table 1 and Table 2 for a description of the participants. Four participants were interviewed. An independent sample of eight - participated in two focus groups and a scrapbook activity. To protect the identity of participants, the researcher created pseudonyms in lieu of using their names. Some of the participants had already engaged in sexual activity and others had not engaged.

Table 1

Summary of Individual Interview Participant Information

Participant	Age	Grade	Current Relationship Status
Jayla	17	12	Dating
Susan	14	9	Single
Connie	15	10	Single
Joanie	13	9	Dating

Table 2

Summary of Focus Groups Participant Information

Participant	Age	Grade	Current Relationship Status
Kacee	17	11	Dating
Carin	17	12	Dating
Kendal	16	11	Single
Sparkle	16	11	Single
Lexie	14	9	Single
Dena	15	10	Single
Donna	16	11	Dating
Veta	16	11	Single

Several themes emerged from the discussions with the participants that are linked to the research questions are described. See Table 3 for the description of themes and their relationship to the research questions. First, themes that described the factors that impact the sexual decision making process of African American adolescent females included: (a) peer relationships; (b) media influence; and (c) mother-daughter relationship. Second, themes that emerged that illustrate the perceptions and beliefs that African Americans adolescents have regarding sex and HIV/AIDS included: (a) trust; (b) negative perceptions; and (c) reputation of African Americans. Third, emergent themes related to the emotional impact of the sexual decision making process included: (a) feelings of regrets and (b) self-esteem.

Several quotations from participants are included to enrich understanding of each theme. Additionally, sub themes were identified related to sexual decision making process. There is no order of priority to the themes and not all themes were expressed by all participants. Themes are not mutually exclusive and themes may overlap to some degree.

Table 3

Categories and Properties

Research Questions	Categories and Properties
The Center of Disease Control reports that African American female adolescents represent the highest number of newly diagnosed HIV cases. What do you think about these reports?	Basic Knowledge regarding HIV Transmission
What is preventing African American female adolescents from practicing safe sex?	Factors that influence sexual decisions. Perceptions
What experiences have you had that have contributed to your sexual decision-making?	Factors that influence, Perceptions
How do you think race (being African American) impacts the sexual decision-making process?	Perceptions and beliefs
Describe your safe sex discussions with your partner.	Basic Knowledge
What are the factors related to your ability to use a condom?	Factors that influence
How do African American female adolescents negotiate and make decisions about having unprotected sex?	Perceptions and Knowledge
What feelings or emotions are experienced when you make sexual decisions?	Emotional Impact
Describe emotions associated with regrets about a decision to have sex.	Emotional impact

Participants Demographics

Individual Interviews

The ages of the individual interview participants ranged from 13-17 years. Four participated in semi-structured interviews. All identified as African American and all were currently enrolled in school. Three of the participants lived in a two parent household while one lived in a single parent household. Each participant revealed that she was heterosexual. Two participants were

sexual active and two reported that they never had sex. Table 1 provides a summary of the individual participants.

Focus Groups

The ages of the focus group participants ranged from 14-17. All identified as African American and all were enrolled in school. There were two 90-minute focus groups and a scrapbook activity. Each participant revealed that she was heterosexual. Three of the participants admitted to being sexually active while the others denied. Table 2 provides a summary of the focus group participants. Below is a brief description of focus group participants.

Sparkle. Sparkle is a 15-year-old high school student. She is not dating and reported that she has never had sex. Sparkle resides in a single parent home with her mother. She was not very talkative during the focus groups but she was present. However she stated that peer pressure was a factor that influenced the sexual decisions of African American female adolescents.

Carin. Carin is 17-year-old high school senior. She is very mature and speaks with confidence. She is currently in “real relationship” and has been for the past three years. She and her boyfriend are sexually active. Her father is a major influence in her life and their discussions have an impact on her decisions. For example she stated,

Some of my friends their parents really don't care what they do or where they go. I know like when it comes to my dad it is just a different style of how we are raised. He is strict on me but he is strict because he has a good purpose of what he is trying to do.

Kendal. Kendal is a 16-year-old high school student in the 11th grade. She lives with her mother and stepfather. She is not dating and stated that she has never had sex. She said that she

is going to wait until she gets married. She values her relationship with her mother. She believes that the mother daughter relationship is the most important relationship in a female's life. She also believes that the mother daughter relationship is a major influence on the sexual decision making process. She stated "Me and her have been going through something but we just had to talk about it. She doesn't want me to go through the same stuff she did."

Lexie. Lexie is a 14-year-old student in the 9th grade. She was very quiet and reserved during the focus groups. She is currently not dating and reported that she has never had sex. She lives in a single parent home with her mother. She is currently giving her mother a hard time by not following the household rules. Given the difficult she is giving her mother, I thought her description of the mother-daughter relationship was worth noting. She stated,

to be honest with you if I were raised by my dad and I did have sex he would not care.

But my mom, I'm glad to have a mom like how she is because is like don't do this and do that. I am glad to have her raising me instead of my dad.

Donna. Donna is a 16-year-old student and in the 11th grade. She is on the step-team at school. She lives with her mother and brother. She was the most talkative and was very energetic during the focus groups. She is currently in a relationship and is sexually active. I noted some inconsistencies in some of her responses. For example during the first focus group, she reported that she used condoms consistently. However during the second focus group she stated that they start off without a condom and he puts it on later. During the second focus group she described the impact that music has on sexual decision making. As result I included a popular R&B song to illustrate the theme.

Dena. Dena is a 15-year-old high school student in the 10th grade. She is currently not dating and reported that she has never had sex. During the focus groups, she observed others and was very engaged during the discussions.

Veta. Veta is a 17-year-old high school student in the 11th grade. She is currently not dating and reported that she has never had sexual intercourse. Veta appeared to be very guarded throughout the focus groups. In regards to sexual decision making Veta stated “um, I think HIV is bad and it’s scary too. It makes you like you know you want to be abstinent and it makes you not want to do anything at all.”

Kacee. Kacee is a 17-year-old student in the 11th grade. She is currently dating and she is sexually active. She resides with her grandparents. Her parents are recovering addicts. She described her life as very hard because she doesn’t have a mother or father figure. She stated

my grandma she taught me everything and other things I had to learn on my own. So it’s like me and my mom we see each other now and then but not really because every time I see her I just want to ask her like why. Because it’ hard doing stuff on my own.

Below is a brief description of the individual interview participants. Some of their own words have been used to provide a better sense of their individual personas.

Jayla. Jayla is a 17-year-old, high school senior that is currently dating. She resides with mother, stepfather and a younger sister. She was very talkative during each interview however I had to assure her that this information was not going to be shared with her mother. She said her first sexual experience was during the 7th grade. While she believes it that having sex is a big mistake, she admitted to having sex with her current boyfriend. She said she doesn’t feel pressured to have sex with her boyfriend. They have a great relationship and she considers him her best friend.

Jayla has a younger sister. She doesn't want her sister to have sex and plans on having a discussion with her sister and the young man she is dating. She wants to discourage her sister from having sex and encourage her to wait until she gets married. She feels that it is her duty to support her sister because no one was there for her. Jayla believes that sexual decision making is influenced by peer pressure. She believes that girls only do it if they think their friends are doing it.

Susan. Susan is a 14-year-old African American female adolescent and the youngest of two children. This is her first year in high school and she is "unimpressed." She has her own style and enjoys being different. She belongs to a fashion club and enjoys doing her hair. She stated that she has never had is currently not dating. She stated that the reason she doesn't have sex because "I don't really like want to be thick. Like a big butt, big boobs; whatever. That is really unattractive to me, I wouldn't like." She further stated that "the fact that I can like still be attracted to something and not go so far as to have sex; I feel kinda superior, like I have higher standards than other people. That's my motivation not to have sex."

Connie. Connie is a 15-year-old student and in the 10th grade. She enjoys dancing. She resides with her mother and father. She presented as naïve. She is currently not dating and has never had sexual intercourse. When asked about how she makes her decisions regarding sex, she stated the following,

It is so gross to me to do it now. Like when you have sex it takes away from your kid life. I actually want to stay a teenager. That's more like an adult type of thing. I have decided not to do that.

Joanie. Joanie is a 13-year-old student and in the 9th grade. She looks much older than her age. She is an only child and resides with her mother. During the interviews, Joanie's

mother would enter the room to cook or get a snack. Joanie would become less talkative and ask her mother leave. She admitted to having sex in the past. Currently, she has a boyfriend and stated that they are not sexually active. Joanie said that her boyfriend has not asked her to have sex. She said that if he asked her she would say “no, I am not ready.”

What are the Factors that Impact the Sexual Decision Making Process of African American Female Adolescents?

In an effort to explore what influences the sexual decision making process of this sample, several questions were asked. In response to the first question, participants described how peer-influences, the mother-daughter relationship and various forms of media are factors that influence the way they make decisions related to sex.

Peer Influence

The peer group is an important factor in adolescent development. The participants in this study reported that they talked to their friends when they had questions or concerns about sex. Or their friends would ask them for advice regarding sex. In some cases, if their friends were having sex then they were more likely to engage in sex so that they could fit in with their peer group. Other participants reported that they used the experiences of their peers as a deterrent not to engage in sexual behaviors. Several participants mentioned that girls were often pressured by boys to have sex. During the interviews and focus groups the participants provided the following responses when asked to further explain these factors and the ways they impact sexual decision making. During the first focus group Carin stated,

Sometimes good students allow themselves to get caught up in the moment. They meet a guy and think they are in love. They allow the guy to pressure them. Other girls don't

want to be a virgin when they get to high school. They think that everyone will say that they are lame. So they have sex parties and have sex.

One participant voiced her displeasure with a friend that is currently having sex. Although her friends describe the pleasure they receive by having sex, Connie is adamant about remaining abstinent. During an interview Connie shared the following,

When I think of sexual decision making, I know of a friend that has had sexual intercourse. It makes me think “Are you seriously doing this at this time. Well they tell me, how it feels and stuff and how it’s not scary to have sex. How they enjoy it and they want more of it. It’s so gross to me.”

For Susan it appears that she is curious about sex but she does not act on her thoughts. She presents as an individual that does not follow the crowd and is happy with her choice to be abstinent. However, I noted several inconsistencies in her comments. To minimize her curiosity about sex, she chooses friends that are currently abstinent and they somehow seem to avoid conversations about sex. While she stated that she was happy with her current decisions regarding sex, she describes herself as an outcast. Below is Susan’s response to how she makes her decisions regarding sex.

I learn from other people and other people’s experiences. I have lots friends the ones that I keep around me are virgins. Yeah, so sex is not really a topic of discussion. If one of friends were like I had sex, I would say congratulations and leave it alone. I’m not gonna lie and say I wouldn’t think about it. I mean everybody thinks about it because of hormones. I just like to be the outcast, the person that does different.

Other participants attempted to justify their decision to have sex by perceiving that “everybody doing it.” For Joanie, it seems that the pressure to engage in sexual intercourse appeared to be

related to a desire to be accepted by female friends. This sentiment was illustrated by Joanie comment regarding the factors that influence decision to engage in sex for the first time.

I learned how to how make my decisions about sex from my friends. When you think most are doing it, you feel like you have to do it to. You just get caught up in what other people are doing and you just try and follow. I had thought about having sex but didn't actually do it. I was listening to what my girlfriends told me. They talked about how it feels and their first time so then I decided to do it. My friends were not saying I should or should not have sex but after it happened, I felt like I fit in to the group because I did it and I was no longer an outcast.

On the other hand, Veta's friend shared a negative experience associated with sex. This has had a significant impact on Veta's sexual decisions in that she is adamant that she was going to wait until she was married to have sex.

She said,

Something that made me not want to do it is because my friends are getting diseases. That's what made me not want to do anything and wait. She had Chlamydia. They were "in love" supposedly. She trusted him and she really did like him. She trusted him when she asked him if he had an STD. When he said no she trusted him. You know when she confronted him he said oh you probably got it from somebody else. She was like no because you are the only person I did something with.

The participants described the impact of peer influences on their sexual decisions. In these accounts the participants are illustrating their struggles with negotiating the internal and external pressures that impact their sexual decisions. These participants used the experiences of their peers as a source to make their decisions. While some of these girls decided not to have sex, it

was obvious that Susan considered her choice to be negative in that she referred to herself as an outcast. Whereas, Joanie decided to have sex to fit in with her peer group. Since African American female adolescents often serve as a resource for each other; it is imperative that we ensure that African American female adolescents have the information they need to make informed decisions regarding their sexual health.

Media Influences

When asked to describe additional factors that influence sexual decision making all of the participants agreed that the media (in various forms) had an impact on risky sexual behavior of African American adolescent females. Media influences were noted to be a significant factor that impacts the decision making process for these participants. During the discussion the participants collectively identified books, music, and video as significant factors that influence their decisions. They also emphasized that African American women are portrayed negatively in the media.

It appears that urban literature is a factor that impacts the sexual decisions of this sample. These novels influence their view of sex and relationships. Many adolescents are reading his novels, sharing them friends and discussing their sexual plots. An example of this theme was illustrated by Connie during the focus group.

You have text messages, internet and books. You have these Zane books and these books called Thugs and Women. They tell you everything. They tell you how to do it and where you can do it. It doesn't make any sense. They ban certain items yet you can be any age to purchase these books. I remember a girl in class saying that she was feeling bad so maybe she should do the sex acts the girl was doing in the book. The girl in the

book stated that by doing those things made her feel better so maybe it would help her feel better.

While for others music and music videos acts an informal tool through which girls make their sexual decisions. Music provides a social context within which African American female base their decisions. This sentiment shared by the following participants. Kendall chimed in the following,

Girls try and dress like girls in the videos. It is ridiculous because I am not going to school to look at their butt cheeks. Last month it was dresses and leggings and now this month it's a t-shirt with leggings. The girls change with the videos.

Donna believes that music was a major factor that influenced sexual decisions,

Music is just like drugs it is a big influence. You can go to a party and don't have to be drunk or high. Let the DJ play something real good and that's a wrap. Like ok, if it's a jumping party and you been dancing with this one boy all night. That boy is going to be like we been dancing all night let me get her number. You give him your number and then he texts you and ask what are you doing later on tonight and you might not be doing nothing and then you hook up with him.

Another participant believed that movies and television were contributing factors to the sexual decision-making process. Some of the movies portrayed African American females in a negative manner and others highlighted the struggles of parenthood for adolescent females. This participant described the impact of movies and television shows on her sexual decision making choices. Connie said,

At my old school we was combined with another school. I use to see a lot of the girls pregnant a lot. They didn't finish with their degree or whatever and they would have to

come back to school while they were pregnant. I didn't want to be that person that would not be able to graduate and come back to school and all my friends had graduated and stuff. And then like on the TV they have pregnant and 16 no 16 and pregnant and I can see their stories and how the boyfriend is not helping out after they have had sex with them and they are leaving. It's rough for them and they wish they didn't have sex because they are pregnant. I'm like oh my gosh, no I don't want to have sex at this time. Also most Black movies the girls be having sex all the time. For example, like in the movie Hustle and Flow. How in the movie the girls are just having sex. There are three girls having sex with the same man. He is using two of the girls to hustle to get money. Some of the participants referenced sex health class as a memorable source that impacted their sexual decisions. Several students recalled learning about pregnancy, contraception and diseases. The information regarding pregnancy and the scenes describing childbirth was most influential for this group. Reflecting back, several participants highlighted their inability to fully grasp or take seriously what they were learning. While the videos shown during health class are designed to educate students, for some, the film only elicited fear. A few of the participants shared the feelings regarding the impact of the informational videos on their decisions. Dena said, "In 9th grade we watched the Miracle of Life. It's like the miracle of life, it's a movie on health and like I kinda change my decision about it because I would not want to go through that." Lexis voiced a similar experience, "The thing that made me decide not to do it was when we were in 8th grade in health we saw a video and we started finding out all the information about diseases." During an interview Susan said,

I was in 6th or 7th grade and I had health. We watched this video about all of these different types of disease and how some are unknown and like there are so many out

there and most of them you can't get rid of and stuff like that. There was a lady and she was just like telling these kids at a high school. I guess it was live and they taped it. She was like don't do it because it only takes one time. Whatever it was like a whole bunch of stuff and I was like wow, ok. So I don't want to ever have sex until marriage.

Mother-Daughter Relationship

During our discussions statements regarding the relationship between a mother and daughter were significant throughout the interviews and focus groups. There was only one participant that believed that her choice regarding sex was a private matter. A few of the participants wished they could discuss their decisions regarding sex with their mothers. Others stated that their parents had the "sex talk" with them and they had a good relationship with their mother. In a statement regarding their "sex talk" Kendall articulated,

Well, my mom talked to me about sex when I was 11. She asked me did I know where babies came from. I laughed because I did but I told her I didn't know. She explained to me that I could get pregnant. She told me that my virginity was special and was not something that could take back once I lose it. She said that she did not want me to have regrets and that I need to make sure I am with the person for a long time.

A few of the participants her mother served as more of a source of potential reprimand than a source of information or support. During an interview, Jayla shared her "sex talk" with her mother,

My mother just told me not do it and that was it. I don't want my little sister having sex. I am going to bring her and the boy I and have a discussion with them about it. Not just tell them don't do it. Unfortunately, my sexual-decisions affect my relationship with my mom because she turns into this beast thing. I don't even know what to call it. I just can

talk to her about boys or anything really. Because she turns into this thing that you really can't talk to. You want to call it a human but it's really like a demon. So I just talk to my aunt.

Sparkle added,

Well my mother she is very strict on me. But in a way I see why now because she doesn't want me to do anything that she used to do when she was younger. She doesn't want me to make any of the bad decisions she use to make. I remember one time saying I wish I could go live with my dad when I actually thought about it my dad don't care if I came home at 3:00 in the morning. So I was like I will live with my momma for the rest of my life before I go live with my dad.

Then Lexis stated,

I think it is probably a good idea and a bad idea. The good part about it is that my mom can give advice. But the bad part about it is she always yells why would you do that.

A mother's beliefs and attitudes are conveyed through conversations. Participants in this study acknowledged that the ways in which mothers engaged in and modeled behaviors regarding sexuality. Connie described how the mother's behavior can influence the daughter, especially, when the mother wants to relive her childhood. She shared an experience related to illustrate this thought.

Sometimes you don't know who is the mother and who is the daughter. Some mothers try to relive their life through their daughters. They party and drink with their daughters. For example, my sister friend's mother took her 19-year-old daughter out and bought her shots. Now that's not right. How can a child learn to make good decisions when a parent behaves that way.

Sparkle shared a similar sentiment, “I know what you mean. My sister’s friend, her mother got her strippers for her birthday. That just doesn’t make sense.” Another point of view was offered by some of the other participants. Throughout the focus groups Kendall always referred to conversations with her mother. She believed that the relationship between the mother and daughter is vital aspect of sexual decision making. This was exemplified by the following.

Sometimes if your like if your mother doesn’t tell you that she loves you enough then you would be like well if my mama don’t tell me she love me so then he must love me cause your mother should always tell her daughter that she loves her no matter what because sometimes its just like my mama don’t tell me she love me well I’m just gonna go with him because he tells me he loves me.

Susan continued to express inconsistencies in her responses. Even though she is curious about sex; she does not intend to anything. Unfortunately, she avoids conversations with her mother. It is clearly apparent that Susan wishes she had a mother-daughter relationship that would allow her to freely express questions and concerns. Susan shares the following,

If I were to talk to my mom she would say don’t do it. So if I’m not going to do it there is nothing to talk about. My, mom has never brought it up. I am not comfortable with talking to her any way. But for my friend that does have sex her relationship with her mom is like really close. She can talk to her mom about stuff like oh I got this boyfriend and I kissed him. She and her mom have conversations. My mom would say what you are not supposed to have a boyfriend. I wish that I could have a relationship with her like that.

While Connie's mother has emphasized negative aspects of sexuality; she has also provoked a great deal of fear in Connie. As a result, Connie's only feels comfortable speaking to her mother regarding sex. Connie stated,

I wouldn't feel comfortable talking to anyone else about sex. It seems like I couldn't connect with them like my mom. My mom has told me that if you have sex you are going to have to take all these different type of tests. Like um, I don't know what kind tests, you just have to take them and get checked out a lot. Um that is pretty much what she told me. She told me it is pretty much on you but if you get pregnant, I am not taking care of you. It made me feel really scared because what if I took the chance and I got pregnant. I don't know what I would do.

For this group of African American adolescent females, mothers were a significant and powerful source of information. Unfortunately, the topic of sex was either not addressed or handled in ways the participants criticized. In some cases the adolescents describe challenges of communicating with their mothers. Despite the significant gaps in communication, the adolescents' in this study expressed a desire to have a better dialogue with their mothers around issues regarding sex.

What are the Perceptions and Beliefs that African American Female Adolescents have regarding Sex and HIV/AIDS?

Participants' responded to questions designed to examine their perceptions of HIV/AIDS related risks. Participants were able to discuss general knowledge of HIV including how HIV is transmitted and prevented. They had very strong beliefs regarding the sexual risk taking behaviors of African American adolescent girls. They believed that African American adolescents were at high risk for contracting HIV for a variety of reasons. When comparing

themselves to others the participants did not see themselves as being at great individual risk even though, several of them admitted to occasionally not using condoms consistently. Instead they were more concerned about the possibility of becoming pregnant than becoming infected with HIV. Many of the participants based their perceptions on the fact that some girls just trusted their partners. They expressed a feeling of comfort in their male partner which allowed them to feel confident that they were not at risk for contracting HIV. These feelings were shared amongst several of the participants. For example Connie shared,

You know how some girls trust that person so much they are like ok he is not gonna lie to me if he has something or stuff like that they just trust him because they feel so comfortable with that person so they do that.

Donna similarly shared,

We start off without the condom and then put it on later. In the back of my mind I know all this stuff, pre-ejaculation fluid like I know about it like my mom tells me, me and my mom talk about sex all the time. I guess in my mind I just pray and hope and pray Lord please don't let me get pregnant. But after I told my mom I got an appointment to get on birth control. I don't know I think because I trust him and I just want to make him happy so I do it any way and settle for that. The whole condom thing because he says it feels better without a condom. I think about getting pregnant afterwards.

Negative Perceptions of African Americans

The participants were asked questions to gain insight into their ideas of how race impacts their perceptions of sexual risk. Participants believed that White people made better decisions related to sex than African Americans. They also believed that African Americans had unstable home environments. These comments suggest that there is a link between socioeconomic factors

and the way that African American female adolescents make decisions regarding sex. In addition, some of their responses implied that African Americans have poor parenting skills.

This was illustrated by Dena's comment,

I think it maybe because of the way kids are raised, how they are raised in their home. Like Caucasian people, like 85% are smaller, like most African Americans maybe they are not raised in the best of places so maybe the parents are not there so the parents may act like they don't care as much so the kids go and do anything.

Carin echoed a similar sentiment,

It's not like all of the parents because everybody is always blaming parents and stuff. But it is half and half; kids and parents. But I think it's like if the parents aren't taking more initiative and everything and telling the kids what they should do and stuff because the child only do what their parents allow them to get away with and then you got some kids that are just bad no matter what. So it's like I know my neighbor I see girls coming in the house and they are like 12 and 11 coming in the house at 2. I am like ok if I even thought about doing that I would not be on this earth. That's why I think African Americans as a whole well not all of them are kinda of wild because they are use to having sex, drinking and going out and stuff. Because it's just like there are not set type of rules like their use to be because some parents don't care. Some of my friends their parents really don't care what they do or where they go. I know like when it comes to my dad it is just a different style of how we are raised. He is strict on me but he is strict because he has a good purpose of what he is trying to raise me as and stuff. But like my other friends' mother I know why they let them do that. It's because their mothers raise them like that and stuff so they think it's natural to raise their children like that. I just

don't understand how you can, I just thought that there would be one point that you would wake up and say maybe this isn't right and I should change what I'm doing and stuff and learn from your mistakes.

Kendall expressed perceptions regarding how African Americans carry themselves and their sexual decisions. She stated,

I think that sometimes Blacks don't carry themselves in a good way. Sometimes we will look at those white people or whatever. But you have a standard for yourself not what nobody else say but what you set for yourself. Nobody can make you do what you don't want to do. Well we can do this and we can do that but black people need to stand up for our own self and take action. We can stop doing this we can have safe sex or whatever just because we are with a man and he wants to give us some money doesn't mean we have to sleep with him. If he is going to sleep with me and give some money what's the purpose of that, he don't love me he just wants me as a dumping spot. You have to think about what you getting out of this instead of what he is getting out of it because he is a boy he can get any girl he want it doesn't matter. Also you will see a White woman or a White girl she will think she the bomb. Oh she think she the stuff but she carry herself in a good way. She doesn't have a name for herself like she a hoe or whatever.

During an interview Connie offered a different perspective,

Well actually African American girls seem to be more comfortable with having sex. It depends on the girl but for the most part they seem to want a child or want to have sex to experience it to see if it makes them feel good. They are more comfortable because of their background or maybe because it is part of who they are, just because they think they are black.

Jayla shared,

Black boys because they expect women to just give them everything because they are the dondaddas or kings. They think they are the kings and the rulers of everything so everyone must bow down to them and give them whatever they want because they said it. They think they deserve it because they are a boy. That has nothing to do with anything. Black guys are sleeping with this person and that person. White guys only sleep with one person they don't sleep with a lot of people.

Reputation

The participants that were not sexual active implied that girls that were sexually active had a negative reputation. For some of the participants, maintaining a positive image was identified as a factor that influenced their sexual decisions. This was illustrated by Connie's statement,

They say that girls that have sex are called sluts ad hoes or another girl on the street like a prostitute. It just depends on the number of times they have sex. If they do it all then people would be like OMG you are such a hoe.

Susan said,

Well there are girls at my school that are classified as hoes. I see that if you do have sex it is most likely with a boy that is from our school. You know how boys are, once you have sex they are like oh she as hoe. So I just like stay away.

How do African American Female Adolescents describe the Emotional Impact of the Decision Making Process?

Regrets

Being intimated is more than just a physical act; it can cause very strong emotions. There were six participants in this study that reported that they were or have been sexually active. A theme of regret emerged as the participants shared their sexual experiences. This was a collective theme in that the other participants stated that one of the reasons they chose to abstain was because they did not want to have feelings of regret. Joanie stated, "I feel like I was stupid. I was just looking for love at a very young age." Jayla stated, "When I think back about it, it was kinda of stupid." Karica shared,

I wish I would of waited because some people they do wrong. When you do everything it was straight and then when you think about it, you are like I shouldn't of did that. I try not to regret anything but it's hard.

Donna clearly expresses regret with the fact that she has had sex and she continues to have sex.

Donna shared,

Cause it's like what if I don't marry him or what if I don't spend the rest of my life with him. The conversations we have now are oh I love you and I'm a be with you the rest of my life. So I gave myself away to somebody that I don't even know I am going to be with the rest of my life. And it's like I made a decision in the now and not in the future. I wish I would have waited because my life is not certain. But I might die tomorrow and that was the boy I wanted to be with. So a part of me regrets it and a part me don't I know how I feel and I really do like him but that he is probably not going to be my

husband. And I can't take it back and that's the worse part about it. If I could tell any girl I tell them to think about it cause you can't take it back, once its' gone, it's gone. Sparkle stated, "I think that is the main thing that plays over in your head. Like once you go through the door, you can't go back. I think that's like the worse part that plays back in my head."

Self-Esteem

Participants reported that boys often tell girls what they want to hear. This theme appears to be connected to the emotional needs of the participants. For example, being told that you are pretty and loved is something a boy can say to gain a girls trust. During our discussion the following was noted by Joanie,

Decisions are based on what the boys tell them or what the boy is asking them to do or leading them into doing. Telling them stuff like you are beautiful and other stuff.

Basically by saying stuff that girls want to hear. So when the boys tell the girls what they want to hear then the girl decides to have sex with them. Well that is how it is in some cases and some girls know when all boys want to do is have sex but some girls just fall into and are like he really cares about me and I think I am ready.

Kendall stated, "Also they might tell you they love you too, young girls being so young will believe this line." Susan stated,

I guess that children who do nothing at home or come from a broken home or they believe that they need sex to find love or maybe they had like a bad relationship with their parent. But I don't have that problem.

Focus Group/Scrapbook Activity

During the second interview the participants were given the following prompt: Based on our discussions what message should I share with other young girls regarding sexual decision making. I would like for you to create a scrapbook page. You can work together or individually. I placed all materials on the center of the table and turned music on in the background. The participants designed a page and wrote a message on the back of the page.

Kacee's page (Figure 1) illustrates the importance of the mother-daughter relationship. Kacee wrote the following: well my picture basically says that a mother loves her daughter. The mother-daughter relationship theme continues to resonate throughout the data. Kacee's page illustrates her need to have a meaningful connection with mother. It also demonstrates her need to feel special.

Dena's page (Figure 2) illustrates the importance having positive self-esteem and knowing that you are loved. The picture suggests that if you believe in yourself, you will not allow outside factors such as peers to influence your decisions. Dena wrote the following: Words of wisdom coming from such a strong and encouraging person. . . but it takes a big person to admit when they are wrong or when they have done wrong!!!

Kendal's page (Figure 3) illustrates the importance of the mother daughter relationship. More importantly, she identified positive images of African American women to express togetherness and friendship. Kendal wrote the following: A mothers' love is all her daughter needs to be successful in life. Your mother is your backbone. She will never give up on you no matter what. Mothers love your daughters and daughters love your mother. She is all you go in life and someone you can trust.



Figure 1. Kacee's page.

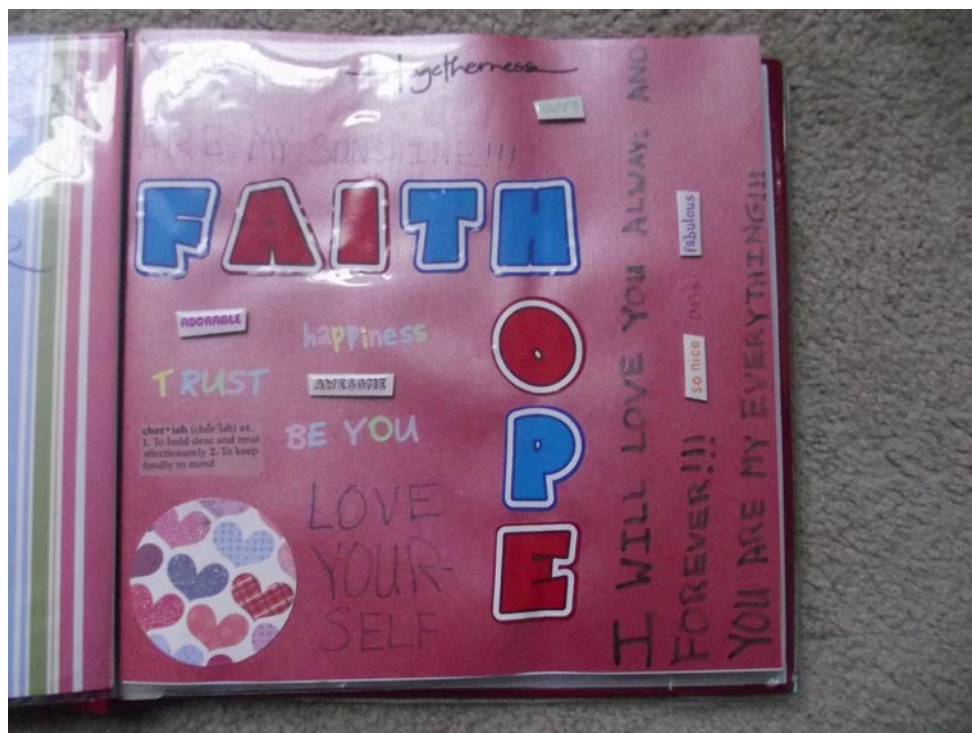


Figure 2. Dena's page.

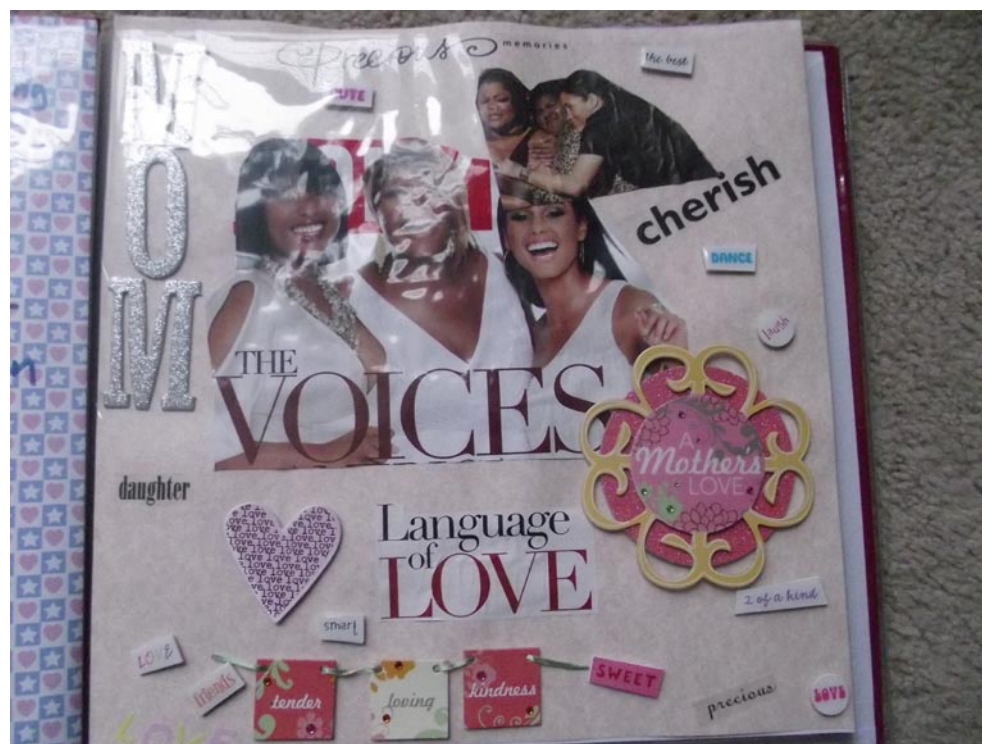


Figure 3. Kendal's page.

Sparkle's page (Figure 4) suggests that if you are happy with yourself, you will not allow negative influences to impact your sexual decisions. Sparkle wrote the following: don't let anything bring you down, stay positive, learn to respect yourself and others will respect you, love life and be yourself.

Lexis's page (Figure 5) identifies various negative factors that influence decision making. The page illustrates the lack of leaders or role models in the community for African Americans. It is important to Lexis for African Americans to be viewed in positive manner. Lexis wrote the following: "Is black leadership DEAD?" means "Are we becoming unknown?" I mean, what is our problem when it comes to representation? I strongly believe that our decisions affect how people think about us as black people. So with that being said, we should stop choosing to have sex, use drugs, drink alcohol and wear inappropriate clothes... be true to yourself! be you! be an individual!



Figure 4. Sparkle's page.

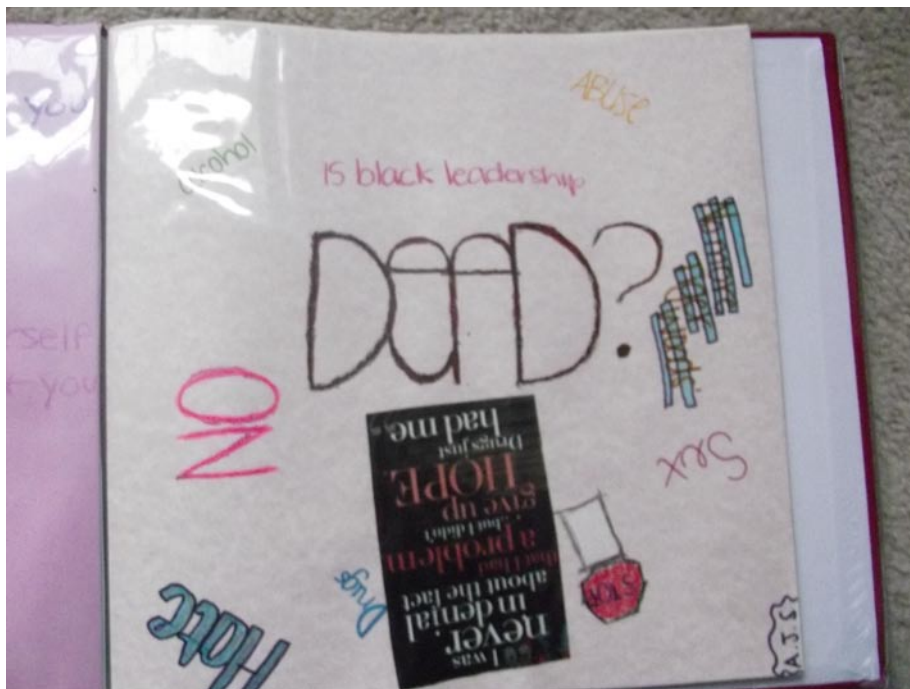


Figure 5. Lexis's page.

Donna's page (Figure 6) illustrates the importance of making your own decisions so that you can minimize any regrets that you might encounter. The content suggests that a girl should

consider their feelings before considering a male's feeling. Donna wrote: I basically gave words of encouragement and advice to love who you are before you love some else. Know what love is... God. And be smart in all of your decisions because what was once innocent can be turned into something bad. If you love and be you at all times no one will be able to tear you down. Love and peace.

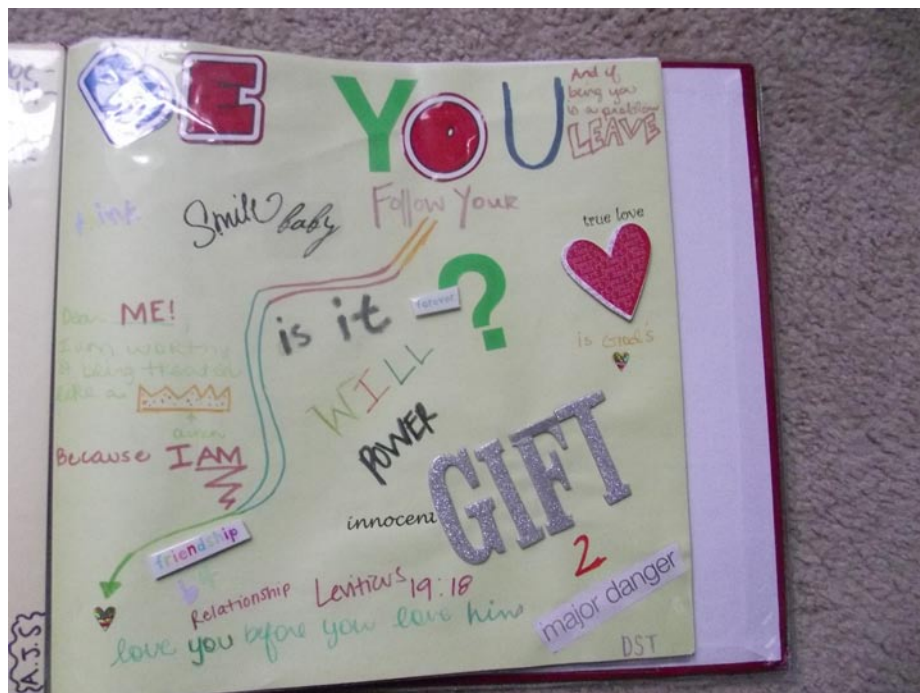


Figure 6. Donna's page.

Summary

The adolescents in this study provided insight into their sexual decision-making process. This study focused on the participants' perceptions of risk, factors they attributed as being influential in their decisions regarding sex and the emotions experienced with the decision making process. The categories and properties related to research questions are presented in Table 3.

Most of the participants received basic knowledge of about HIV transmission from a video viewed in health class. Even though the participants viewed a similar video in health class at school, the impact of the video varied among the participants. Schools only show the tape once during the seventh or ninth grade school year. There isn't any follow-up to determine the impact of the information. Some of the responses from the participants indicated that the tape did not provide relevant information. As a result adolescents in this study, feel that they are not receiving adequate information from the school.

What is more concerning is that some of them are relying on their peers to fill in the missing pieces. Unfortunately their peers may have misinformation or have as little good information as they do. In addition, a perception shared by the participants in this study was that everybody is having sex. This point of view has had a positive impact on some of the participants in this study. Their decision not to have sex was based on the fact that they wanted to be different from their friends and remain a abstinent. According to the participants, the belief that "everybody is doing it" can be detrimental because some of their peers are deciding to have sex to fit in with their peer group.

Media was noted by most of the participants in this study to be a major influence in the sexual decision process. Some of them interpret risky sexual behavior as normal because of what is either viewed in the media or heard in the songs on the radio. All of the participants believed that images of African American females seen in the movies or television negatively impact sexual decision making.

Many participants indicated that their emotions played large role in their sexual decisions. Self-esteem was acknowledged as a contributor to the sexual decisions of this sample. The participants that were sexually active; expressed feelings of regret as result of their sexual

decisions. Most concerning is that they continue to have sex with their partner despite the negative feelings associated with the experience. Only one participant expressed a desire to change their current behavior.

There was a general consensus among the participants in this study that the relationship with their mother served as a context in which they made decisions regarding situations that involved sex and other situations in their life. Despite how influential they are, mothers are not having meaningful discussions with their daughters about sex and relationships. According to the participants some of their mothers seem to be reluctant to discuss sex with them. For example, one participant noted that her mother becomes angry when she attempts to talk about sex. Others feel that if their mothers would speak to them truthfully about sex it would encourage them to behave more cautiously. These participants want to hear more about the emotional aspects of sex. They want ongoing nonjudgmental discussions instead of a one sided lecture.

These findings revealed several associations between peer relationships, media and mother-daughter relationship. It is essential for parents particularly mothers, to guide their daughters and be clear about their values regarding sex. Whether they felt knowledgeable or unknowledgeable participants in this study, desire to have regular conversations with their mothers about sex. These conversations should describe ways to deal with emotional impact of their decisions. The findings highlight the role of these factors in the sexual decision making process. Finally, supporting the healthy development of sexual behaviors in African American female adolescents is needed to increase our understanding of gender, racial and socioeconomic factors and the impact they have on the sexual decision-making process and perceptions of African American female adolescents. Researchers must develop ways to understand the

meaning of sexual decision making experiences from the perspective of African American female adolescents if they are to contribute to the reduction in HIV rates for this at risk group. There is an urgent need to rethink previous conceptual approaches that researchers have utilized in understanding HIV risk among African American female adolescents and their sexual decision-making.

CHAPTER 5

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

African Americans have been disproportionately affected by HIV/AIDS since the epidemic's beginning, and that disparity has deepened over time. African Americans account for more AIDS diagnoses, people estimated to be living with AIDS, and HIV-related deaths than any other racial/ethnic group in the United States (CDC, 2004). Although African communities make up less than 13% of the U.S. population, African Americans accounted for nearly 50 percent of all HIV/AIDS cases diagnosed in 2006. African American women accounted for 64 percent of women living with HIV/AIDS at the end of 2006. Although African American teens (ages 13-19) represent only 15% of U.S. teenager, they accounted 65% of new AIDS cases reported among teens in 2002 (CDC, 2005).

The purpose of this study was to explore the factors that influence the sexual decision making of African American adolescent girls. Twelve African American female adolescents between the ages of 14 and 17 were purposefully selected. Four were interviewed individually. An independent of sample eight participated in two focus groups and a scrapbook activity. These interviews, focus groups, scrapbook activity and reflective journal served as the source of data for this study.

A qualitative phenomenological design was used to explore the factors that influence sexual decision-making among these participants. Data were analyzed and followed the five phases of analysis grounded on the six steps suggested by Creswell (2007). Despite their knowledge regarding the transmission of HIV and prevention of HIV the data revealed that

participants perceived others to be at great risk but minimal individual risk regarding their exposure to HIV. Not only did the data reveal this, but the students expressed this in their own voices.

This chapter includes a review of the themes that emerged, general conclusions, a general discussion of the study, implications for theory and practice and limitations of the study. It also includes recommendations for future research.

First, themes that describe the factors that impact the sexual decision making process of African American adolescent females included: (a) peer relationships; (b) media influence; and (c) mother-daughter relationship. Second, themes that emerged that illustrate the perceptions and beliefs that African Americans adolescents have regarding sex and HIV/AIDS included: (a) “the moment” and (b) negative perceptions and reputation of African Americans. Third, emergent themes related to the emotional impact of the sexual decision making process included: (a) feelings of regrets and (b) self-esteem. Three general conclusions were arrived at:

1. Despite their knowledge of HIV and other STD’s adolescent females of color continue to make sexual decisions that put them at risk for contracting HIV.
2. Various forms of media influence the sexual decisions of African American adolescent girls.
3. The mother-daughter relationship significantly influences the sexual decisions of African American adolescent girls

Awareness of Risk and Sexual Decision Making

It has been reported that many Black women do not know that they are at risk for HIV because many women report no or unknown transmission category when testing for HIV (DeCarlo & Reznick, 2009). When considering risks associated with sex, teens are more

concerned about pregnancy than HIV/STD prevention (DeCarlo & Reznick, 2009). In this regard, the responses of the participants in this study support this finding in the literature. More than half of the participants in this study expressed some generic knowledge of HIV/AIDS transmission and how to protect themselves from contracting HIV/AIDS. Even though, they attended a sex health course, they continue to participate in behaviors that increase their risk for contracting HIV/AIDS and other STDs. The risk of pregnancy was a major concern for this sample. During our discussions the participants made reference to not wanting to become pregnant. However expressions of concern related to becoming infected with a STI or HIV were limited.

Much of the knowledge that participants gleaned regarding HIV came from a video shown in health class. During the focus group Donna stated that she did not pay attention while she was watching the video while Dena admitted that she chose not to have sex because the “video showed a woman giving childbirth and she did not want to put her body through that.” However, researchers have noted that HIV education and knowledge has little impact on behavior (Wingood & DiClemente, 1997). Additionally, typical sex education programs are short-term and encourage abstinence while atypical programs are more long-term, intensive, and promote a more rigid message such as abstinence only (Sabia, 2006). The literature emphasized that there is a need for more culturally specific prevention initiatives that focus on young African American women (Flakerud & Nyamathi, 2000; Kreuter & Holt, 2001; Lam, Mak, Lindsay, & Russel, 2004). Given their rate of HIV infection, it is evident that African American adolescent girls require more than the typical sex education program offered during health class. They would benefit from programs that target them specifically by using culturally specific interventions. For example, Nwoga (2000) found that mothers who relayed sexual education

through age appropriate stories about their own sexual experiences were able to engage and effectively communicate with their daughters concerning sexual matters. Culturally-congruent story telling strategy can be incorporated into an intervention and taught to mothers interested in participating in the group.

The participants' statements were incongruent regarding their individual risky sexual behaviors. For example, during the first focus group a number of the participants indicated that they always used protection, however when responding to another question during the second focus group, one of the participants reported a time or number of times when she and her partner had not protected themselves during a sexual encounter. This is illustrated in two statements from Donna. First, she stated adamantly that she used condoms all time and then when asked "why do girls fail to consistently use condoms" she responded "well I start off without the condom and then he puts it on."

Although these teens reported that they had some knowledge regarding ways to protect themselves, they continued to put themselves at risk. It is quite obvious that from a cognitive standpoint that sexual decisions are quite complex. Roberta Paikoff (1995) suggested that is situational variables play a role in adolescent decisions which she called "situations of sexual possibility" which are opportunities for privacy with age. When sexual opportunities occur, attitudes about sex and feelings about the partner influence whether intercourse occurs (Crockett, Raffaelli & Moilanen, 2003).

Despite the education or prevention activities that individuals receive, if they do not perceive themselves as being at risk there is an increased probability that they will use condoms inconsistently (Jemmott & Jemmott, 1992; Schieman, 1998; Sterk, Klien & Elifson, 2004). Perception of risk is described as how at risk an individual sees themselves (Schieman, 1998).

While there is not a quantifiable way to describe risk, previous studies involving African American female participants focused on whether or not they described themselves as being at high risk, low risk, or somewhere in between (Schieman, 1998). Finally, given their limited of knowledge about STD's and HIV, the individual perception of risks for this sample is low. This puts them at a disadvantage because they do not have the necessary information to make an informed decision regarding sex. It is apparent that participants must perceive themselves to be at risk before any prevention initiative can be effective (Sterk et al., 2004). For the adolescents interviewed, several of them admitted behaviors (not using condoms consistently, peer pressure and music) that put at risk of contracting HIV. However, they continued to state that they feared becoming pregnant with little or no mention of contracting HIV.

Influence of the Media in Sexual Decision Making

The findings in this study support previous research in that the participants agreed that music and the portrayal of African American females in the media were very influential in the sexual decision making process. Most concerning is that the participants in this study made it seem as if sex was a natural response to night of dancing. The following is an example, "Like ok, if it's a jumping party and you been dancing with this one boy all night. That boy is going to be like we been dancing all night let me get her number. You give him your number and then he texts you and ask what are you doing later on tonight and you might not be doing nothing and then you hook up with him". Other participants echoed these similar sentiments but identified images of Black women in movies as an influence in the sexual decision making process. These images take on a significant meaning when viewed through a Black Feminist lens. It is believed that society has perpetuated racist, sexist and often classist stereotypes of the African American woman. These images include the overbearing matriarch, the asexual,

unattractive mammy, the assertive and the sexually promiscuous Jezebel (Mitchell & Herring 1998; West, 1995). As a result, over exposure to these images may influence an African American adolescent girl's self-evaluation and behavior (Sinclair, Hardin, & Lowery, 2006). This poses a major concern when African American adolescent girls incorporate these negative images into their identities. A phenomenon referred to as self-stereotyping can occur, in which a person can begin to behave in ways consistent with the stereotypes (Townsend, 2008). Clearly the media is an important factor that influences the way in which African American adolescents make decisions regarding sex.

Black women are over sexualized in the media which can be found in analyses of the images presented in the music industry (Gordon, 2008). Content analyses of the music and music videos popular among Black youth indicate that the image of women as sex objects is prevalent among portrayals of Black women (Emerson, 2002; Stephens & Phillips, 2003). In addition, African American adolescents are also exposed to sexually provocative lyrics by artists such as Lil Wayne, Chris Brown and Trey Songz with some promoting promiscuity and gansta love. Pleasure for the moment is often the theme that resonates in the lyrics. This can be seen in lyrics performed by the artist Trey Songz:

This goes out to the beautiful girls, Which one of yall, which one of yall. Which one of yall goin' home wit trigga Sittin at the club oo shawty Walkin past a nigga lookin at me all naughty Then I said baby wassup Reach for that hand shake got a hug bottles of H got me wit a lil buzz Up in VIP wit all my thugs niggas U leaned over and said you want me Girl when the vallet pull the benz up Off to the crib shawty where we gon end up Girl sit back relax hold up Let me turn the radio on Girl when I get you to the crib (let me get you to the crib) Upstairs to the bed (upstairs to the bed) Girl you gonna think Girl when I pull back them sheets And you climb on top of me Girl you gonna think You gonna think I invented sex Put the code in the gate Pull up to the driveway Cause she like the way I touch her Listenin to usher I got a confession kno we bout to sin but your body is a blessing (Father forgive me) Can we take it up stairs My bed's waiting there All I want to do is Give you all of me And want you give me all of you I want your body like right now (right now) You know I live a magnum lifestyle (lifestyle) Baby turn the lights down And ima turn you on Girl when I get you to the crib (let me get you to the crib) Upstairs

to the bed (upstairs to the bed) Girl you gonna think Girl when I pull back them sheets
 And you climb on top of me Girl you gonna think You gonna think I invented sex Cuz I
 do it like I did Its a celebration clap clap bravo Lobster and shrimp and a glass of
 moscado For the girl who's a student and the friend who's a model Finish the whole bottle
 and we gon do it big like this Yea and he was just practice He aint in your world you can
 take him off your atlas Girl you on fire can I be the one you match with Ill give you the
 credit card and baby you can max this out Show me where your tats is show me where
 you heads at Maybe I can grasps it If you ever come up wit a question you should ask it
 Caught up on your ex still I can get you past it Yea and your friends all suggest Whats the
 chance of this nigga being betta than the rest Just tell em you appreciate the help But you
 just got to know for yourself Girl when I get you to the crib (let me get you to the crib)
 Upstairs to the bed (upstairs to the bed) Girl you gonna think, Girl when I pull back them
 sheets And you climb on top of me Girl you gonna think You gonna think I invented sex.

Many of the urban stations that play mixes include the clean versions of songs like this that are repeated during the day with little musical variety. Similar mixes are heard at parties; however they include the uncut versions. As a result, the lyrics are taken in with little or no counter messages by adults who often are not tuned into the realities of urban music. The vast majority of adolescents are able to recite the lyrics of the more recent songs verbatim, which suggest how intensely and often they are listening (Hicks-Harper & Harper, 1999).

Finally, given African American adolescents greater propensity to engage in sexual intercourse at younger ages in contrast to other racial ethnic groups (CDC, 2006), further exploration of music and music videos as a variable that may possibly explain some of the variance in their decisions to be abstinent, engage in safer sex and/or higher risk sexual behaviors is warranted.

Influence of the Mother/Daughter Relationship in Sexual Decision Making

For many of the participants in this study the mother daughter relationship was very influential to their decisions regarding sex. Some of the participants were eager to discuss their decisions with their mothers while others were reluctant. However most of them were in agreement that they were uncomfortable talking to their parents because their parents would

become angry when the questions arise about sex. They expressed that they wanted to have honest ongoing discussions, not single, one-side conversations. It seems that for adolescents in this study, parents were the most preferred resource of information about decisions regarding sex. However, because of parental reactions, most of the adolescents in this study sought out sexual information from other sources.

Adolescents who can openly communicate with their parents about sexual issues, who have parents that are more authoritative, and whose parents are intrinsically involved in their lives, report fewer sexual partners and they are more apt to use condoms and other contraceptive methods regularly and consistently. They also have a reduced likelihood of early sexual initiation (Aspy et al., 2007; Cox, 2006; Meschke, Bartholomae, & Zentall, 2000; Dilorio, Kelley, & Hockenberry-Eaton, 1999). Conversely, a lack of parental monitoring has been associated with adolescents' participation in unprotected sexual behaviors, earlier initiation of sexual activity, and sex with non-monogamous male partners as well as sex with multiple male partners among adolescent females (DiClemente et al., 2004; Li, Stanton, & Feigelman, 2000b; Romer et al., 1999). However for some of adolescents in this study, they reported that their parents were strict with boundaries yet open to communication. As a result these adolescents were less to engage in sex.

Evidence suggests that mothers are generally the primary communicators with adolescents about sex related topics (Miller, Kotchick, Dorsey, Forehand, & Ham, 1998). Some studies have shown that only maternal influence was associated with reduced sexual risk among adolescents (Durta, Miller, & Forehan, 1999; Whitaker, Miller, May, & Levin, 1999). For example, in a study of 219 sexually experienced females, 12-19 years of age, Hutchinson, Jemmott, Jemmott, Braverman and Fong (2003) associated high levels of mother-daughter

sexual risk communication with fewer episodes of unprotected sex and less sexual intercourse. The study also associated mother-daughter communication with adolescent females' attitudes toward pregnancy. Similarly, in a cross-sectional study of 350 inner-city African American females between the ages of 14-17 years of age, researchers associated greater levels of maternal-adolescent discussions about the negative consequences of pregnancy, perceived maternal disapproval of pregnancy, and relationship satisfaction with the daughters' negative attitudes about pregnancy (Jaccard, Dodge & Dittus, 2003).

A Black feminist perspective suggests (Collins, 2004), sexual socialization encompasses how African Americans, particularly women, respond to the negative treatment and perceptions that emanate from dominant groups. Negative images of Black womanhood are central to Black female socialization. As a result, Black women have been defined as lacking maternal instinct based upon the mammy/matriarch images (Collins, 2000). The mammy and the matriarch images both serve to portray Black women as 'bad' mothers (Collins, 2000). Historically, dominant groups have shamed African Americans. The shaming process, which originated on slave auction blocks, was reinforced by religious doctrines that espoused dark skinned people to be the sinners of the world (hooks, 2003). The sexual silence that is perpetuated through mother/daughter generations is a form of the internalization of shame that has historically plagued African Americans.

Finally, communication between the mother/daughter seemed to be influenced by the closeness of their relationship. These results coincide with research (Pluhar, 2004) that indicates that if a mother and daughter are connected and close, talking about sexual issues could have more of an impact, while a disconnection in the relationship could negate any amount of talking.

Additionally, research (Aronowitz & Morrison-Beedy 2004) indicates that mother/daughter connectedness has the potential to decrease adolescent girls' propensity to engage in risky sexual behaviors.

Limitations of the Study

The findings of this study offer some interesting insights about the factors associated with the sexual decision making process of African American female adolescents. Finding that peer pressure and media influences and parent-adolescent communication have an impact on the participant's decision to have sex was consistent with previous research (Voisin & Bird, 2009). These data need to be interpreted with caution because these findings are related to a particular purposeful sample of African American female adolescents. Therefore, scholars and practitioners should remain cognizant of the limitations presented in the study. The limitations of this research rest in the methods employed in conducting this study. The findings may have been affected by the small number of purposefully selected participants and the possibility that participants may not have felt comfortable discussing a sensitive topic in either the individual interview or focus group. Specifically, the small sample size restricts the transferability of the findings, although this was not the primary goal of this phenomenological study. Rather, the goal was to give voice to the experiences of adolescent girls of color who have historically been invisible in the counseling and psychological literature. Since this study was qualitative in nature, these findings, as in all qualitative studies, provide rich, descriptive information that answered the research questions rather than specific and predictive outcomes.

Another limitation of this study was that there was no way of discerning how truthful the participants were in their answers. If participants were reluctant to share true feelings and gave what they deemed to be socially desirable answers, the data collected may not be a true reflection

of the actual occurrences of sexual activities or the experiences resulting from these activities. Attempts were made to minimize this limitation by emphasizing confidentiality and the use of pseudonyms. However, confidentiality and pseudonyms may not have been enough to ensure entirely truthful answers, especially in the focus groups where participants may have felt pressure from the other members. A final limitation was that the use of the focus group question guide. The researcher did not use data collected from the interviews to develop additional questions for the focus groups.

Implications for Practice and Future Research

According to the CDC (2010), African American youth continue to be one of the groups most negatively impacted by HIV infection in the United States. In fact, African American youth represent half of all new HIV infections among young people aged 13-29. Young black women are far more affected by HIV than young women of other races (CDC, 2010).

The researcher of this study found sufficient data to form implications for future practice. The current qualitative study identified factors that influenced the sexual decision making process of adolescent girls of color. The data collection and analysis procedures of a this phenomenological research tradition paired with a Black Feminist lens allowed the lived experiences of the participants to become not only visible, but understood. For example, the three-series phenomenological interviewing technique (Seidman, 2006) gave participants the time and space to reflect on the essence of their experience for this study. Additionally, the focus and trust placed in the participants' voices to share their story regarding the factors that influence their sexual decisions gave respect to the adolescents in the study, which in turn encouraged them to share more about the phenomenon. Future researchers exploring the sexual decision making process of African American female adolescents may consider using the

phenomenological tradition as a way to gain a deep structural understanding of a phenomenon. The recursive nature of the data collection and analysis process, in addition to the numerous verification procedures (i.e., bracketing, member checking, reflexive journal, audit trail), may be helpful as well when working with African American female adolescents.

This study blended a Black feminist framework with the more traditional research method of phenomenology to provide participants with the space to give a comprehensive description of the phenomenon of sexual decision making. Integrating Black feminist themes in this design allowed the participants to be directly involved in the process and by frankly discussing their experiences. The participants uniformly expressed that the Black feminist practice of the research study (i.e., focus group, member checking, collaboration between research and participant) further supported their participation in this research study. For example, Donna stated the following to me at the end of the scrap book activity, “ You see the way you sat here and listened to us. You didn’t judge us, you let us express ourselves, that’s what we want you to do when daughter comes to you to talk about sex”. This process allows the researcher to focus on the participants experience while affording the participant the opportunity to revisit the phenomena at her own pace in her own words (Few et al., 2003). For instance, the focus groups and activities allowed the participants, who had, experienced regrets and hurt about their experiences to build community with one another about their shared experiences. The participants in this study clearly identified the mother daughter relationship as a significant influence and contributor to their decisions regarding sex. They made specific references to mothers as an important resource for information regarding sexual knowledge and appropriate sexual behaviors. These results illuminate the fact that adolescent girls of color who have sexual conversations with their mothers can learn parental expectations pertaining to responsible sexual

behaviors and how to minimize sexual risks. It is important to note that negative interactional patterns seem to keep parents and adolescents from having sexual discussions. Regardless of these difficulties, these findings support that it is critical for parents to have conversations about sexual matters with their daughters. Further researchers need to, it is important to investigate the various forms media particularly music and the impact of the lyrics and their impact on sexual decision making. Combined with this is also the portrayal of black females in the videos. The kind of music African American adolescent females listen to and the programs they watch may provide valuable insight with regard to their skewed perception in acknowledging their individual risky sexual behaviors.

Finally, previous research on the sexual decision making of African American adolescent females has tended to be behavior-focused and quantitative in design. Such a focus affords only a partial understanding of this group's sexuality and neglects the subjective and interpersonal dimensions of their sexual decision making. As a result our knowledge is limited regarding female African American adolescents, reasons for having sex or the meaning they ascribe to their decisions. Therefore it seems imperative that, future researchers and practitioners use theoretical approaches that will empower African American adolescent girls. Using an empowerment approach considers wellness versus illness, and competency versus deficiency (Hipolito-Delgado & Lee, 2007). Empowerment can be fostered in counseling through a mutual relationship, in which dialogue is valued, prescriptions are avoided, and deficits are rejected (Hipolito-Delgado & Lee). Additionally, qualitative researchers must explore the full context of the lives and experiences of female African American adolescents to promote a lifelong change.

Summary

Every nine-and-a-half minutes, a person in the United States becomes infected with HIV and the Black community accounts for nearly half of those infected (CDC, 2010). This study provides additional evidence regarding the factors that influence sexual decision making. African American adolescent females in this sample identified media, peers and the mother-daughter relationship as factors of influence. The mother daughter relationship was identified as the most significant source of information and social support for this particular group, of African American female adolescents. According to these young females, a mother's attitudes, values and communication style about sex greatly impacts a daughter's sexual decisions. It is vital for us to understand the beliefs and values of African American adolescent females so that we can offer guidance, support and empowerment in the context of their lives.

Furthermore, the Black adolescent females in this study shared that they received some of their knowledge about sex education from a video viewed in a sex health class. The content of the sex education program seem to vary among the participants. The curriculum provided the students' with limited information about sex. As result, the curriculum had little impact on the sexual decisions of the majority of the participants. Therefore, it seems imperative for current sex education programs to consider developing a component that involves educating mothers on ways to achieve open communication about sexuality as this may have a positive influence on their daughters' sexual behavior.

Finally, African American adolescent girls seem to minimize their risks as they continue engage in sexual behaviors that place them at risk for contracting HIV. Understanding the themes identified in this study and their relationship to the sexual decision making process is essential. Therefore including African American mothers and daughters in prevention efforts is

necessary as we continue to search for new ways to protect this group as well as empower them with the tools they need to protect themselves. We must follow the advice of civil rights leader John Lewis by “getting in the way-in the way of injustice, and in the faces of those who prevent change” because the new face of HIV is the African American adolescent girl. We cannot merely stand by and watch a generation of young adolescent women become infected with HIV/AIDS. It is our duty as social justice advocates, to dig deeper into the reasons these young women engage in unprotected sex and simultaneously create interventions that will be effective in meeting their needs while reducing their risk of contracting HIV/AIDS.

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APPENDIX A
CONSENT FORMS

EYP Parental Permission for Interview

The University of Georgia

Title: African American Female Adolescents and Sexual Decision-Making

Principal Investigator: Candice F. Norris-Brown, Ed.S

Introduction/Purpose: Parents you are invited to permit your child to participate in a research study that will attempt to explore the sexual decision-making process of African American female adolescents. Participation in the study is voluntary. Your child has the right to refuse to participate in this study or to stop taking part at any time without penalty or loss benefits to which your child is otherwise entitled. In addition, the decision to participate or not to participate will have no effect on your child's current or future association with, or access to services through the Empowerment Youth Program.

Procedures: Your child will be asked to participate in three interviews. The face to face interview will last approximately 30-45 minutes your child's time. The interview will be audio-recorded and will take place at a place and time that is convenient for you. During this interview your child/adolescent will be asked a series of questions. These questions are designed to allow your child/adolescent to discuss her decision to have or not have sex and her decision about using or not using protection. Your child will also be asked to fill out a demographic sheet. It will take 5-10 minutes.

Risks and/or Discomforts: Possible risks include anxiety related to discussing personal matters with a stranger during the interview. This will be minimized by allowing your child to skip questions or withdraw from the project at no penalty and seek individual counseling with the school counselor.

Benefits: There are no foreseeable benefits to individuals participating in this study. However, the process of sharing their experiences facilitates a collaborative process thereby contributing to the empowerment of the participants. Understanding the meaning of the sexual decision-making process of African American female adolescents may be important in the future development of more effective interventions and treatments.

Confidentiality: I will keep your child's records private to the extent allowed by law. I will use your child's initials rather than their name on study records where I can. Your child's name and other facts that might point to your child will not appear when I present this study or publish its results. The findings will be summarized and reported in group form. Your child will not be identified personally. Parents will not have access to the audio tapes, transcripts or demographic sheets. Only the researchers will have access to your child's individually identifiable data. All tapes will be destroyed when the study ends. A transcript of each tape with all identifiable facts removed will be kept in a locked file until the study has been published or presented. Any contact data will be kept in a locked file away from other data. The contact data will be destroyed after follow-up with participants. Confidentiality cannot be maintained if your child reports that she has a plan to cause serious harm to herself or someone else or if she is doing things that could cause harm to herself or someone else. If she indicates that she is being

physically, sexually or emotionally-or that she has been abused in the past, I am required by law to report abuse to the Department of Family and Children Services.

Contact Person: The faculty advisor, Dr. Deryl F. Bailey should be contacted at 706 542-1812 if you have questions about this study. We will give you a copy of this consent form to keep. If you are willing to let your child participate in this research study, please sign below.

Parent/Guardian

Date

Participant Name

Date

Additional questions or problems regarding your child's right as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

EYP Parental Permission Form Group
The University of Georgia

Title: African American Female Adolescents and Sexual Decision-Making
Principal Investigator: Candice F. Norris-Brown, Ed.S

Introduction/Purpose: Parents you are invited to permit your child to participate in a research study that will attempt to explore the sexual decision-making process of African American female adolescents. Participation in the study is voluntary. Your child has the right to refuse to participate in this study or to stop taking part at any time without penalty or loss benefits to which your child is otherwise entitled. In addition, the decision to participate or not to participate will have no effect on your child's current or future association with, or access to services through the Empowerment Youth Program.

Procedures: Your child will be asked to participate in two focus groups. Each focus group will last approximately 90 minutes. Each focus group will be audio-recorded and will take place at the place and time that is convenient for you. During each focus group your child/adolescent will be asked a series of questions. These questions are designed to allow your child/adolescent to discuss her decision to have or not have sex and her decision about using or not using protection. Each participant will also be asked to fill out a demographic sheet. It will take 5-10 minutes.

Risks and/or Discomforts: Possible risks include anxiety related to being in a group setting and discussing personal matters with a stranger. This will be minimized by allowing your child to skip questions or withdraw from the project at no penalty and seek individual counseling with the school counselor. Additionally, confidentiality cannot be guaranteed due to the nature of a small group setting; however, this risk will be minimized by reminding all participants of the importance of maintaining confidentiality at all group sessions.

Benefits: There are no foreseeable benefits to individuals participating in this study. However, the process of sharing their experiences facilitates a collaborative process thereby contributing to the empowerment of the participants. Understanding the meaning of the sexual decision-making process of African American female adolescents may be important in the future development of more effective interventions and treatments.

Confidentiality: I will keep your child's records private to the extent allowed by law. I will use your child's initials rather than their name on study records where I can. Your child's name and other facts that might point to your child will not appear when I present this study or publish its results. The findings will be summarized and reported in group form. Your child will not be identified personally. Parents will not have access to the audio tapes, transcripts or demographic sheets. Only the researchers will have access to your child's individually identifiable data. All tapes will be destroyed when the study ends. A transcript of each tape with all identifiable facts removed will be kept in a locked file until the study has been published or presented. Any contact data will be kept in a locked file away from other data. The contact data will be destroyed after follow-up with participants. Confidentiality cannot be maintained if your child reports that she has a plan to cause serious harm to herself or someone else or if she is doing

things that could cause harm to herself or someone else. If she indicates that she is being abused-physically, sexually or emotionally-or that she has been abused in the past, I am required by law to report abuse to the Department of Family and Children Services.

Contact Person: The faculty advisor, Dr. Deryl F. Bailey should be contacted at 706 542-1812 if you have questions about this study. We will give you a copy of this consent form to keep. If you are willing to let your child participate in this research study, please sign below.

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EYP Adolescent Assent Form for an Interview
The University of Georgia

Title: African American Female Adolescents and Sexual Decision-Making
Principal Investigator: Candice F. Norris-Brown, Ed.S

Introduction/Purpose: You are being invited to participate in this research study because you are an African American female adolescent. This study will attempt to explore the sexual decision-making process of African American female adolescents. Participation in the study is voluntary. You have the right to refuse to participate in this study or to stop taking part at any time without penalty or loss benefits to which you are otherwise entitled. In addition, the decision to participate or not to participate will have no effect on your current or future association with, or access to services through the Empowerment Youth Program.

Procedures: You are being asked to participate in three interviews. The face to face interview will last approximately 30-45 minutes. The interview will be audio-recorded and will take place at your convenience. During this interview you will be asked a series of questions. These questions are designed to allow you to discuss your decision to have or not have sex and your decision about using or not using protection. You will also be asked to fill out a demographic sheet. It will take 5-10 minutes.

Risks and/or Discomforts: Possible risks include anxiety related to discussing personal matters during an interview with a stranger. This will be minimized by allowing you to skip questions or withdraw from the project without penalty and seek individual counseling with the school counselor.

Benefits: There are no foreseeable benefits to you for your participation in this study. However, the process of sharing their experiences facilitates a collaborative process thereby contributing to the empowerment of the participants. Understanding the meaning of the sexual decision-making process of African American female adolescents may be important in the future development of more effective interventions and treatments.

Confidentiality: I will keep your records private to the extent allowed by law. I will use your initials rather than your name on study records where I can. Your name and other identifying facts will not appear when I present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. Your parents will not have access to the audio tapes, transcripts or demographic sheets. Only the researchers will have access to your individually identifiable data. All tapes will be destroyed when the study ends. A transcript of each tape with all identifiable facts removed will be kept in a locked file until the study has been published or presented. Any contact data will be kept in a locked file away from other data. The contact data will be destroyed after follow-up with participants. Confidentiality cannot be maintained if you report that you have a plan to cause serious harm to yourself or someone else or if you are doing things that could cause harm to yourself or someone else. If you report that you are being abused-physically, sexually or emotionally-or that you have been abused in the past, I am required by law to report abuse to the Department of Family and Children Services.

Contact Person: The faculty advisor, Dr. Deryl F. Bailey should be contacted at 706 542-1812 if you have questions about this study. We will give you a copy of this assent form to keep. If you are willing to let participate in this research study, please sign below.

_____ Yes, I would like to participate in the study.

_____ No, I do not want to participate in the study.

Signature of Participant

Date

Signature of Investigator

Date

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

EYP Adolescent Assent Form for a Focus Group
The University of Georgia

Title: African American Female Adolescents and Sexual Decision-Making
Principal Investigator: Candice F. Norris-Brown, Ed.S

Introduction/Purpose: You are being invited to participate in this research study because you are an African American female adolescent. This study will attempt to explore the sexual decision-making process of African American female adolescents. Participation in the study is voluntary. You have the right to refuse to participate in this study or to stop taking part at any time without penalty or loss benefits to which you are otherwise entitled. In addition, the decision to participate or not to participate will have no effect on your current or future association with, or access to services through the Empowerment Youth Program.

Procedures: You are being asked to participate in two focus groups. Each focus group will last approximately 90 minutes. Each session will be audio-recorded and will take place at your convenience. During the each session you will be asked a series of questions. These questions are designed to allow you to discuss your decision to have or not have sex and her decision about using or not using protection. You will also be asked to fill out a demographic sheet. It will take 5-10 minutes.

Risks and/or Discomforts: Possible risks include anxiety related to being in a group setting. This will be minimized by allowing you to skip questions or withdraw from the project without penalty and seek individual counseling with the school counselor. Additionally, confidentiality cannot be guaranteed due to the nature of a small group setting; however, this risk will be minimized by reminding all participants of the importance of maintaining confidentiality at all group sessions.

Benefits: There are no foreseeable benefits to you for your participation in this study. However, the process of sharing their experiences facilitates a collaborative process thereby contributing to the empowerment of the participants. Understanding the meaning of the sexual decision-making process of African American female adolescents may be important in the future development of more effective interventions and treatments.

Confidentiality: I will keep your records private to the extent allowed by law. I will also take steps to inform the group members at each meeting about the importance of confidentiality by discussing confidentiality and letting group members know that what is said in the group stays in the group and is not shared with others. Although confidentiality will be stressed, due to the nature of the group setting, I cannot guarantee that other group members will maintain confidentiality, I will use your initials rather than your name on study records where I can. Your name and other identifying facts will not appear when I present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. Your parents will not have access to the audio tapes, transcripts or demographic sheets. Only the researchers will have access to your individually identifiable data. All tapes will be destroyed when the study ends. A transcript of each tape with all identifiable facts removed will be kept in a locked file until the study has been published or presented. Any

contact data will be kept in a locked file away from other data. The contact data will be destroyed after follow-up with participants. Confidentiality cannot be maintained if you report that you have a plan to cause serious harm to yourself or someone else or if you are doing things that could cause harm to yourself or someone else. If you report you are being abused-physically, sexually or emotionally-or that you have been abused in the past, I am required by law to report abuse to the Department of Family and Children Services.

Contact Person: The faculty advisor, Dr. Deryl F. Bailey should be contacted at 706 542-1812 if you have questions about this study. We will give you a copy of this assent form to keep. If you are willing to let participate in this research study, please sign below.

_____ Yes, I would like to participate in the study.

_____ No, I do not want to participate in the study.

Signature of Participant

Date

Signature of Investigator

Date

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

Script Used for Initial Contact with EYP

Hello. My name is Candice Norris-Brown and I am a doctoral student at the University of Georgia in the Counseling and Student Personnel Department. The reason you were invited to this meeting is because I am currently conducting research. I am interested in recruiting African American female adolescents from the Empowerment Youth Program (EYP) to participate in my research. My research study is titled "African American female adolescents: Giving Meaning to the Sexual Decision-Making process." The purpose is to explore the sexual decision-making process of African American female adolescents. If you are interested in participating please leave your contact information with the Director of the EYP and I will contact you and your parents.

List- Serve Parental Permission for Interview
The University of Georgia

Title: African American Female Adolescents and Sexual Decision-Making
Principal Investigator: Candice F. Norris-Brown, Ed.S

Introduction/Purpose: Parents you are invited to permit your child to participate in a research study that will attempt to explore the sexual decision-making process of African American female adolescents. Participation in the study is voluntary. Your child has the right to refuse to participate in this study or to stop taking part at any time without penalty or loss benefits to which your child is otherwise entitled.

Procedures: Your child will be asked to participate in three interviews. The face to face interview will last approximately 30-45 minutes your child's time. The interview will be audio-recorded and will take place at a place and time that is convenient for you. During this interview your child/adolescent will be asked a series of questions. These questions are designed to allow your child/adolescent to discuss her decision to have or not have sex and her decision about using or not using protection. Your child will also be asked to fill out a demographic sheet. It will take 5-10 minutes.

Risks and/or Discomforts: Possible risks include anxiety related to discussing personal matters with a stranger during the interview. This will be minimized by allowing your child to skip questions or withdraw from the project at no penalty and seek individual counseling with the school counselor.

Benefits: There are no foreseeable benefits to individuals participating in this study. However, the process of sharing their experiences facilitates a collaborative process thereby contributing to the empowerment of the participants. Understanding the meaning of the sexual decision-making process of African American female adolescents may be important in the future development of more effective interventions and treatments.

Confidentiality: I will keep your child's records private to the extent allowed by law. I will use your child's initials rather than their name on study records where I can. Your child's name and other facts that might point to your child will not appear when I present this study or publish its results. The findings will be summarized and reported in group form. Your child will not be identified personally. Parents will not have access to the audio tapes, transcripts or demographic sheets. Only the researchers will have access to your child's individually identifiable data. All tapes will be destroyed when the study ends. A transcript of each tape with all identifiable facts removed will be kept in a locked file until the study has been published or presented. Any contact data will be kept in a locked file away from other data. The contact data will be destroyed after follow-up with participants. Confidentiality cannot be maintained if your child reports that she has a plan to cause serious harm to herself or someone else or if she is doing things that could cause harm to herself or someone else. If she indicates that she is being physically, sexually or emotionally-or that she has been abused in the past, I am required by law to report abuse to the Department of Family and Children Services.

Contact Person: The faculty advisor, Dr. Deryl F. Bailey should be contacted at 706 542-1812 if you have questions about this study. We will give you a copy of this consent form to keep. If you are willing to let your child participate in this research study, please sign below.

Parent/Guardian

Date

Participant Name

Date

Additional questions or problems regarding your child's right as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

List-Serve Parental Permission Form Group
The University of Georgia

Title: African American Female Adolescents and Sexual Decision-Making
Principal Investigator: Candice F. Norris-Brown, Ed.S

Introduction/Purpose: Parents you are invited to permit your child to participate in a research study that will attempt to explore the sexual decision-making process of African American female adolescents. Participation in the study is voluntary. Your child has the right to refuse to participate in this study or to stop taking part at any time without penalty or loss benefits to which your child is otherwise entitled.

Procedures: Your child will be asked to participate in two focus groups. Each focus group will last approximately 90 minutes. Each focus group will be audio-recorded and will take place at the place and time that is convenient for you. During each focus group your child/adolescent will be asked a series of questions. These questions are designed to allow your child/adolescent to discuss her decision to have or not have sex and her decision about using or not using protection. Each participant will also be asked to fill out a demographic sheet. It will take 5-10 minutes.

Risks and/or Discomforts: Possible risks include anxiety related to being in a group setting and discussing personal matters with a stranger. This will be minimized by allowing your child to skip questions or withdraw from the project at no penalty and seek individual counseling with the school counselor. Additionally, confidentiality cannot be guaranteed due to the nature of a small group setting; however, this risk will be minimized by reminding all participants of the importance of maintaining confidentiality at all group sessions.

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Confidentiality: I will keep your child's records private to the extent allowed by law. I will use your child's initials rather than their name on study records where I can. Your child's name and other facts that might point to your child will not appear when I present this study or publish its results. The findings will be summarized and reported in group form. Your child will not be identified personally. Parents will not have access to the audio tapes, transcripts or demographic sheets. Only the researchers will have access to your child's individually identifiable data. All tapes will be destroyed when the study ends. A transcript of each tape with all identifiable facts removed will be kept in a locked file until the study has been published or presented. Any contact data will be kept in a locked file away from other data. The contact data will be destroyed after follow-up with participants. Confidentiality cannot be maintained if your child reports that she has a plan to cause serious harm to herself or someone else or if she is doing things that could cause harm to herself or someone else. If she indicates that she is being

abused-physically, sexually or emotionally-or that she has been abused in the past, I am required by law to report abuse to the Department of Family and Children Services.

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List-Serve Adolescent Assent Form for an Interview
The University of Georgia

Title: African American Female Adolescents and Sexual Decision-Making
Principal Investigator: Candice F. Norris-Brown, Ed.S

Introduction/Purpose: You are being invited to participate in this research study because you are an African American female adolescent. This study will attempt to explore the sexual decision-making process of African American female adolescents. Participation in the study is voluntary. You have the right to refuse to participate in this study or to stop taking part at any time without penalty or loss benefits to which you are otherwise entitled.

Procedures: You are being asked to participate in three interviews. The face to face interview will last approximately 30-45 minutes. The interview will be audio-recorded and will take place at your convenience. During this interview you will be asked a series of questions. These questions are designed to allow you to discuss your decision to have or not have sex and your decision about using or not using protection. You will also be asked to fill out a demographic sheet. It will take 5-10 minutes.

Risks and/or Discomforts: Possible risks include anxiety related to discussing personal matters during an interview with a stranger. This will be minimized by allowing you to skip questions or withdraw from the project without penalty and seek individual counseling with the school counselor.

Benefits: There are no foreseeable benefits to you for your participation in this study. However, the process of sharing their experiences facilitates a collaborative process thereby contributing to the empowerment of the participants. Understanding the meaning of the sexual decision-making process of African American female adolescents may be important in the future development of more effective interventions and treatments.

Confidentiality: I will keep your records private to the extent allowed by law. I will use your initials rather than your name on study records where I can. Your name and other identifying facts will not appear when I present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. Your parents will not have access to the audio tapes, transcripts or demographic sheets. Only the researchers will have access to your individually identifiable data. All tapes will be destroyed when the study ends. A transcript of each tape with all identifiable facts removed will be kept in a locked file until the study has been published or presented. Any contact data will be kept in a locked file away from other data. The contact data will be destroyed after follow-up with participants. Confidentiality cannot be maintained if you report that you have a plan to cause serious harm to yourself or someone else or if you are doing things that could cause harm to yourself or someone else. If you report that you are being abused-physically, sexually or emotionally-or that you have been abused in the past, I am required by law to report abuse to the Department of Family and Children Services.

Contact Person: The faculty advisor, Dr. Deryl F. Bailey should be contacted at 706 542-1812 if you have questions about this study. We will give you a copy of this assent form to keep. If you are willing to let participate in this research study, please sign below.

_____ Yes, I would like to participate in the study.

_____ No, I do not want to participate in the study.

Signature of Participant

Date

Signature of Investigator

Date

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

List-Serve Adolescent Assent Form for a Focus Group
The University of Georgia

Title: African American Female Adolescents and Sexual Decision-Making
Principal Investigator: Candice F. Norris-Brown, Ed.S

Introduction/Purpose: You are being invited to participate in this research study because you are an African American female adolescent. This study will attempt to explore the sexual decision-making process of African American female adolescents. Participation in the study is voluntary. You have the right to refuse to participate in this study or to stop taking part at any time without penalty or loss benefits to which you are otherwise entitled.

Procedures: You are being asked to participate in two focus groups. Each focus group will last approximately 90 minutes. Each session will be audio-recorded and will take place at your convenience. During the each session you will be asked a series of questions. These questions are designed to allow you to discuss your decision to have or not have sex and her decision about using or not using protection. You will also be asked to fill out a demographic sheet. It will take 5-10 minutes.

Risks and/or Discomforts: Possible risks include anxiety related to being in a group setting. This will be minimized by allowing you to skip questions or withdraw from the project without penalty and seek individual counseling with the school counselor. Additionally, confidentiality cannot be guaranteed due to the nature of a small group setting; however, this risk will be minimized by reminding all participants of the importance of maintaining confidentiality at all group sessions.

Benefits: There are no foreseeable benefits to you for your participation in this study. However, the process of sharing their experiences facilitates a collaborative process thereby contributing to the empowerment of the participants. Understanding the meaning of the sexual decision-making process of African American female adolescents may be important in the future development of more effective interventions and treatments.

Confidentiality: I will keep your records private to the extent allowed by law. I will also take steps to inform the group members at each meeting about the importance of confidentiality by discussing confidentiality and letting group members know that what is said in the group stays in the group and is not shared with others. Although confidentiality will be stressed, due to the nature of the group setting, I cannot guarantee that other group members will maintain confidentiality, I will use your initials rather than your name on study records where I can. Your name and other identifying facts will not appear when I present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. Your parents will not have access to the audio tapes, transcripts or demographic sheets. Only the researchers will have access to your individually identifiable data. All tapes will be destroyed when the study ends. A transcript of each tape with all identifiable facts removed will be kept in a locked file until the study has been published or presented. Any contact data will be kept in a locked file away from other data. The contact data will be destroyed after follow-up with participants. Confidentiality cannot be maintained if you report

that you have a plan to cause serious harm to yourself or someone else or if you are doing things that could cause harm to yourself or someone else. If you report you are being abused- physically, sexually or emotionally-or that you have been abused in the past, I am required by law to report abuse to the Department of Family and Children Services.

Contact Person: The faculty advisor, Dr. Deryl F. Bailey should be contacted at 706 542-1812 if you have questions about this study. We will give you a copy of this assent form to keep. If you are willing to let participate in this research study, please sign below.

_____ Yes, I would like to participate in the study.

_____ No, I do not want to participate in the study.

Signature of Participant

Date

Signature of Investigator

Date

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

Script Used for Initial Contact with list-serve

Hello. My name is Candice Norris-Brown and I am a doctoral student at the University of Georgia in the Counseling and Human Development Department. The reason that I am posted on your site is because I am currently conducting research. I am interested in recruiting African American female adolescents from the CDC parent list-serve to participate in my research. My research study is titled "African American female adolescents: Giving Meaning to the Sexual Decision-Making process." The purpose is to explore the sexual decision-making process of African American female adolescents. If your child is interested and you would like more information please contact me at cnb1913@aol.com or 404 202-2061.

APPENDIX B
CONTACT SUMMARY SHEET

APPENDIX C
INTERVIEW PROTOCOL

Interview One
History Sexual Decision-Making

1. Tell me how you would define sexual decision-making
2. Tell me how you learned to make decisions about sex
3. Tell me about your sexual decision making experiences as an African American female adolescent.

Interview Two
Details of Experience with Sexual Decision-Making

1. Tell me about an experience that has influenced your decisions about sex. I would like for you to reconstruct the day from the moment you woke up until you went to sleep.
2. Describe any emotions/feelings that you experience associated with sexual decision-making.
3. Describe barriers/risks that you believe are associated with your sexual decision-making process.

Interview Three
Reflection on Meaning

1. Given what you have said about your previous sexual decision making experiences, what is the meaning of sexual decision making for you as an African American?
2. Describe the impact of your sexual decisions on your relationships.
3. Describe what have you learned about yourself as result of these experiences

APPENDIX D
FOCUS GROUP QUESTION GUIDE

Focus Group
Question Guide

1. The Center of Disease Control reports that African American female adolescents represent the highest number of newly diagnosed HIV cases. What do you think about these reports?
2. What is preventing African American female adolescents from practicing safe sex?
3. What experiences have you had that have contributed to your sexual decision-making?
4. How do you think race (being African American) impacts the sexual decision-making process?
5. Describe your safe sex discussions with your partner.
6. What are the factors related to your ability to use a condom?
7. How do African American female adolescents negotiate and make decisions about having unprotected sex?
8. What feelings or emotions are experienced when you make sexual decisions?
9. Describe emotions associated with regrets about a decision to have sex.

APPENDIX E
DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Directions: Please answer each question honestly by putting an **X** in the box that applies to you. All answers are confidential.

1. Age:

_____ 13 _____ 14 _____ 15 _____ 16

2. Year in School:

_____ 9th grade _____ 10th grade _____ 11th grade _____ 12th grade

3. Current Relationship Status:

	Single, do not currently have a boyfriend
	dating one person
	dating one person with “benefits”
	dating more than one more person
	dating more than one person with “benefits”

4. Relationship History

	Never dated anyone
	Dated one person
	Dated two or more individuals
	dating more than one more person

5. Age of first sexual intercourse (consensual)

	I have not had sexual intercourse
	Age 11 or younger
	Age 12
	Age 13
	Age 14
	Age 15

6. I currently have sexual intercourse

	Have only had sex once
	Weekly
	Monthly
	1-3 times a month
	More than 3 times per month

7. How often do you use condoms?

	Never
	Seldom
	Always

8. How often do you purchase condoms?

	Never
	Seldom
	Always

9. I have had a sexually transmitted disease (STD) such as Chlamydia, Trichomonus, crabs, etc.

_____Yes _____No

APPENDIX F
DEBRIEFING STATEMENT

Thank you for participating in the study African American Female Adolescents and Sexual

Decision-Making. It is very important that you do not share information about this study with others, because they may be participants in the future.

The purpose of this study is to explore the sexual decision-making process of African American female adolescents and understand the meaning that is associated with this process. This study will also explore the similarities and differences among African American female adolescents and how these factors influence their sexual decision-making process.

Some of the questions/discussions were sexually explicit and may have caused you to recall some negative experiences. If this has occurred, I would like to encourage you to speak to your parent or school counselor.

If you have any additional questions regarding this study, please contact Candice Norris-Brown at 404-202-2061. Once again, thank you for your participation.

Sample Code Book

Domain /Codes	Description	Examples
Opportunity	Entered into sex with opportunity	L3 L4
Seek protection	Waits for boys to provide condoms almost like the boy taking care of the girl	L20,22
Peer influence	Friends play role in decision making	L7,9,L48-49, line 60, line 30 L7,63,19,34
Personal Choice	It's the persons responsibility to have sex	L28,L43 and L40
Parental Input	Talks about her parents and conversation	L35,38,43
Sexual Knowledge	Learn from peers experiences Video seen in health class in middle school	Line 4,7,25
Self-esteem	Boys saying what they want to hear	Line 53-58
Media/TV	Portrayal of African Americans	Line 70-72
Regrets	Feeling foolish as result of the decision	Line 77-80
Reputation		Line 97-100
In the Moment	Making decisions	Line 91-96
Stereotypes about African American boys	They have a negative view of them	Line- 30-33