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Cultural Perspectives on African American Adolescent Sexual Risk Behavior in Central Mississippi

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Walden University
2018

Abstract

Cultural Perspectives on African American Adolescent Sexual Risk Behavior

in Central Mississippi

by

Debra S. Smith

MS, Belhaven University, 2009

BS, Tougaloo College, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

August 2018

Abstract

In 2015, Mississippi had the 3rd highest adolescent birth rate in the United States, high

rates of sexually transmitted diseases, and enduring racial disparities between African

American and White teenagers. Few researchers have described the immediate cultural

environment to determine how it may influence the sexual behaviors and attitudes of

African American teens. The purpose of this qualitative ethnographic study was to

describe the sociocultural environment of African American adolescents in Mississippi

that influences their sexual behavior by exploring the knowledge, feelings, experiences

and beliefs of African American adults. The social cognitive theory was used as a

theoretical framework to address 3 purpose-driven research questions. Criterion-based

convenience and snowball sampling was used to select 16 African American male and

female participants ages 18-64 who were residents of the study location for at least 10

years. Data were collected using a semi-structured interview protocol designed.

Interview transcripts were coded, data was triangulated, and themes were identified based

upon participant responses. Findings were identified across 3 thematic categories:

knowledge, beliefs and experiences, and community engagement. Participants wanted

adolescents to postpone sexual activity until they were more mature and believed

adolescents and their parents need education and improved communication about risks

and prevention. Recommendations include deeper exploration into public health and

community engagement strategies to improve health outcomes in the face of unique

community challenges. Social change may also result from this study's initiation of

community conversations around adolescent sexuality and healthy development.

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Dedication

This dissertation is dedicated to my mom and dad who always believed the title of "Doctor" should be attached to my name, and whose memory has helped to guide me along this journey.   I love and miss you both, especially at a time of celebration such as this! R. I. P.

Acknowledgments

I would like to thank my committee members, Dr. Michael Schwab and Dr. Shawn Munford, who both stepped in at the final stages of the dissertation process to lead me to the finish line. I would also like to thank Dr. Tammy Root for her endless assistance with navigating my transitions through several committee chairs over the course of my studies.

I also wish to thank my family and friends for their continual support and love. My greatest appreciation goes to my fiancé Erik and my daughter Kasey who have been my bed rocks, my cooks, my encouragers, my watch-dogs and my biggest cheerleaders. Thank you for putting up with the long nights and distracted days. A special thank you to my forever friend Chan for giving me the push and motivation I needed to get this done. Lastly, thank you to all my family and friends who have stayed close during this time and put up with my absences and neglect. I am back and ready to play! Thank you for being patient with me.

Finally, thank you to the participants who volunteered their time and effort to share their thoughts and feelings with me. Your involvement has been invaluable towards addressing my topic in the Black Community.

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Chapter 1: Introduction to the Study

Introduction

Adolescent sexual risk behavior, teen pregnancy, and sexually transmitted diseases among young people have been considered major societal problems in the United States since the 1980's (Bonell, 2004). Many researchers have studied these issues, giving particular emphasis to teen pregnancy due to the associated harms inflicted upon the adolescent mothers, the children, and society at large (Annang et al., 2014; Bowleg et al., 2011; Jarama et al., 2007; Lichtenstein et al., 2005; Thompson-Robinson, 2007; Timberlake & Carpenter, 2001). Teen pregnancies and births has been correlated with an expansion and perpetuation of poverty, unemployment, poor health, and deviant social norms among poor and minority communities (Bonell, 2004; Macvarish, 2010).

Identifying characteristics related to social context, culture, and social support networks may assist with understanding why certain states, regions, and communities in the United States have enduringly high rates of adolescent sexual risk behavior when national teen pregnancy and sexually transmitted disease rates have drastically fallen since the 1980s (Bonell, 2004). Mississippi, in particular, provided an exemplary location for this study due to the extraordinarily high teen pregnancy, STD, and birth rates among the African American population there (Centers for Disease Control and Prevention [CDC], 2012; Kaiser State Health Facts, 2012).

The high rates of sexual risk behavior in Mississippi have been attributed to decreased contraception use, abstinence-only sex education programs, and a dearth of youth programming (Klemas, Millenky, Simon, & Smith, 2009). However, those

explanations alone do not account for the sizeable racial disparities that exist, nor do they acknowledge the sociocultural context in which adolescents make sexual behavior decisions.

The purpose of my study was to describe one component of the sociocultural environment that influences adolescent sexual behavior decision-making in the African American community in Mississippi. The findings showed how African American adults perceive teen sexual risk behavior and identify cultural beliefs and values that influence the sexual behaviors and attitudes of the adolescent population. Results of the study may be used by and in the African American community to shape a new culturally based discourse related to the health behaviors of teens. A bridge may also be formed between African American and mainstream culture concerning adolescent sexual behavior by facilitating a greater awareness of the similarities and differences between the two cultural systems.

Section Preview

The remaining sections of this chapter offer an overview of the current research and existing published literature on the subject of African American culture and adolescent sexuality. A background summary of existing knowledge, a brief justification for this research, the problem statement, the purpose for the study, and the research questions are included. I then briefly present the social cognitive theoretical framework to frame the research before describing the qualitative research method and design. Pertinent definitions, the research assumptions, and the scope, delimitations and

limitations of this research are also presented. Chapter 1 concludes with a discussion of the study's significance and social change implications.

Background

The problems associated with teen sexual behavior such as poor sexual and emotional health, low socio-economic status, early pregnancy, higher infant mortality, and developmental disabilities are magnified in Mississippi due to the volume of adolescent sexual risk behavior occurring there (Bryant, 2006; CDC, 2013b; Klemas et al., 2009; The National Campaign to Prevent Teen Pregnancy, 2011). Using adolescent pregnancy and sexually transmitted disease data as indicators of such behavior provides insight into the problem.

Between 2001 and 2012, Mississippi led the nation in the number of teen pregnancies and births (MSDH, 2013a). Six thousand seventy-seven children were born to teen mothers in 2010, over half of them to African American girls between ages 15 and 19, and 111 to mothers under age 15. In 2010, 15.5% of all births in Mississippi were to teen mothers, even though they only comprised 7% of the total female population (Office of Health Administration, 2012; The National Campaign to Prevent Teen and Unplanned Pregnancy, 2013a).

Nationwide, the teen birth rates dropped by 25% between 2007 and 2011 for all ages and races. In Mississippi, the overall birth rate was reduced from 38.8 to 26.1 per 1,000 girls during that time; however, the pregnancy rates remained inordinately high for girls ages 15 to 19. In 2007, the pregnancy rate was 81.5 per 1,000 girls in that age group. In 2011, the rate continued to be elevated at 57.6 (MSDH, 2013a).

A review of the statewide data revealed much but masked the variances between the state's counties as well as the racial disparities between White and African American youth. In 2012, the birthrate range across the state's counties was 15.6 to133.3 per 1,000 girls, the average pregnancy rate for White girls ages 15 to 19 was 43.8, and the birth rate was 39.8. During that same year, however, the pregnancy rate for African American girls was 63.0 per 1,000, and the birth rate was 52.6 (MSDH, 2013a).

Similar disparities were found in the incidence of sexually transmitted diseases and HIV. In 2010, the state had more cases of gonorrhea and Chlamydia among young people ages 15 to 24 than any other state in the country, with rates highest among youth ages 15 to 19. African American teens accounted for 66% of the Chlamydia infections and were nine times more likely than Whites to get the disease. Eighty-six percent of the gonorrhea cases were among individuals ages 15 to 29, with 75% of the cases occurring among African Americans (Mississippi First, 2012; MSDH, 2010, 2013b). The racial disparity is apparent when comparing the incidence rates with the racial composition of the state—African American's comprise only 37.4% of Mississippi's population (U.S. Census Bureau, 2014d).

In 2010, the syphilis rate in Mississippi was almost twice the national average, with 61% of the cases occurring among 15 to 29-year olds. The African American case rate was nine times higher than Whites and 14.6 times higher than Hispanics. Nationally, Mississippi had the seventh highest rate of HIV diagnosis in 2010, but it had the highest rate of diagnosis among 13-19-year olds at 15.5/1,000. Although African Americans made up only 37% of the state's population, African American youth represented 78.5%

of the new HIV cases among young people (Mississippi First, 2012; MSDH, 2010, 2013b).

In alignment with the vital statistics and epidemiological data, Mississippi's students reported engagement in a number of high risk behaviors. The most recent Youth Risk Behavior Survey displayed static risk behavior data when compared to findings from previous year's findings. In 2011, 57.9 % of students under the age of 19 had ever had sex. Twenty-two percent had more than four sexual partners and 11.8% had sex before age 13. In addition, 42.1% of the students were currently sexually active, over 35% did not use condoms during their last sexual encounter, and 23.1% stated they had never been taught about HIV and other STDs in school (MSDH, 2013c).

Using qualitative approaches, previous researchers in the area of adolescent sexuality and culture have addressed the issue from many focal points, and adolescent subjects have been central in most of the articles (Black, Ricardo & Stanton, 1997; Collins & Champion, 2011; Day, 1992; Froyum, 2010; Kerrigan, Andrinopoulos, Johnson, Parham, Thomas, & Ellen, 2007; Moore & Chase-Lansdale, 2001; Secor-Turner, Sieving & Garwick, 2011). African American youth, in particular, have been targeted in studies exploring how different aspects of their cultural environment influence their sexuality, and how sexuality is related to culturally based gender roles (Collins & Champion, 2011; Kerrigan et al., 2007).

Social and community factors such as living in a rural community, peer groups, the quality of adolescent-parent relationships, and social expectations have been shown to influence sexual decision making (Black et al., 1997; Day, 1992; Moore & Chase-

Lansdale, 2001; Stanton, Romer, Ricardo, Black, Feigelman, Galbraith, 1993). In addition, the sexualization of American culture prompts adolescents to use music lyrics and pornography as guides for their own sexual relationships (Coy, 2009; Weiss, 2007).

Although investigators have found that peer groups, parents, and social networks strongly influence adolescent behavior and sexuality, other aspects of the larger cultural environment have neither been thoroughly investigated nor well described in previous research (Ackerson and Viswanath, 2009; Annang, Lian, Fletcher, Jackson, 2014; Brewster, Billy & Grady, 1993; Christensen, 1959; Fuller, White, Chu, Dean, Clemmons, Chaparro, 2016).

Gap in the Knowledge of the Problem

Previous investigators have noted gaps in the scholarly literature and knowledge pertaining to the cultural messages African American teens receive about sexuality and how the messages are conveyed, the cultural meanings associated with adolescent sexual behavior, and how African American's measure the behavior's acceptability (Bowleg, Teti, Massie, Patel, Malebranche & Tschann, 2011; Jarama et al., 2007; Kerrigan et al., 2007; Lichtenstein et al., 2005; Secor-Turner et al., 2011; Thompson-Robinson et al., 2007). Indeed, it was difficult to find current research on the topics, particularly studies conducted from a cultural community perspective rather than an adolescent point of view. I found only one article that addressed the topic in this manner, but it was not current and not based in the same study locality (Timberlake & Carpenter, 1990).

In this study, I addressed the gap in the research literature by identifying the specific cultural beliefs and attitudes related to adolescent sexuality held by African

American adults in Mississippi. By doing so, I was better able to understand the cultural lens that African American adults use to ascribe meaning and value to adolescent sexuality, and thus was able to describe one more element of the social environment determinants of adolescent health.

Study Justification

Effective efforts to eliminate health disparities must account for the influence of culture on the beliefs, behaviors and attitudes of the affected population (Fuller et al., 2016; Prevention Institute, 2002; Schneiderman, Speers, Silva, Tomes & Gentry, 2001). Cultural norms contribute to lifestyles and behaviors that may be considered risky or be associated with disease (Thomas, 2004). Thus, understanding the specific cultural messages being shared among adults in Mississippi's African American community is critical when addressing adolescent sexual behavior there.

In this study, I explored the cultural forces at work in the adult African American adult community to assist with understanding how the community perpetuates and/or prevents adolescent sexual risk behavior in its ranks. From this small beginning, larger culturally-oriented research studies may be undertaken that lead to the development of successful interventions that address adolescent sexual risk behavior from a novel, culturally-specific point of view.

<div align="center">

Problem Statement

</div>

Adolescent sexuality has been studied from most every angle. Whether looking at the risk factors, consequences, program evaluation and sex education curriculums, or public policy, teen sexuality has been the impetus of untold articles and research studies

(Bryant, 2006; CDC, 2013b; Klemas et al., 2009; The National Campaign to Prevent Teen Pregnancy, 2011). Researchers have provided a large body of evidence related to the array of influences on adolescent sexual behavior, specifically peers, parent-child interactions, and institutions such as schools and health clinics.

Nevertheless, it is problematic that previous researchers have failed to adequately explain or address why African American teens continue to lag behind their White counterparts in improving their sexual health (Kerrigan et al., 2007; Lichtenstein et al., 2005; Secor-Turner et al., 2011). Community-level aspects of the adult social and cultural environments, and how they may influence adolescent sexual risk behavior, are also not well identified or understood. The disparities discussed above, along with the gap in the literature related to cultural environment characteristics of African American adolescents, indicated a need for greater insight into the cultural and social issues surrounding teen sexual risk behavior. In this research study I explored the cultural values, beliefs, and attitudes associated with adolescent sexuality in Mississippi's African American community, thus providing a critical piece to the sexual risk behavior prevention puzzle.

Purpose of the Study

The purpose of my study was to describe the knowledge, feelings, experiences and beliefs of African American adults related to teen sexual risk behavior in Mississippi. I describe and illustrate the key concept under investigation—African American culture and adolescent sexuality in Mississippi—to provide a picture of the cultural milieu in

which teens live and make sexual decisions. Ethnographic qualitative research methods were used to fulfill the purpose of this research.

Research Questions

Three non-directional research questions guided my investigation. Utilizing research questions in this way allowed the research participants and the data to speak for themselves and the outcomes of the research to accurately reflect the essence of African-American cultural meanings and beliefs (Creswell, 2007). The research questions were:

RQ1—What knowledge do African American adults in the Jackson, Mississippi metropolitan area have regarding teen sexual risk behavior and pregnancy in their community?

RQ2—What are the perceptions, feelings, experiences, and beliefs, if any, of African American adults related to teen sexual risk behavior and pregnancy in the Jackson, Mississippi metropolitan area?

RQ3—According to African American adults, how does adolescent sexual risk behavior and/or pregnancy affect the African American community in the Jackson, Mississippi metropolitan area?

Theoretical Framework

I used a theoretical framework to provide context for the research findings and describe how the social and cultural environment may influence individual behavior. Social cognitive theory is the predominant social environment model commonly applied to adolescent sexual risk behavior, and that theory served as the theoretical framework for

this research (Saunders, 2005). Although I cover it in greater detail in Chapter 2, the following is a brief discussion of the conceptual propositions.

Generated largely through the work of Rotter (1954), Sears (1951), and Bandura (1971, 1999, 2002), the social cognitive theory was developed in response to the perceived limitation of individual-based theories in explaining and predicting human behavior. The tenets of the theory hold that learning and new behaviors are acquired either through direct experience or through the modeling of behaviors by others. Negative and positive reinforcements influence behaviors due to the expectancy of (perceived) rewards and punishments.

Due to the continual interactions between behavior, the controlling factors, and the environment, the social cognitive theory emphasizes a reciprocal influence or reciprocal determinism process in which one's behavior helps to create the environment and the environment influences behavior (Bandura, 1971, 1999, 2002; Rotter, 1954; Luszczynska & Schwarzer, 2005).

Many researchers have noted the merits of the social cognitive model as it pertains to adolescent sexual behavior and the social environment (DiIorio et al., 2000; Freeman, 1992; King-Jones, 2010; Longmore, Eng, Giordano & Manning, 2009; Martino, Collins, Kanouse, Elliott and Berry, 2005). In addition, the social cognitive theory is an important tool for the study of groups and cultures. The model can be used to explain how cultural meaning systems are shared and learned between members of a social group, and how the knowledge gained through cultural sharing, modeling, and

reinforcement guides the behavior, thoughts and attitudes of each group member (Bandura, 2002; Dressler, Bindon, & Neggers, 1998).

Children and adolescents gain cultural knowledge through the transfer of cultural meaning systems. Being able to understand the meaning systems integral to this exchange facilitates a greater understanding of how adolescents view the world and make sexuality–related decisions. I designed this study to focus on one aspect of the cultural environment of adolescents by identifying and describing the cultural norms, knowledge, values and attitudes held by adults in the African American community.

Nature of the Study

I used qualitative research methods to conduct my study. Useful in developing descriptions and greater understanding, the methods facilitated the exploration of cultural influences upon the sexual lives of adolescents. In contrast, the prescriptive, measurement-based methods used in quantitative research would not have yielded the descriptions and holistic interpretations of data needed for an exploratory study of this nature. Further, and in accordance with the social cognitive framework, the descriptions of the shared meanings and information between cultural group members creates the cultural understanding needed to fully address all health-related behaviors effectively (Creswell, 2007; Crosby, DiClemente & Salazar, 2006).

The chosen qualitative design was ethnography. The primary objective of ethnography is to "understand the sociocultural contexts, processes, and meanings of a cultural system from the perspective of the group being studied" (Whitehead, 2004, p. 16). Ethnography is often used in studies related to culture given its many inherent

advantages. The design allowed me to spend time in the community, observe the study population and move among them, and thus glean contextual information.

Holistic data was obtained because I was able to reach across many facets of African American life in Jackson by being a former member of the target community. Additionally, data were collected directly from the target population, and thus considered more valid than secondary data or external observation. By gathering multiple perspectives, I was able to compare and contrast individual accounts to draw fuller, more representative and inclusive conclusions (Reeves, Peller, Goldman, Kitto, 2013).

As the investigator, I acted as a key study instrument by collecting all data using interview protocols and analytical observation (Creswell, 2007, 2009). In-depth interviews were conducted with African American adults between the ages of 18 and 64 to gather data for the study. I selected a purposeful sample of participants through a combination of criterion, snowball, and convenience sampling methods (see Creswell, 2007). My conscious selection of participants maximized their unique ability to provide the explanations, understandings, and meanings needed to present a textured description of African American culture in the targeted location (see Brod, Tesler, Christensen, 2009; Cook & Crang, 1995; Creswell, 2007; Patton, 2002).

Definitions

Adolescent: A young person between the ages of 10 and 19 (MSDH, 2013; World Health Organization [WHO], 2014).

Healthy adolescent sexuality: Based on the premise that sexual health means having respect for self and others, healthy sexuality encompasses knowing that sexual

desires are normal, but personal values, goals, and restraint must be taken into account before acting on the impulses (Chilman, 1990).

Religiosity: The variety of beliefs and behaviors related to religion as measured by the levels of participation in religious activities, church attendance, expression of faith and spirituality, religious commitment, and religious beliefs held by an individual (Jarama et al., 2007; Landor et al., 2011).

Sexuality: Includes sexual behavior, gender identity, sexual orientation, physical and emotional sexual maturation, and body changes such as puberty, pregnancy, and menopause, sexual relationships, and intimacy. One's self-concept and identity is also a component of sexuality, as are beliefs and attitudes about love, life, and the people who influence our lives (Planning Parenthood, 2014).

Sexual risk behavior: Behaviors that lead to increased risk for STD/HIV/pregnancy such as early sexual intercourse, having multiple sex partners, having frequent sex, not using condoms with every sexual encounter, and a lack of communication about STD/HIV/pregnancy with sex partners (CDC, 2013; Thompson-Robinson et al., 2007).

Sexual script: The socially and culturally erected means of interpreting and responding to sexual stimuli that govern sexual decision making and how sex is experienced (Ross & Coleman, 2011).

Sexualization of culture: The current saturation of erotic depictions, particularly of women, in popular culture media sources (Coy, 2009).

Assumptions

Before conducting the research, I assumed that:

- The common themes, shared knowledge and similar beliefs that emerged from

  the interview data would be culturally-based, thus accurately reflecting

  aspects of African American learned culture in the study location rather than

  happenstance (Dressler et al., 1998). Grounded in the social cognitive

  theoretical framework, this assumption was based on the interrelationship

  between people, their environments, and learning systems, and was necessary

  for the exploration of cultures and shared value systems (Bandura, 2002).

- The integrity of and ability for the study to progress would be dependent upon

  the assumption that interview participants would answer the questions

  honestly and openly and provide quality data. I supported this assumption by

  (a) ensuring that participants remained anonymous and could withdraw at any

  time, (b) preserving their privacy and confidentiality throughout the study, and

  (c) emphasizing the voluntary nature of their participation.

Scope and Delimitations

I chose Mississippi as the locality for this study because of the high adolescent

sexual risk behavior indicators there and its consistent position at the top of many

national adolescent sexual risk behavior measures. The results of the study may not be

generalized with confidence to other populations due to the unique cultural and

environmental perspectives of the study participants as well as the nature of qualitative

research. Any identified cultural themes and descriptions pertain only to African

American adults between age 18 and 64 who reside in Hinds, Rankin, or Madison County, Mississippi. Both African American men and women participated in the research and potential participants of other ethnicities were excluded due to the study's focus on the African American population.

Individuals younger than 18 were excluded from participation since the study focused on the adult perspective. Adults 65 and older were also excluded due to the sensitive subject matter being covered and the lack of comfort among older individuals with discussing sexual issues without reservation. The lasting legacy of the Tuskeegee study also continues to be a barrier to elderly African American research recruitment, and the ethical concerns and recruitment strategy requirements for elderly subjects are prohibitive due to the short study timetable (Freimuth, Quinn, Thomas, Cole, Zook, Duncan, 2001; Levkoff & Sanchez, 2003).

Data collection was scheduled to occur over the course of 3 months—the length of a school quarter—thus limiting the timeline and the sample size used in the study. Also, each participant was engaged for only a short period of time, potentially limiting the fullness of the cultural meanings and descriptions captured. I addressed this weakness by employing purposeful sampling methods to yield a participant pool with specific insights and perspectives related to the study questions. Purposeful sampling allowed a range of perspectives to be captured to gain insight into the key concepts under investigation through focused, time sensitive data collection (see Salkind, 2006). Additional details about the sampling methods may be found in Chapter 3.

I no longer reside in Mississippi with ready access to the target population and thus used a snowball sampling method to identify all but the first three study participants (Creswell, 2009; Patton, 2002). Snowball sampling allowed for the remote collection of primary data in a cost-effective manner across a short time span. However, the method created the potential for oversampling among the same social network, which would lead to bias and findings that do not accurately reflect the diversity of thought in the community (Creswell, 2009; Patton, 2002).

I minimized the weaknesses inherent to snowball sampling by selecting the first 3 participants through convenience sampling to ensure the participants would spring from unique social networks. By starting with a diversified base, the snowball sample generated a list of potential participants who were socially far removed from and unfamiliar with each other.

Although I used the social cognitive theory as the theoretical framework, I also tested alternate theories, including the health belief model (HBM) and the yheory of reasoned action (TRA) for their applicability. Both alternate options are continuum theories that many researchers use to explain and predict human behavior as a function of an individual's attitude, beliefs and social influences, and both emphasize the social environment as highly influential.

The two theories are also both value-expectancy models that correlate the perceived value of a behavior with the expected outcome of performing the behavior, and Bandura's concept of self-efficacy is embedded in both theoretical approaches (Ajzen, 2000; Bandura, 1999; Campbell, 2001; Kline & Huff, 2008; Rosenstock, 2000). The

social cognitive theory was superior for this research, however, due to its focus on the cultural and social environment as a key determinant for human learning and behavior.

Limitations

Ethnography has inherent weaknesses that may have unintentionally limited this study. Researcher subjectivity may be considered a limitation, particularly by those who ascribe to quantitative research methods. Although ethnographers usually study cultural systems outside of their own to enhance objectivity and curtail emotional attachments, cultural insiders do understand many of the cultural meanings that may be incomprehensible to others (Reeves, Peller, Goldman, & Kitto, 2013). Gaining entry into the community, developing trust, understanding the language, and building a fast rapport with participants were benefits I held as a cultural insider.

Researcher bias was also a potential study limitation that is common to qualitative research. I continually identified, acknowledged, and addressed my personal beliefs, and attitudes related to the study topic and population. In addition, I ensured that all descriptions of the participants' views and meanings were accurate reflections of the data rather than my point of view (see Creswell, 2007; Whitehead, 2004). Such credibility and dependability was achieved by data triangulation and by managing personal bias from the outset.

Significance

Although there is a body of evidence demonstrating that teens are heavily influenced by the beliefs and behaviors of the adults in their lives, it emphasizes parent-teacher-youth interactions (Carlson & Tanner, 2006; Chilman, 1990; Collins, Baiardi,

Tate, Rouen, 2015; Freeman, 1992; Moore & Chase Lansdale, 2001; Raneri & Wiemann, 2007; Siebold, 2011; Weiss,2007). This research study is significant because I investigated the cultural group systems and community factors that influence adolescent behavior from the perspective of the adults: friends, media personalities, neighbors, police officers, coaches, childcare workers, employers, and others that touch the lives of young people. Those cultural models form a large segment of the social environment of teens, and how they view, talk about, and talk to adolescents about sexuality matters.

The ethnographic research strategy not only provided a foundation for social change and empowerment, it also helped me explain how interpersonal systems and community factors determine behavior and health (see McLeroy et al., 1988). This study was a timely endeavor for the state of Mississippi due to recent changes in the political and social climates that are more favorable to exploring new avenues to address adolescent sexual risk behavior (Mississippi First, 2012; The Clarion Ledger, 2012).

Social Change Implications

My research findings may initiate conversations regarding how African American culture plays a role in encouraging or preventing adolescent sexual risk behavior in Mississippi. Researchers may undertake future qualitative and quantitative studies to determine the cultural teachings that should be heightened due to their protective nature. Subsequent research may also spearhead the development of new interventions that influence the beliefs, behaviors, and actions of African American adults related to sexual risk behavior among teens.

In addition to instigating the social changes in the community, the disciplines of sexuality education, pregnancy prevention, child and adolescent development, community and capacity building, and African American cultural studies may also benefit from this study. Future investigators may be spurred to identify the cultural principles and values that affect their research and/or influence major aspects of youth development and behavior. Only then will findings from cultural and social systems research be widely incorporated into the theory-based models and interventions that are used to explain and/or change attitudes and behavior (Anastas, 2016; Secor-Turner et al., 2011).

Identifying the cultural filter used by African American adults to discuss, address, promote, ignore, and prevent adolescent sexual risk behavior is essential for holistically understanding the determinants of adolescent health. Enhanced knowledge of culture as an underlying cause of good or poor health will provide public health practitioners with additional building blocks for achieving social justice and positive social change for African American youth in Mississippi.

Social justice is a key guiding principle for modern-day public health activities primarily concerned with health improvements for populations and fair treatment of the disadvantaged (Gostin & Powers, 2006). Tthrough community engagement, the results of this and future research may facilitate a cultural shift that culminates with the improved health status of young people and a reduction in the health disparities for African American youth and adults.

Culturally-based investigations are needed in Mississippi to continue the improvement in teen pregnancy and STD rates. The identification of unique cultural qualities and diversity of thought is necessary for fully understanding the factors that motivate adolescent sexual behavior (Collins et al., 2015; Shambley-Ebron, Dole, Karikari, 2016). Moving away from more popular approaches, the study findings may also help identify how the African American community's viewpoint differs from mainstream beliefs (Macvarish, 2010).

Subsequent researchers may spearhead future significant research that describes the acceptability or taboo nature of teen sexual risk behavior through an African American cultural lens. Furthermore, communities around the country may be able to tailor ideas, findings, and methods from the research findings to their own populations, thus spreading the positive social changes outside of Mississippi's borders.

Summary

In this chapter, I presented a brief description of the issues surrounding adolescent sexual risk behavior in Mississippi. The topic of study was introduced through a summary of the literature, a detailed problem statement, and the presentation of the purpose of the inquiry. In this study, I explored the knowledge, feelings, experiences, and beliefs held by African American adults about teen sexual risk behavior in Mississippi to describe and illustrate their cultural norms and values.

I identified gaps in the reviewed literature while showing the cultural context of African American teens and how culture influences their sexuality decisions. Next, I described the social cognitive theoretical framework that I used to structure the study and

frame its findings, and then discussed key definitions, assumptions, limitations, and the scope of the study. I presented the significance and potential social change ramifications of this study.

In-depth information regarding the conceptual framework for this research is included in Chapter 2. I also describe the method used to identify related literature and determine its relevancy. A review of the current literature and the methods by which previous researchers have approached the key concept is included in the next chapter as well. The chapter concludes with a discussion and confirmation of the gaps in the literature previously identified by other investigators.

Chapter 2: Literature Review

Introduction

African American teens continue to have disparate levels of sexual risk behavior indicators as compared to their White peers despite recent improvement. The disparities, along with a gap in the literature related to cultural environment characteristics of African American adolescents, indicate a need for greater understanding of the cultural and social issues surrounding teen sexual risk behavior. In this study, I explored the knowledge, feelings, experiences, and beliefs of African American adults related to adolescent sexual risk behavior in Mississippi to expand the knowledge base surrounding cultural context and adolescent sexuality.

In this chapter, I review of the existing literature related to adolescent sexuality and African American culture with the goal of detailing the available scholarly knowledge related to cultural influences on adolescent sexual behavior. I will emphasize research conducted in the African American community in Mississippi with a corresponding discussion of the social cognitive theory which I used as the theoretical framework to understand how culture is learned, shared, and perpetuated in the African American community. The chapter concludes with a discussion of the gaps found in the literature on adolescent sexual risk behavior and culture.

Literature Search Strategy

I gathered articles for the literature review from a bevy of sources including academic databases accessed through the Walden Library, books, public health-related websites, and Google Scholar. The academic databases provided the majority of the

peer-reviewed journal articles, with some contributions found via Google Scholar and the CDC website. Accessed library databases included Academic Search Complete, PsychArticles, Medline with full text, Cochrane Database of Systematic Reviews, CINAHL plus full text, and SAGE Health Sciences Collection.

I used subject heading keywords and phrases such as *adolescent*, *Mississippi*, *Southern*, *sex*, *African American*, *culture*, *Black*, *adolescent sexuality*, *social context*, *influence*, and *adolescent behavior* in varying combinations in each database to find pertinent articles. A literature matrix is included here as Table 1 to document the number of articles identified and used from each search phrase - and to demonstrate the breadth and depth of the review.

Each article I used was first reviewed and evaluated for relevance, recent date of authorship, and rigor before being selected for inclusion. I created an annotated bibliography and reference list database to organize, categorize, and summarize each document for ease of use. Journals yielding the most relevant sources were grounded in the social sciences, sexuality and sexual health, and cultural studies.

Given the vast amount of studies available in the areas of adolescent pregnancy, sexuality, and sex education, identifying potential references related to sexual behavior risk factors, the incidence of teen pregnancy, and sexual behavior among African American youth was an easy task. Laborious effort was required, however, to sift through the possibilities to find relevant material for the literature review. I continued the literature search until a high level of redundancy was achieved regarding risk factors, sexual behavior characteristics, and incidence of risky behavior. The literature provided

a foundation of knowledge to understand the topic of risky sexual behavior that I used as

background information for this study.

Table 1

Literature Matrix

Key Terms Searched	Scholarly Journals		Other	
	Identified	Used	Identified	Used
Black+Southern+culture+teen	51	2	11	0
Black culture+sex+south+U.S.	126	0	17	0
Culture+sex+Southern+U.S.	192	2	21	0
Culture+sex+African American	270	3	54	0
Black+culture+sexuality	250	3	29	0
Social context+adolescent behavior	202	6	0	0
Teen+pregnancy+Mississippi	128	0	52	0
Teen pregnancy+Mississippi	157	0	61	1
Black culture+sex	1	0	0	0
Black+adult+sexuality	174	4	12	1
Sexual risk behavior+Mississippi	24	1	0	0
Black+sexual risk behavior+south	82	0	0	0
Black+Mississippi+sexual risk behavior	591	0	173	0
African American +adult+teen sex	17	2	0	0
African American+adult+adolescent sexuality	16	2	0	0
African American+culture+influence+sex	58	4	2	0
Black culture+teen+sexuality	1871	5	345	0
Black culture+adolescent+sexuality	1	2	1	0
Black+culture+adolescent+ sexuality	21	4	2	0
Southern+Black+culture+ sexuality	13	1	0	0
Southern culture+sexuality	5	1	2	0
Southern+culture+sexuality	147	1	11	0
Total Sources	4397	43	793	2

Note. The "Other" category consists of newspapers, professional association white papers

Identifying articles related to adolescent sexuality, culture or social context, and adult and community influence was a greater challenge. Locating sources that pertained specifically to the African American community in the Southern United States was more arduous. In 1990, Timberlake and Carpenter noted the "paucity of information regarding sexuality attitudes and beliefs of black adults" (p. 88), indicating an enduring lack of research on the subject that continues today.

Much of the current literature I reviewed for inclusion related to the social influences of peer and parents on adolescent sexual behavior rather than broader cultural community or social context. To maximize the literature search, I employed backward and forward searching by reviewing the reference lists from sourced articles to locate additional resources that would have otherwise been missed.

A total of 10 articles were found that approached the subject matter from the broader cultural environment point of view. Marston and King (2006) and Anastas (2016), who conducted systematic reviews of the literature related to factors that shaped teen pregnancy and adolescent sexual behavior, respectively, also found a shortage of current information identifying and evaluating the full spectrum of influences on adolescent sexual behavior and behavior change. To address the barrier here, I used older, less current research articles from the 1970s through the 1990s in the review as well.

The Social Cognitive Theoretical Framework

Theoretical frameworks help define interrelationships, give explanations for how various environmental elements influence adolescent behavior, and provides context by

identifying the conditions under which certain behaviors and relationships occur (McKenzie et al., 2009). The use of a theoretical lens that organizes and explains various factors, events, and principles is crucial when delving into the cultural environments of adolescents.

I selected the social cognitive theory as the theoretical model for this research study due to its integration of behavior, learning, and social environment constructs. Developed by Bandura in the 1960s, the social cognitive theory is an offspring of the social learning theory developed by Rotter, Sears and others. Social theorists believed traditional Freudian-based models failed to account for human being thinking beings who are under constant pressure from influences exerted by the social environment.

According to the social cognitive theory, learning and new behaviors are acquired either through direct experience or through the modeling of behaviors by others. Negative and positive reinforcements influence behaviors through the expectancy of (perceived) rewards and punishments, and self-efficacy often determines whether or not an action is attempted. Due to the continual interactions between behavior, the controlling factors, and the environment, the social cognitive model emphasizes a reciprocal influence or reciprocal determinism process; one's behavior helps to create the environment and the environment influences behavior (Bandura, 1971, 1999, 2002; Luszczynska & Schwarzer, 2005; Rotter, 1954).

Repeating the behavior of others, or modeling, is the mechanism by which most behaviors are learned. Similar to how language, social norms, and customs are learned, behavior is picked up naturally through social interaction. Four processes must occur for

modeling to take place: (a) attention, an individual notice's and focuses on the model's behavior; (b) retention, the individual remembers what has been observed; (c) reproduction, if in possession of the required skills, an attempt to emulate the observed behavior is made; and (d) motivation, the incentive or drive needed to carry out the observed behavior. Factors such as who one associates with, the perceived value of the observed behavior, the capability to perform the behavior, and having the requisite skills to perform the behavior all mediate the modeling experience (Bandura, 1971, 1999, 2002; Luszczynska & Schwarzer, 2005).

Whenever a behavior is observed or directly performed, the consequences of the behavior are instructive as well. Called reinforcements, the consequences can provide informative feedback regarding the types of behaviors that will be successful. Reinforcement, therefore, provides motivation for behaviors due to the anticipation of desired results. Although not necessary for learning, reinforcements facilitate and strongly influence the learning process (Bandura, 1971, 1999, 2002; Luszczynska & Schwarzer, 2005).

Learned behaviors are regulated and controlled by three processes: stimulus, reinforcement, and cognitive controls. Stimulus control is the ability to anticipate the consequences associated with different events and actions, and to regulate one's behavior accordingly. Emotional arousal and reactions by people in one's social environment can serve as stimulus cues, providing a gauge for the actor's behavior. People who experience better outcomes when they emulate the behavior of others rather than following their own volition are most susceptible to the influence of stimulus cues.

Additionally, suggestions, demands, and requests from others are strong regulating factors on behavior (Bandura, 1971, 1999, 2002; Luszczynska & Schwarzer, 2005).

As alluded to on the previous page, reinforcement control deals with the influence of behavioral consequences. Reinforcement may be punishing and unrewarding or confer award and positive effects. The more positive the consequences, the more likely a behavior is strengthened, retained, and repeated. Reinforcement control can be external or internal and occurs in three forms: direct, vicarious and self-reinforcement (Bandura, 2002; Luszczynska & Schwarzer, 2005).

Direct reinforcement refers to the social consequences stemming from one's own behavior that influence future actions. Observing the rewards and punishments received by others for a given behavior allows the observer to vicariously form opinions about their own. The reactions of others also determine how they are perceived in the eyes of the observer, either by devaluing the model and the behavior if negative or elevating the model's status if positive. In essence, vicarious reinforcement is a mechanism to judge whether personal behavioral consequences are fair, equitable, or helpful (Bandura, 1971, 1999, 2002; Luszczynska & Schwarzer, 2005).

Self-reinforcement is a self-regulatory system in which a person produces consequences for their own actions. People set standards for themselves, and either are satisfied with or critical of their own behavior. Self-esteem and self-contempt are functions of how well an individual meets their internal and external behavioral standards. When the standards are met or exceeded, self-esteem is high. If not met, one's self-concept suffers due to the continual negative self-evaluation. Deviant behaviors may

occur as an individual attempts to avoid further self-maligning thoughts (Bandura, 1971, 1999, 2002; Luszczynska & Schwarzer, 2005).

Although stimuli and reinforcements are highly influential, it is cognitive control that determines what a person feels, sees, and does at any given time. Imagery, representations, forethought, and expectations greatly regulate human behavior, often employing the information obtained from the other regulatory processes. Most problem solving happens through cognitive control where alternate behaviors are tested, consequences are explored, and the best calculated course of action is taken. Cognitive control is used to determine appropriate behavior when no model is available and is used to refine behavior based upon the received reinforcements (Bandura, 1971, 1999, 2002; Luszczynska & Schwarzer, 2005; Rotter, 1954).

Several years after his initial theory was published, Bandura (2002) added one more element that he believed essential for learning new behaviors—people's judgment about their own capabilities to carry out certain behaviors or self-efficacy. Bandura found that whether or not someone had the skills necessary to complete a task, a stronger predictor of behavior as was their belief in the ability to complete the task (Bandura, 2002). Perceived self-efficacy contributes to a person's self-regulatory process of motivation to perform an action, can enhance or dampen performance, and assists in decision-making (Schwarzer, 2008).

People with low self-efficacy manage situations poorly even though they may know how and what to do, and self- efficacy may be enhanced through skill attainment, observing others performing the behavior, verbal persuasion, and emotional arousal.

High self-efficacy has been correlated with responsible sexual activity, and it influences the ability to avoid situations that increase the risk of pregnancy and STD/HIV (Bandura, 1999, 2002; Kline & Huff, 2008; McKenzie et al., 2009; Saunders, 2005; Schwarzer, 2008).

Many researchers have noted the merits of the social cognitive theory as it pertains to adolescent sexuality and the social environment. The theory has been used to study adolescent male sexuality where it was shown that boys get their initial sexual education from watching and emulating their peers. The finding supported the notion that "boys will be boys", and irresponsible, promiscuous behavior was normal, valued, and expected (Freeman, 1992).

Girls have identified a number of sexual risk-taking drivers that were categorized according to Bandura's model of reciprocal determinism. Internal, external, and media influences were identified, and media was named as an important source of sex education (King-Jones, 2010). In another media-related study, Martino, Collins, Kanouse, Elliott and Berry (2005) used the social cognitive theory to explain how exposure to sexual programming on TV correlates to the initiation of sexual activity.

The social cognitive theory has been paired with the social control theory to study how parental dating practices and attitudes may predict adolescent sexual initiation. Investigators found that parents who had a history of early sexual initiation had children who were more likely to initiate sexual relationships. Parents who believed sex should be postponed until age 18 or older influenced their children to delay sex by providing negative reinforcement (Longmore et al., 2009). Parents were also the focus of a study to

see if mothers who felt more confident talking to their child about sex actually talked to their adolescents about sex more often than other parents did. Researchers found that, indeed, mothers who reported greater self-efficacy communicating with their children about sex did so with higher frequency (DiIorio et al., 2000).

In addition to being useful in explaining human sexual behavior, Bandura (2002) touted the social cognitive model as an important tool for the study of groups and cultures. He believed the moral self and human behavior is learned and regulated in complex social structures and interactions (Bandura, 2002). To support this belief, Bandura noted that the individualistic culture in the United States was manifested differently in each region of the country. He concluded that regional and community cultural environments determine how the larger culture is displayed. Bandura (2002) also recognized that ethnicities had a variety of associated cultures, making comparisons between ethnic groups difficult and generalizations less than ideal.

Using the social cognitive theory as a theoretical model helps explain how cultural meaning systems are shared and learned between social group members and describes how the information gained through cultural sharing and reinforcement guides the behavior, thoughts and attitudes of each group member (Dressler et al., 1998; Sarason & Sarason, 2009). For example, Brewster, Billy and Grady (1993) investigated how community characteristics influenced the timing of sexual initiation and contraception use by adolescents. In addition to establishing the norms of acceptable and unacceptable behavior through reinforcements, the community members served as models. The findings suggested that when the expected social and economic consequences of sexual

activity were unrewarding and punishing, adolescent girls tried to avoid pregnancy (Brewster, et al., 1993).

Investigators have also used the social cognitive theory to justify their approach when analyzing how pre-teen youths' perceptions of sexual socialization correlated with the cognitive susceptibility to initiate sexual activity. Media and peers were found to be particularly influential on preteen sexuality (L'Engle and Jackson, 2008).

In summary, children and adolescents gain cultural knowledge as they move throughout their communities and exchange information with others. According to the social cognitive theoretical model, cultural norms and values contribute to the meaning systems used by adolescents when making life decisions, including the determination to engage in sexual activities. As such, my research study focused on one aspect of the cultural environment of adolescents by identifying and describing the cultural attitudes, values and beliefs held by adults in the African American community. By addressing the research questions, I identified cultural factors involved with adolescent decision making, providing a foundation for future research related to cultural norms and adolescent sexuality-related beliefs and behavior.

Literature Review

Cultural norms contribute to lifestyles and behaviors that may be considered risky or associated with disease. Culture also determines how information is obtained and filtered, thereby helping to shape one's beliefs systems, identity, values, and life experiences (Thomas, 2004). Furthermore, according to Thomas (2004), public health

must incorporate cultural, social and environmental factors into its efforts to effectively eliminate racial and ethnic disparities.

Rationale for the Selection of the Key Concept

The persistence of adolescent sexual risk behavior and its consequences in Mississippi indicates a missing component in the prevention toolbox related to adolescent sexual risk behavior. Although the numbers are improving, African American teens consistently lag behind their White counterparts in improving their sexual health metrics. My exploration of those issues by looking at the cultural forces at work in the African American community provides further understanding of how and why this occurs in the African American community and how the community views such behavior.

The interplay between individual characteristics, poverty, and the social environment appear to create a perfect storm in Mississippi with regard to adolescents and risky sexual behavior. As one researcher in Mississippi pointed out, there appears to be a cultural denial of the existence and harmful effects of adolescent sexual risk behavior and pregnancy in the one state that cannot afford to look the other way (Klemas et al., 2009). That sentiment provides a concise rationale for the undertaking of this culturally-based research study, as well as offers a challenge to see if the belief has merit.

 Origin and History of Culture and Sexuality Research

The study of sexuality and cultural influence began several decades ago. In 1959, Harold T. Christensen conducted a seminal study on the notion of cultural relativism and premarital sex norms. Based on the premise that moral issues were interpreted differently by unique cultural groups, Christensen tested the hypothesis that permissive cultures had

more unwed pregnancies, and less stigma and negative social consequences. The hypothesis was proven true utilizing samples from Utah, Indiana and Denmark. The consequences of unwed pregnancy varied between cultures as expected, with the stiffest social penalties occurring in the most conservative cultural environment. The author concluded that the significance of any type of sexual activity depended greatly upon what both the person and their social network chose to make of it (Christensen, 1959).

More recently, research on how social and economic community characteristics influence adolescent sexual behavior has been conducted. Factors such as the level of social disintegration, the racial and ethnic composition of a community, and socioeconomic status have been correlated to the incidence of adolescent sex. Social and cultural environments have been shown to define individual behavioral choices and their resulting consequences, thus influencing the values, attitudes and perceptions that guide individual sexual behavior (Brewster, Billy and Grady, 1993).

Fifteen years later, work by Ackerson and Viswanath (2009) supported the previous research. In their research on social context, interpersonal communication and health, social networks were shown to provide emotional support, information and tangible needs, although not necessarily for the better. Again, social context and culture were identified as having strong influence on health-related beliefs and behaviors (Ackerson &Viswanath, 2009).

Cultural Influences on Teen Sexuality

Over several years, researchers have identified and explored a wide range of mainstream-based environmental and cultural influences on teen sexual behavior in the

United States including media and social media, religion, and location of residence (Bowleg et al., 2011; Bryson, 1998; Christensen & Johnson, 1978; Coy, 2009; Ellison, 2001; Froyum, 2010; Harris, 2008; Jarama et al., 2007; Khan, 2008; Landor, Simons, Simons, Brody, and Gibbons, 2011; Lichtenstein et al., 2005; Mathis, 2007; Neal, 2011; Rom, 2011; Ross & Coleman, 2011; Rozie-Battle, 2002; Stephens & Few, 2007; Stephens & Phillips, 2003; Stokes, 2007; Thompson-Robinson et al., 2007; Weiss, 2007; Williams, 2006; Woodsong et al., 2004). A common denominator among the literature is the acknowledgement of an influential immediate social and cultural environment even when that factor was not the focus of the research.

The cultural group an adolescent identifies with establishes the immediate social context by which her/his behavior is measured and judged (Raneri & Wiemann, 2007). My research questions and key concept of investigation focused on the immediate cultural environment by targeting adults rather than adolescents. As a result, rich descriptions of the cultural manifestations of the adults in the study community have been gleaned.

African American Cultural Beliefs

Although previous research has been conducted on a variety of influential factors on teen sexuality, many of the studies I found focused on mainstream cultural issues rather than intracultural influences. In addition, my search indicated that investigations of African American adolescent sexuality in specific cultural environments have been undertaken primarily from the adolescent point of view. Using various approaches, investigators have employed qualitative research methods including ethnography,

grounded theory approach, and phenomenology when conducting those cultural explorations (Annang et al., 2014; Black et al., 1997; Collins & Champion, 2011; Day, 1992; Froyum, 2010; Kerrigan et al., 2007; Moore & Chase-Lansdale, 2001; Secor-Turner et al., 2011).

Investigators have analyzed how African American adolescents perceive sexuality as it relates to culturally-based gender roles. Findings indicated that girls wanted to be strong, independent, African American women who could face adversity and stand by their men (Kerrigan et al., 2007). Boys communicated the need to have multiple partners to prove their manhood and maintain their self-worth and identity (Collins & Champion, 2011).

Through ethnographic research, African American adolescent girls have described how they think the African American community perceives them, what was expected from them as African American women, and the messages they received about initiating sexual activity. Girls believed the African American community expected them to be poor, promiscuous, single mothers, and uneducated. Upon reaching adulthood, however, they would be expected to be independent and responsible for knowing the consequences of risky sexual behavior. The girls believed men were undependable, did not participate in parenting children, and did not take responsibility for their sexual activity. The individual life experiences of African American girls were the determining factor in how the daily social context and contradictory cultural messages about sexuality were perceived and influential on sexual decision making (Secor-Turner et al., 2011).

Annang, Lian, Fletcher and Jackson (2014) conducted a recent study of the perceptions held by adolescent African American boys and girls related to the attitudes of their parents about sex and how those perceptions influence the sexual behavior of teens. Young men expressed the belief that their parents would not care if they engaged in sexual behavior or get a young woman pregnant. Many young people believed their parents would be happy if they got, or got someone else, pregnant. The researchers concluded that young people's perceptions of how their parents feel about their sexuality influenced their engagement in sexual risk behaviors. In addition, interventions to reduce such behaviors in African American communities need to target the community at large due to the word of mouth manner through which information is shared among community members (Annang et al., 2014).

The perceptions that young African American men and women have regarding how adults in their immediate social network and environment feel about them influence the attitudes and sexual risk behaviors of teens. The expectations that adults have about gender roles, parenthood, and adulthood as perceived by teens, serve to encourage or dissuade teens from sexual experimentation. At the least, the beliefs provide a cultural backdrop that assists teens with making sexuality-related decisions and provides a means to measure their successful fulfillment of their expected gender roles.

Copious amounts of knowledge have come from targeting the population that rests in the center of the adolescent behavior issue. However, data limited to only the adolescent point of view creates gaps in the knowledge related to influential environmental and social determinants. For example, youth have been asked about their

beliefs related to the gender and sexual cultural lessons and expectations established for them by the African American community (Secor-Turner, et al., 2011). However, that perspective does not afford the opportunity to discover what lessons and expectations African American adults want to or believe they are conveying.

The exploration of the youth perspective also does not address how the community actually feels about or perceives adolescent sexuality. In essence, previous research does not distinguish adolescent perception from community values and cultural beliefs. Looking at the issue from the social environment point of view, however, provides more clarity regarding the cultural messages African American people actually do or want to send to their young population.

Social Context and Adolescent Sexuality

Various social and community factors have been tested to determine which were most influential on African American youth sexual behavior. Living in a rural community among many other African American teens has been correlated with higher rates of sexual intercourse among African American girls and boys (Day, 1992). Peers and the quality of a young person's relationship with their parents were identified as key influential factors in girls' initiation of sex. Social expectations and peer pressure were also shown to influence sexual decision making, and early sexual activity was perceived as acceptable and normal behavior by African American girls (Day, 1992).

The attitudes and behavior of adults in the environment has been deemed influential on sexual activity and attitudes of African American youth, and it has been suggested that collective social forces influence adolescent sexual decision-making

(Black et al., 1997; Moore & Chase-Lansdale, 2001; Stanton et al., 1993; Timberlake & Carpenter, 1990).

An early study was conducted in 1990 that explored the attitudes of African American adults related to adolescent sexuality (Timberlake & Carpenter, 1990). Highlighting the "paucity of information regarding sexuality attitudes and beliefs of Black adults" (p. 88), the authors conducted the study in partnership with 50 African American churches. It was found that African American adults believe in early education and open communication with young people about sex. A majority did not support premarital sex among teens but believed contraception should be readily available to teens who choose to engage in sexual behavior. Masturbation was considered acceptable, and pornography was considered taboo. The authors concluded that an awareness of the cultural, ethnic and preexisting attitudes that adults have towards sexuality is needed to effectively educate African American children (Timberlake & Carpenter, 1990).

Twenty-six years later, Shambley-Ebron, Dole and Karikari (2016) conducted a study from the point of view of mothers regarding how cultural values and beliefs are transmitted to their daughters. African American women held high expectations for their daughters and shared the cultural value that women must be strong to endure the negative life experiences they will face. This strength applied to sexuality as women believed it prepared the girls to deal with the realities of life rather than be sheltered from them. The realities identified included sexually transmitted diseases, early pregnancy, HIV/AIDS, and heart break - consequences of early sexual activity that stems from low self-esteem and a stance of weakness. The indigenous wisdom shared by African American women

was seen as highly influential in the development of strong, self-confident girls who make healthy sexual choices (Shambley-Ebron et al., 2016).

The last finding was supported by the work of Froyum (2010) who found that when administering abstinence-only programs, the cultural background of the instructor influenced the messages provided to African American girls. As opposed to White teachers, African American teachers approached sexuality more open-mindedly and from a risk-reduction perspective. They assumed sexual activity was normative behavior, the girls were already sexually active, and that sexual desire was normal during adolescence. Those beliefs affected the style and content of the instruction provided by African American teachers and shaped the influence they exerted on the girls' sexual behavior.

The aforementioned research was conducted utilizing well-documented qualitative methods, however the study of adolescent sexuality and culture through the eyes of adults is an uncommon occurrence, and locale-specific when it does take place. As such, existing research findings are not easily replicated or transferable to other communities. Therefore, designing effective, culturally-appropriate studies and interventions that involve adults and are based on prior research in the same community is challenging.

For example, Horner, Kolasa, Irons, and Wilson (1994) published a study that looked specifically at the cultural attitudes of adults towards adolescent sexuality. Focused on a rural population in North Carolina, the researchers analyzed secondary data to determine the attitudes of African American and White adults towards teen sexuality. They concluded that African Americans were more sexually conservative as only 20% of

them believed premarital sex was acceptable as opposed to over 40% of Whites. Due to the specificity of the locale, the use of secondary data, and the age of the study, its relevance to my research is limited.

Mediating social factors such as cultural norms and expectations have not been fully addressed, especially for African American youth, due to the primary targeting of youth in sexuality-related research (Harris, 2013; Jarama et al., 2007; Kerrigan et al., 2007; Lichtenstein et al., 2005; Secor-Turner et al., 2011; Thompson-Robinson, 2007). My research study addressed the gap in knowledge by exploring the cultural environment of African American adolescents from the adult perspective to discover more about the factors influencing youth sexuality in Mississippi.

Future Research Needs/ Gaps in the Literature

I found limitations in the depth and breadth of existing research related to the immediate cultural environment and how it may influence adolescent sexuality risk behavior. This was particularly true for the African American populations in the South, including Mississippi. According to Neal (2011), the Southern U.S. is an under-examined territory with regard to sexuality, gender, and race.

As I and other investigators uncovered, there is a gap in the literature and limited understanding of the cultural messages African American teens receive about sexuality and how those messages are conveyed (Secor-Turner, 2011). Investigators concur that more research needs to be conducted on the cultural meanings of certain social activities such as sexual behavior, and they have called for more studies regarding if and why African American's perceive adolescent sexuality as "problematic behavior" or

acceptable (Annang et al., 2014; Bowleg et al., 2011; Jarama et al., 2007; Kerrigan et al., 2007; Lichtenstein et al., 2005; Shambley-Ebron et al., 2016; Thompson-Robinson, 2007; Timberlake & Carpenter, 2001).

From birth, sexuality-related cultural messages related to gender and sex roles, sexual feelings and values, and interpersonal relationship characteristics are received and internalized. As children watch, imitate and interact with others in their communities, their sexual behaviors and attitudes are shaped (Anastas, 2016; Bandura, 2002; Chilman, 1990). In this study, I identified specific cultural beliefs, values, and attitudes held and communicated by African American adults in Mississippi related to adolescent sexual risk behavior. The increased knowledge of that region's culture enhances understanding of the cultural context and networks influencing adolescent sexual behavior, thereby addressing the identified gap in the literature.

Summary and Conclusions

Adolescent sexual risk behavior is a multifaceted problem that must be addressed from a multitude of approaches, including culture. When conducting research on sociocultural factors, the social cognitive theory is particularly useful in explaining cultural sharing and learning among specific populations. Grounded in the social cognitive perspective, this research study on culture was conducted in the Southeastern Bible-belt region of the U.S. where there is an elevated level of religiosity, a large rural population, high poverty rates, and a considerable African American community.

African American adolescents in Mississippi have disproportionately high rates of pregnancy, STD/HIV, and reports of sexual risk behavior as compared to White teens,

and more needs to be discovered about how their immediate cultural environments influence their behavior. The reviewed literature indicated that understanding the specific cultural messages being shared among the African American community in Mississippi is essential towards understanding and addressing adolescent sexual behavior.

This study may help fill a gap in the literature by exploring and describing African American cultural beliefs, values, and knowledge about adolescent sexuality and behavior in the central region of Mississippi. In doing so, the research findings may instigate future studies that detail and test the scope and influence of African American cultural attitudes and beliefs in the same region. The potential for social change includes enhanced cultural awareness, teachings and paradigms that may be developed in and for the African American community to foster healthy adolescent sexuality and youth development.

Due to the small bank of literature found on African American culture and adolescent sexuality, and the lack of research conducted on the targeted population in Mississippi, this proposed study was exploratory in nature and used a qualitative research design. Specific details of the chosen research design and approach as well as reveals of personal investigator bias and ethical considerations are addressed in Chapter 3. Explicit methodological descriptions including sampling strategies, instrumentation and the data collection, ethical procedures and the data analysis processes are also contained there. Lastly, Chapter 3 includes a detailed discussion of the trustworthiness of ethnographic research, and the steps that were taken to ensure the credibility, transferability, confirmability, and dependability of the study.

Chapter 3: Research Method

Introduction

Through this research study, a gap in the literature regarding the cultural context in which African American teens make sexual behavior decisions was addressed. The purpose of the study was to explore the knowledge, feelings, experiences, and beliefs of African American adults related to adolescent sexual risk behavior in Mississippi in an effort to more fully describe the cultural environment of African American teens. I used a qualitative ethnographic design to carry out the study.

Section Preview

In this chapter, I outline the specific steps I took to conduct the research. The chapter begins with a discussion of my rationale for the choosing the research design and then moves to a discussion of my role as observer-participant researcher of African American culture. There I discuss disclosure and management of researcher-based experiences, biases and ethical issues.

I then describe the research methodology, replete with participant selection, data collection tools and plans, and sampling strategies. Issues related to the trustworthiness of the research and data are explored here, and the steps that I took to ensure research integrity comprise the remainder of the chapter. The chapter concludes with a brief summary and an introduction to Chapter 4.

Research Design and Rationale

Guiding the investigation were the following research questions aimed at obtaining cultural knowledge, beliefs and attitude data from the African American participants:

RQ1—What knowledge do African American adults in the Jackson, Mississippi metropolitan area have regarding teen sexual risk behavior and pregnancy in their community?

RQ2—What are the perceptions, feelings, experiences, and beliefs, if any, of African American adults related to teen sexual risk behavior and pregnancy in the Jackson, Mississippi metropolitan area?

RQ3—According to African American adults, how does adolescent sexual risk behavior and/or pregnancy affect the African American community in the Jackson, Mississippi metropolitan area?

Answering the questions allowed me to describe the central concept under investigation—African American cultural norms, values and perceptions related to adolescent sexuality in Mississippi. In doing so, the questions facilitated a more complete understanding of the cultural milieu in which teens live and make sexual decisions.

I used a qualitative research method for this investigation. According to Creswell (2007), qualitative research is used to study "research problems inquiring into the meaning individuals or groups ascribe to a social or human problem"(p. 37). Moreover, qualitative research designs facilitate cultural exploration and descriptions of cultural

meaning, and they allow for data collection activities in a natural setting. Providing the opportunity for participants to share information in comfortable, familiar surroundings is conducive to obtaining meaningful, rich information, particularly when discussing sensitive topics such as adolescent sexuality (Creswell, 2007, 2009).

Qualitative research is particularly useful when little is known about a subject or when a detailed understanding of an issue is needed (Creswell, 2007). The exploratory spirit of qualitative research fit well with this research study, and previous studies related to adolescent sexuality and social environments have also involved qualitative research designs to explore social influences on teen sexual behavior. Investigators have cited a lack of knowledge and previous investigation in the area of cultural and social influences on adolescent sexual risk behavior and pregnancy as justification for undertaking qualitative approaches (Kerrigan et al., 2007; King-Jones, 2010; Secor-Turner et al., 2011; Sullivan, 1993; Thomson-Robinson et al., 2007).

The use of qualitative methods, although appropriate of my research, does carry some inherent weaknesses. Cause and effect, and the strength of data correlations cannot be determined. Conclusions are grounded in the interpretations of the researcher and are open to misunderstandings and misinterpretation. New questions more often result than new answers. Ethical risks may be higher due to the intrusiveness into habitats and the personal affairs of the participants, and the contributions to science tend to come slowly (Crosby, DiClemente & Salazar, 2006).

Given the gaps in the literature related to the social context of African American adolescent sexuality in the study location, the problem statement, purpose, and study

questions are purposefully exploratory in nature. A proscriptive quantitative approach would not provide the detail needed to illustrate and better understand the cultural meanings since the topic has been minimally studied with this specific population. Participant experiences would be limited to closed-ended questions or statistical data, with no narrative, meaning and detail included. The flexibility and creativity that accompanies qualitative research has granted me the potential to provide baseline data upon which larger qualitative and quantitative research may be based (Creswell, 2009; Laureate Education, 2009).

I selected an ethnographic design for this study. Grounded in anthropology, ethnography is concerned with studying the behavioral patterns and beliefs of a group of people whose sustained interactions have evolved into a culture (Patton, 2002). The primary objective of ethnography is to "understand the sociocultural contexts, processes, and meanings of a cultural system from the perspective of the group being studied" (Whitehead, 2004, p. 16). This "emic" approach when combined with the research paradigms of the "etic" approach produces a holistic descriptive interpretation of the participant's world view.

One of ethnography's guiding principles is the acknowledgment that people of all ages, genders, income levels and parental statuses make up one's cultural environment; thus it encourages the use of a broad ranging participant pool. I utilized a correspondingly wide demographic range of participants in this study to more fully describe intra-cultural homogeneity and variability across genders, age ranges, and income levels. Furthermore, the subjectivity of ethnography was desired because the

stories shared with me were windows through which the world is interpreted and understood by the participants (see Cook & Crang, 1995).

Ethnography typically requires large investments of time and money. Studies can last years with the researcher engaged in the study community throughout the process. The amount and diversity of the data can get unmanageable and analysis difficult. The problems with scale may then make the study too complex to be useful. There may also be problems with gaining access to the cultural group for the entire study period. Replication and transferability of findings may not be possible and are both further discussed later in this chapter (see Reeves et al., 2013).

Prior to the selection of the ethnographic design, I considered a phenomenological design but found it to be insufficient. Although phenomenology would have allowed the adults' experiences with adolescent sexuality to be captured, the data would have provided accounts specific to individual experiences rather than identifying and describing cultural group characteristics and values. Furthermore, a review of previous research showed the frequent use ethnography to explore similar social-group-related research questions (Secor-Turner et al., 2011; Sullivan, 1993; Thompson-Robinson, 2007). As such, the hallmark, qualitative, open-ended, exploratory nature of ethnography proved to be more useful in this study than the predetermined hypothesis approach common to quantitative research strategies or the individualistic focus of phenomenology (Creswell, 2007, 2009; Patton, 2002; Whitehead, 2004).

An ethnographer learns new cultural systems just as a child who grows up in that system would—through observation, direct interaction with group members, participation

in the goings-on of the community, and making subjective interpretations of that data to form beliefs, attitudes and behavioral determinations (Whitehead, 2005). Carrying out such activities allowed me to be immersed in the diversity of African American culture and end up with descriptions that accurately reflect the meaning of adolescent sexuality and its consequences in the African American community in Mississippi.

Role of the Researcher

Although social, cultural, interpersonal differences and mistrust may limit an investigator's depth of involvement in the lives of the research participants, the subjective nature of qualitative inquiry requires the researcher to be intimately engaged. Qualitative research requires investigators to have personal contact with the participants to collect data, rely upon their own understanding of the data to make conclusions, and bring along their own biases into the research.

Since qualitative research relies upon an investigator's interpretation of data, the acknowledgement of personal beliefs and experiences are important in determining how data will be collected, categorized, and reported (Creswell, 2007, 2009). It is incumbent upon researchers to proclaim and encapsulate their point of view, assumptions, and beliefs before a study begins so a position of neutrality may be taken, to the greatest extent possible. From this neutral stance, the research data emerges and speaks for itself. In addition, such self-reflection or reflexivity is an important component in establishing the trustworthiness of a qualitative research study (Creswell, 2007, Patton, 2002).

In an exercise of reflexivity, I conducted this study as a participant-observer. I have observed people and events in the community and have recorded noteworthy

observations as they pertain to sexuality-related beliefs, attitudes, and behaviors among African American community members. Additionally, I conducted in-depth interviews with cultural group members to collect primary data for the study (see Creswell, 2007).

Furthermore, I am a former member of the targeted study population. An African American parent of a 26-year old daughter, I have been immersed in African American culture all of my life and lived in Jackson, Mississippi for a total of 17 years. Many conversations and observations related to sexuality-related attitudes and behaviors among teens occurred throughout those years, sparking the inspiration to conduct this research study.

My experience as a participant in the target community has provided a grand tour of observational data. Informal observations have included noting the high numbers of teens having children in the community, watching how adults in the African American community handle teen pregnancy, and conducting drive-by tours of various neighborhoods in the city. The driving tours underscored income disparities and community development inequities among African American neighborhoods throughout the city.

I have a stake in this study because it highlights significant issues that must be confronted by adults seeking to improve the lives of African American children in Mississippi – a place where my family and friends still reside. My kinship with and access to the target community is of benefit to this study, but it may also limit objectivity. My first step in managing bias was taken by declaring such at the outset of the study. The continual review of my personal perspectives, the close adherence to the planned

study methodology, and the practice of self-management have enhanced neutrality for the duration of the project (Creswell, 2007; Patton, 2002).

As experiences, thoughts and beliefs arose that may have impacted the conduct of this study, I recorded and fleshed them out in the field journal. Taking advantage of the benefits of journaling to clarify my thoughts, rid of biases and determine next steps were important steps towards minimizing researcher bias. The record will also allow me to reflect on my personal growth and experiences while conducting the research (Janesick, 2011).

Except for the first three participants who I selected by convenience sampling, no relationship existed between study participants and me prior to the participant being contacted for the study. The initial three participants were selected from a pool of people I knew and who were not associated with my workplace or schooling. Regardless of the sampling method used, however, perceived power differentials between the study participants could have presented ethical challenges such as perceived coercion to participate or risks to privacy.

To minimize the potential ethical dilemmas, I invited participants to participate collaboratively in the data collection process by (1) having the ability to provide information outside of the study protocol if related to adolescent sexuality, (2) clarifying the meaning of their statements during the interview, and (3) completing the informed consent process. I also stressed the voluntary nature of the study to minimize the perception of coercion and no participant incentives were used (Blumenthal & DiClemente, 2004; Creswell, 2009).

I wanted to ensure a reciprocating relationship where both the participants and I benefited from the researched. To maximize the benefits of participation, I offered a fact sheet of the study's highlights and findings after conclusion. Additional information regarding the strategies used to address ethical challenges inherent to this research may be found in the ethical procedures section of this chapter.

Methodology

Participant Selection Logic

Study setting. I conducted this study in the Jackson, Mississippi metropolitan area. Located in the west central region of Mississippi approximately 45 miles from the Louisiana border, the target location is comprised of Hinds, Rankin and Madison Counties. Approximately 492,000 people live in the 2360 square mile metropolitan statistical area that includes the Capital city, surrounding suburbs and small rural communities. Population averages reveal an area in which 25.6% are individuals under age 18 and 11.6% are over age 65, and each county has a unique racial and economic profile. Hinds County is 69% African American and 24.2% of the population lives below the federal poverty level. Madison County is 38.6% African American, with 13.6% of its population living in poverty, and Rankin County is 19.6% African American with an 11.4% poverty rate (U.S Census Bureau, 2014a, 2014b, 2014c).

In the middle of the three counties sits the Capital city of Jackson. 175,437 people live in the 111 square miles of land on which Jackson sits. Twenty-seven percent of the population is under age 18, 10% is over age 65, and 82.8% of its citizens have graduated from high school. Nevertheless, 28.3% of the population lives below the

federal poverty level. Whereas African American's comprise 37.4% of the state's

population, the group makes up 79.4% of Jackson's population (U.S. Census Bureau,

2014d). Jackson and its surrounding communities provided a fertile ground of

participants from all age ranges and income levels for my study.

       Study population. African American adults between the ages of 18 and 64 who

reside in the Jackson, Mississippi Metropolitan Statistical Area were the target population

for my research. Both African American men and women participated in the research,

and individuals of other ethnicities were excluded due to the study's focus on the African

American population. I also excluded individuals younger than 18 since the study

focused on the adult perspective.

       Adults ages 65 and older were excluded from participation due to the sensitive

nature of the study questions and generational differences regarding being comfortable

with freely discussing sexual issues. The lasting legacy of the Tuskeegee study continues

to be a barrier to elderly African American research recruitment, and the additional

ethical concerns and recruitment strategy differences for elderly subjects were prohibitive

due to the short study timetable (Freimuth, Quinn, Thomas, Cole, Zook, Duncan, 2001;

Levkoff & Sanchez, 2003).

       Sampling strategy. Unlike the strategies used in quantitative research, the

sampling methods used in qualitative research are not based upon statistical methods and

randomization. Selection biases such as omission bias, inclusion bias and referral bias

are desired in qualitative research because they allow for to the purposeful selection of

information-rich cases. The pinpointing of participants is the impetus behind purposeful

sampling which was the overall strategy for selecting participants for this study

(Creswell, 2007; Patton, 2002). Purposeful sampling was necessary towards achieving

greater understanding central concept under investigation by allowing me to expressly

chose the most informative participants.

My purposeful sample of participants was chosen through a combination of

criterion, convenience and snowball sampling methods (Creswell, 2007).

Criterion sampling. I used a criterion-based sampling method to narrow the

participant pool to assure the study questions were fully addressed with information rich

responses. Participants had to meet the following criteria:

- Be between the ages of 18 and 64,

- Have lived in the Jackson, Mississippi Metropolitan Statistical Area for at

    least 10 consecutive years prior to study entry,

- Be a male or female of African American descent,

- Identify themselves as a member of the African American community, and

- Be willing to discuss their knowledge, views and cultural perspectives on

    African American adolescent sexuality openly and honestly.

The age range criteria were based on the population age categories used by the

U.S Census Bureau in its data reports (U.S. Census Bureau, 2011, 2013). The individuals

I contacted for study participation were screened to ensure they met all the study criteria

before being selected to participate. A copy of the screening tool can be found in

Appendix A.

To ensure a diversity of viewpoints, I established the enrollment benchmarks that half of the study participants would be female, and participants would represent the full spectrum of ages in the age range criteria. Enrolling a diverse and balanced sample has resulted in a more meaningful outcome that holistically represents the African American community/

Convenience sampling. I used the inclusion criteria to select the first three participants via a convenience sample. Convenience sampling allowed easy and quick access to participants with whom I am familiar. The strategy also provided me with initial entry into the target population from a distant location so data collection could take place efficiently. The individuals whom I invited to participate in this stage of the study were steeped in the African American community in Jackson, able to share their viewpoints on adolescent sexuality without reservation and had the capability of providing potential participant recommendations.

Although convenience sampling carries the benefits of immediate participant access, and saving time and money, it is a weak method that often yields limited information and credibility to a study. The views expressed by the selected participants may be over or under representative of the study population. The participant's responses may also bias the research findings towards my point of view if they all hailed from similar backgrounds or have analogous beliefs (Creswell, 2007; Patton, 2002).

Snowball sampling. Given the pitfalls of convenience sampling, I identified the remaining participants through snowball sampling. Using snowball sampling came with the risk of weakening study credibility due to potential participant bias but it is an

effective sampling method when investigating natural social networks, social dynamics, and social knowledge (see Noy, 2008). As such, my study was enriched by the dynamic, unique knowledge gained through the utilization of snowball sampling.

I asked the initial participants for referrals to other adults who may be willing to participate in the study, fit the enrollment criteria, and have important information to share. As I contacted and/or enrolled new potential participants, they were asked for their participant recommendations as well. The accumulation of referrals provided me with a pool of potential participants to choose from that reached far beyond the individuals I personally know. The snowball sampling method minimized the weaknesses of the convenience sampling method while it maximized the size and diversity of the participant pool (see Cook & Crang, 1995; Creswell, 2007; Patton, 2002). The method also facilitated having efficient access to a large participant pool given I no longer reside in Mississippi full-time.

Sample size and saturation. In qualitative research, the size of the sample is more open to interpretation than in quantitative research. Adequate sample size depends on the topic of exploration, the size needed to achieve credibility, the nature of the interview questions and probes, and the capacity of and resources available to the investigator (Creswell, 2007; Patton, 2002). Patton (2002) asserts that the observation and data analysis skills of an investigator are more critical to the outcome of a qualitative study than the size of the sample. Accordingly, qualitative study size varies from one participant to more than 350 (Creswell, 2007; Patton, 2002).

Nevertheless, it is a recommended that qualitative researchers use a minimum expected sample size for planning purposes. The average sample size rule of thumb for ethnographic studies is 25 participants (Creswell, 2007; Patton, 2002; Walden University, 2006). The actual number chosen is related to the homogeneity of the participants; the more alike they are, the fewer participants are needed (Walden University, 2006). I assumed the study participants would be more culturally similar than different and thus planned sample size close to the indicated average (Corcoran, Franklin & Bennett, 2000; Dressler et al., 1998). Accordingly, I projected a sample size for this research study of 20 participants.

Projected sample sizes may grow or shrink as studied unfold and data needs become more apparent. Essential to knowing when an adequate amount of data has been gathered is the emergence of saturation or redundancy. At the saturation point, the data gathered represent the heterogeneity of the target population (Creswell, 2007; O'Reilly & Parker, 2012; Patton, 2002; Walden University, 2006,). According to previous ethnographic research, 90% of data analysis codes are created after conducting 12 interviews which supports my anticipated sample size (Brod, Tesler & Christensen, 2009).

Saturation occurred in this study when the data provided by participants was duplicative and of no new value. At the saturation point, the information I gathered formed consistent patterns, and additional informants would not have yielded particularly useful data (see Creswell, 2007; Patton, 2002; Walden University, 2006). After conducting three consecutive interviews in which 75% or more of the participant

responses were duplicative in nature, I determined that I had met the point of saturation (see Brod, Tesler, & Christensen, 2008). I reached the saturation point and established the final sample size after 16 interviews.

Sample recruitment. As previously discussed, I selected the first three participants via a convenience sample frame that I labeled sampling frame #1. This sampling frame was comprised of names and contact information of potential participants that existed in my social network, including male and female extended family members, friends, and individuals known from interactions in the community.

Each member of sampling frame #1 met the desired criterion, was immersed in the African American community in the Jackson area, able to share their viewpoints on adolescent sexuality freely, and had the probable capability of providing multiple participant referrals. To minimize any conflict of interest, the sampling frame excluded individuals who have worked or attended classes with me. I listed the individuals in sampling frame #1 alphabetically by last name and categorized them according to gender to ensure both sexes were adequately represented.

I selected each of the three initial participants by starting at the top of each gender list from sampling frame #1 and contacting the individual by phone and/or email to gauge their interest in the study. The invitation language that was shared at that time can be found in Appendix B. If the individual expressed interest in participating, I completed a screening tool to ensure the invitee met the eligibility criteria.

If the invitee met the study criteria and agreed to participate, they moved on to the participation phase that is covered later in this chapter. In addition, I asked the

participant to provide participant referrals after completing the consenting and data

collection process. If the invitee was disqualified or did not want to participate, I still

asked for names and contact information of other potential participants. I then moved on

to invite the next person on the sampling frame. This process continued until the first

three participants were selected and interviewed.

I selected the remaining participants using sampling frame #2 comprised of the

snowballed referrals obtained during the search for and from the first three participants. I

did not know the individuals on this sampling frame as they were outside of my social

network. Similar to sampling frame #1, members of sampling frame #2 were listed in

alphabetical order by last name and categorized according to gender. Depending on the

type of contact information (email or phone) provided, I contacted referees by starting at

the top of each gender list and moving downward.

During the initial contact, I used the invitation language in Appendix B to provide

the purpose of the study and an overview of what participation entailed and the screening

tool was completed to ensure the invitee met the study criteria. If they met the criteria

and agreed to participate, the invitee moved on to the participation phase and was asked

for additional participant referrals after completing the consenting and data collection

process. If I disqualified the individual or they did not want to participate, names and

contact information of other potential participants were requested. I then invited the next

person on the sampling frame as the process unfolded. All new referrals were added to

sampling frame #2 according to last name and gender.

If the end of the sampling frame had been reached before saturation was achieved, my contingency plan was to start over at the top of the list by reaching out to individuals more recently added and not yet contacted. The invitation process would have continued in this manner until all the needed participants were selected, had undergone the consenting process, and were interviewed. The contingency plan was not implemented, however, because saturation was reached without it.

Instrumentation

Data collection instruments. A screening tool, an interview protocol, and audio-recordings were utilized in this study. Copies of both written documents may be found in Appendices A and C, respectfully. I completed the participant screening tool during the participant screening process. I developed the form to determine participant eligibility, capture participant demographic information, and record participant contact information in the event a follow-up report is requested. By obtaining all the data at screening, I eliminated the need to ask the participant redundant questions during the consenting and interview processes.

The screening tool is the only record that links participant identification to the randomly selected participant codes used to declassify the interview data to protect confidentiality (see Crosby, DiClemente & Salazar, 2006; Creswell, 2007; Patton, 2002). The participant codes were randomly selected numbers between one and 100 chosen using the random number generator in Microsoft Excel. The code was recorded on the screening tool and the participant-specific interview protocol.

Data were collected through the administration of in-depth semi-structured individual interviews using an interview protocol that I produced. I based the development of the instrument on ethnographic interview guides and protocols found in current literature and textbooks. In particular, the interview protocol developed by Secor-Turner, Sieving and Garwick (2011) for a study on social messages and sexual health was most helpful in question development and framing. Although the research targeted adolescent respondents, it was an ethnographic study related to how social context influenced teen sexual health, and the most similar study mine found in the literature.

Other resources provided me with practical information and instrument models for question development, probes, question sequencing, and validity establishment (Cook & Crang, 1995; Frankfort-Nachmias & Nachmias, 2008; McKenzie, Neiger & Thackeray, 2009; Patton, 2002; Whitehead, 2005). Question clarity was addressed by wording each question with the target population in mind. I incorporated language, meanings, and terminology understandable to and used by the African American community into the protocol to reflect the participant's worldview and improve data quality (see Patton, 2002).

I embedded probes chosen specifically for each interview question into the interview protocol to encourage the participants to share additional information in follow-up to their initial responses (see DeLeon & Cohen, 2005). To help ensure the accuracy of the data gathered by the protocol, I audio-recorded each interview and had them transcribed to provide text data for analysis.

Instrument sufficiency. The interview protocol was the principal data collection tool I used for this study. The first two questions were broad, grand tour questions designed to get participants comfortable with the process and focused on their thoughts and beliefs. The responses to those two questions were not used during data analysis. The remaining questions on the protocol were related to the three research questions and were grounded in previous research. Themes I found in previous qualitative research on adolescent sexuality were used to both develop the interview questions and to establish the validity and sufficiency of the questions.

Research Question 1, "What knowledge do African American adults in the Jackson, Mississippi metropolitan area have regarding teen sexual risk behavior and pregnancy in their community?", was addressed by posing the following interview questions (IQs):

- IQ 1.1: What can you tell me about teenage sexuality or pregnancy in the African American community?

- IQ 1.2: When you were a teenager, what were you told about sex?

  a. By your family?

  b. Your friends?

  c. People in your neighborhood and community?

- IQ 1.3: How much do you think today's teens know about sex and pregnancy?

- IQ 1.4: Where do teens get their information about sex from?

Each question explored the knowledge held by the respondents regarding adolescent sexuality. By asking IQ 1.1, I got the respondents talking about the topic and

sharing their general knowledge. The question was based on a similar approach by King-Jones (2010) in her research on sexual risk-taking drivers and was designed to gather the participant's overall knowledge of teen sexuality. I derived IQs 1.2, 1.3, and 1.4 from themes found in the research by Collins and Champion (2011), Froyum (2010), Longmore et al. (2009), and Secor-Turner et al. (2011). The investigators of each of these studies looked at sexuality-related knowledge held by adult and adolescent target populations, as well as what adults thought teens knew.

IQ 1.2 specifically gathered information related to the cultural messages and information the respondents received about sex when they were adolescents. Asking the question allowed participants to describe the knowledge they obtained as well as the messages that were communicated to them by the adults in their own cultural environment. The presupposed knowledge currently held by adolescents in the community was then addressed by IQ 1.3, and IQ 1.4 dealt with the sources of information used by today's teens.

Taken together, the responses to the questions allowed me to form a holistic picture of (a) the knowledge held by the participants, (b) the knowledge the participants think current adolescents have, (c) examples of cultural messages that have been used to impart sexual knowledge to adolescents in the past, and (d) the primary sources of information related to adolescent sexual behavior in the African American community.

I addressed Research Question 2, "What are the perceptions, feelings, experiences, and beliefs of African American adults related to teen sexual risk behavior

and pregnancy in the Jackson, Mississippi Metropolitan area?", by asking the following

IQs:

- IQ 2.1: How do you feel about teens having sex?

- IQ 2.2: How do you feel about teen pregnancy?

- IQ 2.3: Do you and your family and friends in the Jackson area ever discuss

  teens having sex or having babies?

  a. If so, what do you talk about?

  b. If not, do your family and/or friends believe teen sexual behavior is

  an important issue in the African American community? Why or

  why not?

- IQ 2.4: What do you think influences teens to have sex?

- IQ 2.5: Do you think African American adults influence the sexual behavior

  of teens? If so, how? If not, Why not?

I derived IQs 2.1 and 2.2 from the work of King-Jones (2010) and her use of

grand-tour questions to get respondents to focus on the line of questioning or change in

topics. IQs 2.1 and 2.2 served as a bridge to transition the conversation from knowledge-

based questions to feelings, perceptions, and experiences. The questions captured the

personal experiences and feelings the participants have about adolescent sexuality and

pregnancy.

IQ 2.3 stemmed from previous literature in which social context and the

viewpoints of adults in relationship to adolescent sexual behavior were investigated

(Brewster et al., 1993; Horner et al., 1994; Secor-Turner et al., 2011). I used the question

to gather information related to how the participant and their African American social network perceive and think about teen sexuality. The responses provided data related to the perceptions, feelings, and beliefs of adult African Americans.

IQ 2.4 related to the factors that influence adolescent sexuality and I based it on several existing studies that focused on adolescent sexual behavior influences (Brewster at al., 1993; Collins & Champion, 2011; Corcoran et al., 2000; Jarama et al., 2007; Mitchell et al., 2004; Raneri & Wiemann, 2007; Secor-Turner at al., 2011). The question gathered information on what or who the participant believed was influential on teen sexual behavior decision-making. With IQ 2.4, I garnered the beliefs of the participants related to social responsibility, and positive and negative influences in the lives of adolescents.

In addition to assisting with the development of IQ 2.4, the work of Moore and Chase-Lansdale (2001), and Thompson-Robinson et al. (2007) also provided me with guidance for the development of IQ 2.5. Both studies looked at the role of the African American community in the sexual decision-making of teens. IQ 2.5 addressed Research Question 2 with its ability to draw out the beliefs and perceptions African American adults regarding how they, as a collective, influence the sexual behavior of adolescents.

IQs 2.3, 2.4, and 2.5 included probes that elicited stories, examples, and anecdotes about the personal experiences of the participants related to adolescent sexual risk behavior. Although not specifically targeted, including experiences in Research Question 2 allowed me to capture the information during the interview process. This move was significant in assisting me with interpreting the data and understanding the point of view

and cultural meanings communicated by the participants. The research report is more nuanced and descriptive because of the inclusion of the experiential tales.

Research Question 3, "According to African American adults, how does adolescent sexual risk behavior and/or pregnancy affect the African American community the Jackson, Mississippi metropolitan area?", prompted the respondents to look beyond their social network to think about teen sexuality from a broader, community perspective. I asked the following interview questions to gather the desired information:

- In your opinion, does teen sexuality have an effect on the African American community as a whole?

    a. If no, why do you feel that way?

    b. If yes, can you describe how you think the community is affected?

- Should the African American community do something to reduce the sexual risk behavior of teens? If not, why not? If yes,

    a. Why do you think some action needs to be taken?

    b. What do you think the community should do?

IQ 3.1 was grounded in previous research that found teen sexuality to be acceptable rather than problematic behavior among African American communities (Merrick, 1995; Stanton et al., 1993). Exploring similar themes in this study was critical for me to understand the stance of the African American community on adolescent sexuality in the Jackson area. IQ 3.1 was also a transition question that helped me move the focus of the interview from individual feelings and perceptions to gathering participant views on the effect of teen sexuality in the context of the African American

community. Simultaneously, the responses to interview question provided me with the participants' thoughts and beliefs regarding if and how teen sexuality affects the entire African American community.

I based IQ 3.2 on themes identified by Ma et al. (2008) and Secor-Turner et al. (2011) in which the authors looked at character strengths, social influence, context, and adolescent sexuality to identify resiliency traits supported by culture and community. The responses to IQ 3.2 provided the participant's rationale for if and why the African American community should or should not address teen sexuality as a collective. By asking for their thoughts on the types of actions that need to be taken, IQ 3.2 also provided the participant's ideas for future interventions seeking to address teen sexuality from a cultural perspective in the African American community.

Recruitment, Participation, and Data Collection Procedures

Data collection. As the primary investigator, I was responsible for collecting all study data. After potential participants were initially contacted, I completed a screening tool via email with each of them before study enrollment. The screening process took two minutes to complete, and I used the data to determine study eligibility. In addition, I used the age and gender information on the form for classification purposes. I hand-recorded the information on a screening tool for each person contacted for study participation.

Collection of the principal data for this study took place during individual in-depth interviews conducted via phone conference with each study participant. I gave special attention to the protection of confidentiality and privacy during the interview

process. Although the participant was able to choose their optimal setting, I asked each person to use a quiet, private room for the interview where they were alone, comfortable, and able to talk freely without interruption.

When conducting the interviews, I used a private home office where I was behind closed doors. The quiet setting allowed the interviews to be done confidentially and privately while also supporting the integrity of the audio recording. During the interviews, I kept all written materials and interview protocols secure at all times. No materials were left unattended or in plain sight (see Whiting, 2008).

Twenty interviews were planned with one interview session per participant. When each new participant was identified, I scheduled their interview to occur in less than one week from the date they agreed to participate. Interviews were conducted November 2017 through January 2018, and I scheduled each one to last 60 minutes in duration.

I used the interview protocol as a guide for each interview and all questions were asked in the order in which they appear. To the extent possible, I hand-recorded the information shared by the participants on an interview protocol form. It was just as important, however, for me to attend to what the participant is saying and be present during the interviews, and heavy note-taking could have detracted from this attention and rapport. To avoid missing the nuances, meanings and valuable stories of the participant, and because note taking would not capture every word, I also audio-recorded each interview for later transcription to provide detailed text data for analysis (see Cook & Crang, 1995; Patton, 2002).

Interviews began with the informed consent process that included a review of the purpose of the study. After obtaining consent, I answered any questions the participant had and established a rapport before the first interview question was asked. Throughout the interviews, probing statements and words helped me glean more information, clarify points, and gain a more complete understanding of the participant's meanings (see Blumenthal & DiClemente, 2004; Cook & Crang, 1995; DeLeon & Cohen, 2005; Patton, 2002). The probes I used to tease out more details can be found embedded in the interview protocol.

Contingency plan. The procedures I outlined in the participant selection section of this chapter details the participant recruitment process. In review, the first three participants were selected by convenience sampling from sampling frame #1. I selected the remaining participants via snowball sampling from sampling frame #2, beginning with referrals obtained from the first three participants. If the sampling strategy had not yielded the necessary number of participants by the end of the second month of data collection, I would have enacted the following contingency plan.

To identify more participants, I planned to contact additional people from sampling frame #1 to obtain referrals to other possible participants who fit the study criteria. The new pool of individuals would have been unknown to me, added to sampling frame #2, and contacted for participation. Although the contingency plan relied more heavily on my social contacts for referrals, the participants who were ultimately selected would have fit the same criteria as the participants I found through snowball sampling.

Exit and follow-up. After the interviews were conducted, I thanked each participant for their participation and asked them to share any questions or concerns they may have had. I offered to send a one-page fact sheet with a synopsis of the research problem, purpose, methods, findings and conclusions after this research project was completed and final approval obtained. If the participant so desired, I gathered their contact information, either an email or mailing address, and recorded it on the participant screening tool for fact sheet mailing only. I requested no additional participation and the option to receive the follow-up report was completely voluntary.

I recorded field journal notes to capture my thoughts and feelings after each interview. As discussed in the Role of the Researcher section, I used the journal and the Grand Tour community observations to provide context and detail during data analysis (see Frankfort-Nachmias & Nachmais, 2008; Patton, 2002).

Data Analysis Plan

Qualitative data analysis is an inductive process that builds from the ideas and themes conveyed by the participants to create a more abstract understanding of an issue or phenomenon. In their quest to create a holistic account of an issue, qualitative investigators combine the multiple perspectives obtained through their research into one complex, rich description (Creswell, 2007). Accordingly, I followed that path in my expedition towards a greater understanding of adolescent sexuality. The interview protocol yielded narrative data from participants pertaining to the research questions for this study. Through sorting, coding, thematic categorization, and interpretation of the

interview narratives, I was able to develop rich descriptions of African American culture in the Jackson, Mississippi area.

I audio-recorded and professionally transcribed each interview. The transcribed data along with the field journal comprised the primary materials for analysis. I formatted printed copies of the interviews with wide margins for note taking and each page was labeled with the interviewee's participant code. To ensure no data was lost, I kept transcribed data in electronic format stored on my personal computer as well as on a back-up storage drive that was kept separately from other study materials (see Cook & Crang, 1995). Data analysis began by rereading all the interview transcripts and field notes to recollect the tone, context, and thoughts that were conveyed during each session.

Data coding. Although qualitative research software is available to assist with data coding, linking, management, and storage, actual data analysis is performed by investigators through their decisions on how data will be coded, what patterns are found, and the meanings attached to the information (Creswell, 2007). Many researchers find computerized analysis systems helpful, however I preferred manipulating the data by hand.

Hand coding and sorting makes the condensation and comparison of data across participants an easier, more fluid task when not constrained by a software program. Manipulating paper instead of a computer screen is a more concrete experience for investigators who want to interact with the data in a manner not facilitated by research analysis software systems. Furthermore, software such as Microsoft Word has available features that render hand coding and sorting a manageable task. Blumenthal and

DiClemente (2004), Creswell (2007), and Patton (2002) all point out the limitations of qualitative research software, acknowledge that computerized analysis may interfere with the analysis process, and believe it is not required.

Utilizing the printed interview data, I began the content analysis process by reading through the participant responses to each interview question line by line to concentrate on what was said and the meaning of each statement. I annotated, labeled, and color-coded significant, oft repeated words, phrases and statements in the margins. Similar ideas and themes were coded with analogous labels and colors for easier data grouping.

After traversing through each interview, I reviewewd the responses to each question to finalize the open coding process (see Blumenthal & DiClemente, 2004). For each item, I created a list of the created codes or categories to help track and organize the coding system. I used the lists to tally the frequency of each code, determine which codes could be combined and/or deleted, and give a birds-eye view of all the codes that were created for each interview question. The participant responses drove the coding process by providing the language, concepts, and categorical terms that were used, thereby providing the "emic" data for analysis (see Cook & Crang, 1995; Patton, 2002). Applying an organic coding tactic allowed me to use the specific vocabulary of the participants to give insight into the concepts that are important to the African American community (Patton, 2002).

While I worked with the data, ideas, revelations, and connections were revealed. The insights were recorded in the field journal to help make sense of them and give clues

to how codes and ideas related to one another. My analysis then moved from looking at

individual statements to discovering how the data were interrelated. The coded material

from each interview question was manually sorted into categorical piles by cutting up the

transcript copies according to the patterns and regularities that emerged. I cross-checked

each category for external heterogeneity by ensuring the differences between the

categories were clear and distinct, and internal homogeneity by assessing whether or not

the data in each category "fit" (see Patton, 2002).

    Discrepant cases. Discrepant data, or information that did not fit in the coding

structure, was rechecked for accuracy. I reviewed the data for context, reevaluated codes

to determine if a nuance had been missed, then determined if the data needed to be

reclassified or treated as an unusual, unique case (see Cook & Crang, 1995; Creswell,

2007; Patton, 2002). It was important not to ignore the "negative" cases because

divergent beliefs and perceptions occur in the real world. Including them in the analysis

has resulted in all-embracing, inclusive interpretations and conclusions (see Blumenthal

& DiClemente, 2004; Frankfort-Nachmias & Nachmias, 2008). The inclusion of

negative cases also enhances the credibility of the study (see Creswell, 2007).

    Data Interpretation. Using the interview protocol with its standard set of

questions permitted categories and ideas to be examined and compared across

respondents. I sorted through the piles of coded data and ideas for how the codes related

to one another were considered. I counted the frequency with which each code was used,

and congruence, patterns, and connections emerged as the data was further analyzed.

Pattern regularities became themes as I linked codes together and relationships were

discovered. I continually moved back and forth between the data and the interview

questions to discern how the information provided by the participants related to each

question and the concept under study (see Blumenthal & DiClemente, 2004; Cook &

Crang, 1995).

The identified themes have provided me with the basis for describing African

American culture from the perspective of the participants. Using the recurrent themes

and categories of data, I developed textural and structural descriptions of the cultural

worldview of the participants as related to each research question. I embedded

participant quotes in the narrative to illuminate the meanings and perceptions of the

interviewees. The descriptions address the three research questions and form the essence

of the cultural meanings and experiences according to African American adults

(Creswell, 2007; Patton, 2002).

I used the textual and structural descriptions to make interpretations of the

meaning of the data, to explain the participant's knowledge and cultural perceptions, and

to draw conclusions (see Creswell, 2007; Patton, 2002). I also incorporated existing

literature, the field journal, and the social cognitive theoretical framework in the

descriptions to "tell the story" of the cultural events and beliefs associated with

adolescent sexuality among African American adults and how they influence African

American youth behavior.

Issues of Trustworthiness

There are several strategies, each dependent upon the nature of the study and the

research approach used, that investigators use to evaluate the credibility and quality of

qualitative research studies (Creswell, 2007; Patton, 2002). The strategies differ from the quality control strategies employed in quantitative research although terms such as reliability and validation are common to both research types.

Rather than use those shared terms, however, most qualitative researchers refer to constructs such as trustworthiness, accuracy, transferability, dependability, credibility, and rigor when assessing the quality of their work (Creswell, 2007; Patton, 2002). Using two or more quality control strategies allow investigators to evaluate research activities and findings from several vantage points, thereby maximizing the quality and rigor of their research (Creswell, 2007). I addressed and maintained the integrity of this research study throughout the life of the project. Of particular importance were the strategies I used to establish credibility, dependability, confirmability, transferability, and intra-coder reliability. By addressing each of the constructs, I strengthened the trustworthiness of this study.

Credibility

An analog to internal validity in quantitative research, credibility is the process by which qualitative research is assessed for accuracy and value (Patton, 2002). I utilized prolonged engagement, data triangulation and reflexivity strategies to establish credibility (see Creswell, 2007; Patton, 2002). Spending hours in the field in the study environment allowed me to build trust, learn cultural nuances, and check for misinformation.

Prolonged contact with the target population during Grand Tours provided time for me to observe members of the community, thus providing a cultural backdrop and environment against which to interpret findings.   The details I obtained through

prolonged engagement have enhanced my understanding of African American culture and lent additional credibility to the study findings. As stated by Creswell (2009), "The more experience that a researcher has with participants in their actual setting, the more accurate or valid will be the findings" (p. 192).

Dependability

I not only used data triangulation to establish credibility, it provided dependability to my research activities as well. The dependability of qualitative research, similar to reliability in quantitative inquiry, refers to an investigator's ability to remain consistent throughout the life of the research (Creswell, 2009). Achieved by combining multiple sources of data, triangulation allows themes to be born through the corroboration of evidence. Findings are compared between data sources, thereby reducing systemic biases, and the themes that arise from triangulated data are considered to be more valid, dependable, and credible than those developed from isolated sources (Creswell, 2007, 2009; Patton, 2002).

Triangulation offered me a unique way to evaluate the data and served as a mechanism for identifying and testing the consistency of participant responses to each interview question. In addition, triangulation provided the pathway through which I developed codes and themes (see Creswell, 2007, 2009; Patton, 2002).

I also created an audit trail as another strategy to establish dependability. The audit trail was constantly maintained as the research was being conducted. It consists of my thoughts before and during the interview process, interview protocols and transcripts, initial and final coding outcomes including all codes used for analysis, the procedures of

data analysis, and data interpretation notes. Remaining compliant to this chronological

research "guidebook" during each interview and while analyzing the data has resulted in

consistent, dependable research strategy (see Creswell, 2009).

Confirmability

The analog to objectivity in quantitative research, confirmability refers to the

management of bias and balance in research. Unlike quantitative research methods,

subjectivity is acceptable and expected in qualitative research. However, qualitative

investigators are called upon to manage their bias to ensure the findings accurately

represent the participant's point of view. To achieve that feat, investigators manage how

they present their research to others and how their own perspectives may influence the

research (Patton, 2002).

I conducted reflexivity or investigator self-reflection to assist with the

establishment of credibility and confirmability. I presented such self-reflection in this

chapter through the statement and clarification of biases that I hold. I also achieved

reflexivity through the continual monitoring and management of my personal thoughts

and feelings throughout the study period. I recorded and discussed the sentiments that

surfaced in the field journal to confront and resolve inner conflicts or bias before and

while conducting study activities (see Janesick, 2011).

Transferability

The ability to transfer the findings of a qualitative research study to other settings,

a construct similar to external validity in a quantitative research study, is known as

transferability. Readers make decisions regarding the transferability and applicability of

a research study to other populations by evaluating contextual and participant similarities. The exercise in extrapolation uses logical thought and the level of congruence to determine how the findings may be applied in similar conditions (Creswell, 2007; Patton, 2002).

I facilitated transferability through my inclusion of rich, detailed descriptions of participant responses, and my observations and insights. My goal was to transport the reader to the study setting by way of realistic, rich discussion and detail thus enabling them to make transferability determinations.

Intra-coder Reliability

An important component towards ensuring research integrity is maintaining intra-coder reliability or assuring that code names, meanings, and usage are applied consistently during the data analysis process (Creswell, 2007). Towards this end, I developed a list of codes that included code names and meanings by reading through and coding the first three interview transcripts. Afterwards, I examined the passages and codes to determine the accuracy of each code definition and the consistency of its use across transcripts.

I then coded the next three transcripts using the preliminary coding system. I compared the results to the initial codes to determine if the terms and definitions fit and were applicable across all 6 of the coded interview transcripts. I added, augmented, or modified the codes and definitions as indicated. As I continued transcript analysis, the list of codes underwent appropriate revisions as definitions were expanded, revised,

developed, and/or combined. With each successive transcript analysis, I achieved a higher level of intra-coder reliability (see Creswell, 2007).

Ethical Procedures

I upheld the highest ethical principles and standards while conducting this study. The ethics involved with both the treatment of study participants as well as the treatment of data were evaluated and where concerns were found, I implemented the proper steps to address them.

The treatment of human subjects. The need to obtain informed consent from all study participants before conducting any research activities is a key ethical consideration (Creswell, 2007). After gaining IRB approval, informed consent is the primary mechanism used to ensure study participants are knowledgeable about the study's purpose, assure confidentiality, and outline the scope of participant protections.

After eligible participants indicated their willingness to participate in my study, I provided them with informed consent forms before the scheduled interview. Doing so gave participant's time to review the information, consider their participation, and formulate questions. The actual informed consent process was completed at the beginning of the in-depth interview session. I covered the contents of the form and answered any questions the participant had. The procedures, expectations, risks, and benefits of participation were all explained. To protect confidentiality and keep the identity of the participants safe from exposure during transcription and data analysis, I did not audio-tape the informed consent discussion.

All personally identifiable information was contained solely on the screening tool and informed consent forms and I asked the participants to provide verbal consent before taping began. I recorded the participant name, the date and the type of consent obtained on an informed consent form with my signature at the time verbal consent was obtained. In addition, I gave my contact information to the participants in case concerns or questions arise later.

Institutional permissions. Institutional Review Board (IRB) approval and continual oversight has helped me ensure the research project was carried out with high ethical standards. My study proposal was submitted and approved by the Walden University IRB prior to any data collection. The IRB approval number is 09-12-17-0232631 and it expires on September 11, 2018. I obtained IRB approval for the primary research study and the dissemination of the final summary fact sheet to the participants and other community members.

Recruitment procedures and ethics. The Statement of Invitation in Appendix B was the primary recruitment tool I used for this study. I sent the statement to potential participants via email to invite them to participate. I took care in all phases of the recruitment process to avoid any perception of coercion, nevertheless, due to the perceived power differential between some participants and me, potential participants may have felt obligated to participate. In addition, the snowball sampling strategy may have led individuals to believe the source of the referral had already committed their participation and that it would have been inconsiderate not to participate.

By stressing the voluntary nature of the research and the participant's right to terminate their participation at any time during recruitment and the informed consent process, I addressed the concerns of perceived coercion (see Creswell, 2009). To minimize any conflict of interest or investigator role duality, sampling frame #1 excluded individuals with whom I have worked or attended school, and sampling frame #2 excluded any individuals who I knew or were familiar with.

Data collection and intervention activities. To facilitate the reliability of data collection, I used a data log to record each piece of data gathered and provide the real-time location of each item such as in storage, at transcription, or with me. I will also use the log to keep track of data disposal later. I am keeping the data log in a file on my password-protected computer and on the external hard drive for the long term.

The data log was a tool for data collection where I recorded the types of information obtained from each participant, categorized according to their unique identifier, without disclosing any study data or participant identifiers. In addition to paper documents such as the interview protocols and participant screening tools, I considered the audio-recordings of each interview raw data and tracked them on the data log. Recording each interview increased the accuracy of my data collection and findings by providing a record that could be re-verified at any time (see Creswell, 2007).

While conducting the interviews and collecting data, I was careful not to share too much of my own experiences with the participants. Such sharing may have exerted enough influence to alter the meanings and understandings the participants attributed to their own experiences. Furthermore, the more that I monopolized the conversation, the

less the participant would have been sharing information—conditions that are askew to the purpose of this study. I was, therefore, acutely aware to take care to minimize personal sharing by keeping the focus of the interview on the participants and their points of view (see Creswell, 2007).

There were minimal risks of harm to study participation, and no anticipated physical or psychological risks. After careful evaluation, I determined the benefits to be gained from this research outweighed the risks to the study participants. The informed consent process ensured the participant's rights were adequately communicated, and I ensured they were respected during data collection and analysis accordingly.

I must note that the participation of certain vulnerable groups may have posed special ethical dilemmas. I expressly excluded and screened out minors from study participation due to the age inclusion criteria. In a similar fashion, elderly individuals over age 64 were excluded from study participation and were screened out. The referral of study participants through snowball sampling resulted in the screening out of other vulnerable populations as well such as emotionally disabled individuals and people in crisis.

Economically disadvantaged and pregnant individuals represented two vulnerable population groups whose members may have potentially taken part in this study. Since I did not specifically recruit members of those populations and the screening tool did not include pregnancy or socioeconomic-related questions, I did not know who they were. Due to the noteworthy ethical concerns associated with the identified populations such as

the perception of coercion and risks to privacy, I addressed those concerns equally and consistently across all participants (see Creswell, 2009).

I avoided coercion with each participant during the informed consent process by emphasizing the voluntary nature of participation and their ability to stop the interview at any time. In addition, I did not provide compensation to participants to avoid placing undue pressure on individuals to join the study.

Participants who, for any reason, decided to discontinue their participation after data collection began would have been treated respectfully and appreciatively. I would have immediately stopped the interview and thanked the participant for their participation. The participant could have decided whether or not the information they did provide could be analyzed and interpreted with other study data. If the participant chose to rescind their permission to use their data, I would have kept it under lock and key as part of the audit trail but would not have transcribed or used it in analysis. If the participant allowed me to use their information, it would have been treated and protected as all other participant data.

I minimized risks to privacy for all participants by (a) assuring each interview took place privately, (b) keeping identifying information secure and separate from the interview protocol during the interview process, and (c) preserving confidentiality. These actions were in keeping with the Principles of the Ethical Practice of Public Health regarding the confidentiality of harmful data (see Thomas, Sage, Dillenberg, & Guillory, 2002).

In the event of a confidentiality breach, I would have investigated to determine the extent of the breach. If any harm to a participant resulted from the breach, I would have contacted the participant and notified them of the issue. The participant and I would work together to determine the potential ramifications and best possible resolution. I would have taken all care to contain the breach and implemented new protections to prevent it from occurring again. Fortunately, no breaches in confidentiality occurred.

The treatment of data. After collection, study data were protected from loss, privacy breaches, and mishandling to the greatest extent possible.

Data confidentiality. I kept all raw data in paper and audio-recording formats confidential and removed participant identifiers before analysis. I recorded the personally identifiable information of each participant solely on the participant screening tool. I used random participant codes to correlate the screening tool with the completed interview protocol, interview recording and transcript. The link allowed the genders and age groups of the participants to be incorporated into the narrative. Other than the random code however, the raw data materials have no other correlation and are stored separately from the screening tools. All data materials are being kept in locked file cabinets in my home for which I am the only person with access to the keys.

Data protections. The careful storing and protection of data remains one of my critical ethical concerns. As previously discussed, completed participant screening tools are kept in a locked filing cabinet separate from that in which the completed interview protocols, audio-recordings, paper copies of interview transcripts, and the research journal are stored. I would have kept all data from the participants who may have opted

to drop out of the study in the same cabinet as the screening tools to distinguish them from data that underwent analysis.

All the study materials are stored, for the short and long term, in my home in the manner described herein. I will keep all raw data, including the research journal, under lock and key for five years after the completion date of the project. After that time, I will shred and destroy all it all.

Transcription was the only activity for which I authorized access to the interview data to another individual. To secure the confidentiality of the data during that time, the professional transcriber signed a confidentiality agreement before work commenced. A copy of the agreement may be found in Appendix D. The interview transcriptions were saved to the external hard drive by the transcriptionist and hand delivered to me. I retain sole access to the hard drive, which is also kept under lock and key with the other raw data to protect against loss and privacy breeches. No identifying information from participants is contained on the drive.

I downloaded the electronic transcription files and saved them to my private password-protected computer as well. Printed copies of transcribed data will be destroyed via shredding, and computer data files and the external hard drive will be securely erased five years after the completion date of this project (see Creswell, 2007, 2009; Patton, 2002).

While developing Chapters 4 and 5, I took steps to ensure the ethical integrity associated with the dissemination of information. It was important that no information in the narrative be attributable to any specific participant. Most of the discussion narrative

originated from the triangulation of data, thus it is based on themes and main points

found collectively rather than individual responses. By keeping all identifiers other than

the gender and/or age of the participant out of the quoted information used in the

narrative, I further protected the identity of the sources. The Jackson metropolitan area

has a population close to 500,000 people, thus the likelihood of someone guessing the

identity of the participants will be minute. Nevertheless, to provide further safeguards, I

did not utilize quoted material containing intimate details that could identify the source

(see Frankfort-Nachmias & Nachmias, 2008). Furthermore, names of people, places and

things were omitted as necessary to protect participant privacy and confidentiality.

Dissemination of results. The dissemination of the results is as important to me as

the research itself. To fulfill the promise of reciprocity and to enhance the benefits of

participation, participants were given the option of receiving a final report (see Creswell,

2007). I will publish a one-page fact sheet that details the highlights such as the problem

statement, purpose, methods, findings, and conclusions of the study. 60 days after study

completion and approval, I will have completed the dissemination of the fact sheet to the

participants as requested.

The primary stakeholders, African American adults and community organizations

that serve them and their families, will also be among the first recipients of my research

report. I anticipate that timely dissemination of study results to the community will help

spearhead conversations on the issue of adolescent sexuality in the African American

community as information is shared among members. Although the reach may be small,

initiating cultural conversations related to the sexual health of young people will be one step towards creating social change.

I will also mail the fact sheet document to area churches, public agencies such as the Mississippi State Department of Health, and community organizations concerned with African American and adolescent health. I hope to encourage them to do more research on the subject, start conversations among adults related to the sexual health of teens, and incorporate culture into intervention development.

Making a contribution to the knowledge base surrounding adolescent sexuality can only occur if I disseminate information to the larger academic and research community. Within six months of study completion and approval, I will prepare a manuscript for submission for journal publication. Specific journals I will reach out to include *Culture, Health & Sexuality*, *Journal of Research on Adolescence*, *Studies in Gender and Sexuality*, and the *Journal of Youth and Adolescence*.

Summary

I used an ethnographic research design to explore the meaning of adolescent sexuality and its consequences in the African American community in Mississippi. I assumed the role of participant-observer and am fully disclosed as a former member of target community. In an exercise of reflexivity, I have stated my position on adolescent sexuality and the rationale for conducting the research project. The study location was the Jackson, Mississippi metropolitan area with African American men and women between ages 18 and 64 comprising the targeted study population.

I conducted purposeful sampling using criterion, convenience, and snowball sampling methods, and selected individuals met all the inclusion criteria to participate. 16 adults participated in the study and I interviewed each one using an in-depth interview protocol. Each of my interview questions were based on previous adolescent sexuality literature and research, and each addressed one of the three primary study questions.

I gathered information and collected data during screening for eligibility and during the in-depth interview. The screening tools, interview recordings, and interview protocols were assigned random codes to protect participant confidentiality, and the interview recordings were transcribed. I completed data analysis using the transcripts and my field journal and I coded, thematically categorized, and interpreted participant information. The final interpretations formed the essence of my research findings and report. The trustworthiness of my research was established by carrying out the appropriate credibility, transferability, dependability, confirmability and reliability strategies. I maintained ethical integrity throughout the research period by attending to the treatment of human subject and data matters. I provide a detailed description of the performed research in Chapter 4.

Chapter 4: Results

Introduction

Adolescent sexual risk behavior and pregnancy, and the context in which they

occur, are important public health issues in the United States, and in the State of

Mississippi. The purpose of this study was to describe one aspect of the sociocultural

environment that influences the sexual behavior of African Adolescents in Mississippi.

To do so, I explored the knowledge, feelings, experiences, and beliefs of African

American adults, who largely make up the cultural environment of teens. Three research

questions guided the inquiry:

RQ1—What knowledge do African American adults in the Jackson, Mississippi

metropolitan area have regarding teen sexual risk behavior and pregnancy in their

community?

RQ2—What are the perceptions, feelings, experiences, and beliefs, if any, of

African American adults related to teen sexual risk behavior and pregnancy in the

Jackson, Mississippi metropolitan area?

RQ3—According to African American adults, how does adolescent sexual risk

behavior and/or pregnancy affect the African American community in the Jackson,

Mississippi metropolitan area?

Section Preview

In this chapter I provide a summary of the participant demographics and describe

my data collection activities. I review the details of the data analysis process as well as

give an overview of the themes and results that emerged from the data. The

implementation of strategies to assure trustworthiness will also be assessed. The

remainder of the chapter contains a detailed presentation and synopsis of the interview

results. The chapter ends with a summary of the findings as a segue into Chapter 5.

Participant Demographics

Sixteen participants took part in this research study. I selected the first three

participants through convenience sampling. Four individuals were invited to participate

as part of the initial sample, but one declined to be screened. The other three agreed and

were selected for enrollment. The remaining 13 participants were selected through

snowball sampling. I contacted 24 people with an invitation to participate and of those,

18 initially agreed. I either lost contact or experienced a no-show with five individuals,

and I selected the other 13 for participation.

Table 2

Participant Demographics

Participant demographics		# of participants
Males		5
Females		11
Age ranges	18 - 29	5
	30 - 39	3
	40 – 49	4
	50 - 59	3
	60 - 64	1

Each participant chosen was African American and met all the other inclusion

criteria. Participants were representative of the entire enrollment age range of 18 – 64,

and more females than males participated. Table 2 provides the demographic data

collected from the participants. No additional demographic information was collected.

Data Collection

Data collection occurred between November 2017 and January 2018, after I had

obtained IRB approval of the research proposal. I contacted individuals via email with an

invitation to participate. Each person who agreed was screened using the screening tool

where the participant demographic information was recorded. Screening was also

conducted via email, and I sent informed consent forms to each person selected to

participate. The interviews were scheduled through the email exchanges with each

participant.

I conducted interviews with a Vtech wireless landline equipped with a

speakerphone. Each interview session began with a review of the Informed Consent

form. Throughout the enrollment and interview process, I emphasized the voluntary

nature of participation. I noted each participant's verbal consent on a paper copy of the

consent form along with my signature and date. After informed consent was obtained,

data collection began, and audio-recording was initiated. Notes were taken during each

session on a written print-out of the interview protocol which also served as a guide for

the interview. I used probes as written in the protocol to encourage the participants to

address a topic more deeply.

Interview recordings and initial transcription was done through the dial-in

recording software system, Recordator (Recordator.com, 2018). I selected Recordator

due to its easy online interface, the ability to conference-in the recording line as needed,

and the integration of recording and electronic transcription services in one tool. Recordator provided interview transcriptions in one hour of interview completion which cut down on the time and expense normally associated with that task. An overview of the Recordator system can be found on the screenshot of its homepage in Appendix E. I procured MP4 audio-files and electronically-created digital transcripts of each interview from Recordator.

The 16 interview sessions each lasted 23 minutes on average, less than the anticipated 1 – 1 ½ hours. The shortened time was due to both too much time being allotted for the interviews, and the inclusion of specific probes in the interview protocol which limited my ability to dive into many of the statements made by the participants. A breakdown of interview times by participant is provided in Table 3. The participant ID numbers found there are the random codes assigned to each participant to protect their confidentiality.

The audio-files and transcripts from Recordator were downloaded to the external hard drive and my personal Dell Inspiron 7000 computer. After executing a confidentiality agreement, the external hard drive was transported to the transcriptionist who reviewed the audio-files and ensured all the information was captured and recorded correctly in the transcriptions. Corrected transcriptions were saved as Word documents on the external hard drive which was then delivered directly to me. Dead air space during the interviews, and filler words such as "um," "Uh," and "mmhmm" were deleted from the final transcripts.

Table 3

Interview Characteristics

Random Participant ID #	Sex	Age	Interview Duration
13	F	47	21 minutes
25	M	37	21 minutes
84	F	25	23 minutes
9	F	64	17 minutes
49	M	49	24 minutes
57	F	46	27 minutes
81	M	26	17 minutes
58	F	38	18 minutes
72	M	54	18 minutes
51	F	25	22 minutes
74	F	26	18 minutes
42	F	51	39 minutes
26	F	19	12 minutes
68	F	40	23 minutes
4	M	52	43 minutes
38	F	36	27 minutes

Data Analysis

I conducted data analysis by hand. The process began by listening carefully to all the interview recordings to recollect the tone and information shared during each session. I next read each transcript in entirety to become familiar with the participant's words on paper. The paper transcripts were cut and sorted into piles according to interview question. The pile of participant responses for each question was read through while recurrent words and themes were highlighted and color-coded, and notes were taken in the margins.

I then wrote down and reviewed the participant codes and themes identified for each question. I continued to read through, compare, and contrast participant responses several times to eliminate duplicate codes and determine how they were associated. I reflected back to the meanings and emotions conveyed by the participants while moving back and forth between questions and responses.

I developed themes for each interview question by correlating and combining participant codes and themes. The themes were then compared and cross-checked for external heterogeneity and internal homogeneity. Participant statements that supported each theme were identified to ensure each was supported by evidence. I combined the lists of themes from each interview question into one list for each research question. The lists of themes created for each research question can be found in Table 4. The themes form the basis of the findings and interpretations of the research.

I expected discrepant responses due to the diversity of views and opinions in the community. In some cases, participants voiced opinions that were uniquely and overtly distinct from the others. Those responses have been labeled as such and are presented here as they occurred.

Table 4

Theme Development from Each Research Question

Research Question 1: What knowledge do African American adults in the Jackson, Mississippi metropolitan area have regarding teen sexual risk behavior and pregnancy in their community?

Theme 1-1:	There is a lot of sexual activity, diseases and pregnancy in this population.
Theme 1-2:	Teens have sex due to boredom, peer pressure or feelings of neglect.
Theme 1-3:	Young people are having sex at very young ages.
Theme 1-4:	Education is the key to preventing sexual behavior and the consequences.
Theme 1-5:	No one talked about sex when these adult participants were growing up.
Theme 1-6:	Mothers provided most of the sex education in the home.
Theme 1-7:	Blunt prevention messages, observations and fear were used to prevent sexual activity.
Theme 1-8:	Parents, school and churches emphasized abstinence first, then protection and birth control.
Theme 1-9:	Adolescents experience a lot of peer pressure to fit in by having sex.
Theme 1-10:	Friends and peers share sexual experiences, desires and information.
Theme 1-11:	Today's youth are aware of disease and pregnancy risks, and prevention methods.
Theme 1-12:	Adolescents do not know or care about the true consequences of early sex.
Theme 1-13:	The American media suggest that casual sex is acceptable and good.
Theme 1-14:	Friends, the internet, TV, social media and music educate today's teens about sex.
Theme 1-15:	Adolescents want to learn about sex from anyone other than parents and adults.
Theme 1-16:	Parents are models for adolescent behavior.

Research Question 2: What are the perceptions, feelings, experiences and beliefs, if any, of African American adults related to teen sexual risk behavior and pregnancy in the Jackson, Mississippi metropolitan area?

Theme 2-1:	Adolescents need to wait until they are older and more established before having in sex and babies.
Theme 2-2:	Teens need trusted adults who will listen.
Theme 2-3:	Teens having kids means a baby is having a baby, and their childhood is lost.

(table continues)

Theme 2-4:	Being successful after becoming a teen parent is possible, but more difficult.
Theme 2-5:	Teen pregnancy is preventable.
Theme 2-6:	Many adults frequently talk to teens about sex and pregnancy.
Theme 2-7:	It is uncommon for adults to talk to friends and family about adolescent sexuality.
Theme 2-8:	When adults talk, they focus on teen pregnancies observed in the community.
Theme 2-9:	Adults believe the issue is important, but don't take the time to discuss it.
Theme 2-10:	Friends and Peer Pressure are the main influencers of adolescent sexual behavior.
Theme 2-11:	Curiosity drives many teens to have sex.
Theme 2-12:	Media encourages young people to engage in sexual activities.
Theme 2-13:	Parents do not filter what they model and expose their children to.
Theme 2-14:	Adults influence adolescent sexual behavior through sexuality-filled media.

Research Question 3: According to African American adults, how does adolescent sexual risk behavior and/or pregnancy affect the African American community in the Jackson, Mississippi metropolitan area?

Theme 3-1:	Teen parenting is cyclic and contributes to the poverty rate in the community.
Theme 3-2:	Teen births create burdens on families and neighborhoods.
Theme 3-3:	Adolescent sexuality and pregnancy affects how Blacks and people of other races view Black people.
Theme 3-4:	The Black community needs to be more self-reliant.
Theme 3-5:	Adolescents need safe spaces and honest education as prevention tools.
Theme 3-6:	Prevention efforts must also engage parents.

Issues of Trustworthiness

Trustworthiness of the research, specifically issues of credibility, transferability, dependability, and confirmability, must be addressed in scholarly qualitative research. As discussed in Chapter 3, I identified strategies to address each construct before commencing the study. The following discussion provides an update regarding how I maintained trustworthiness.

Credibility

As planned, credibility, or the accuracy of the research, was partially maintained by taking a Grand Tour of the Jackson metropolitan area during the data collection period. I engaged in various aspects of African American life in the city, suburbs, and rural areas, and documented my observations related to teen-adult interactions, adolescent sexual behavior and community characteristics. Many of my observations were supported by the views of the interview participants as outlined later in this chapter. Figures 1-6 provide examples of what I observed.

The African American community in the Jackson metropolitan area celebrates many annual traditions together. Each year, the Jackson Christmas Parade is held in which many African American drill teams, school bands, social clubs, and political leaders come together to celebrate the holidays (see Figure 1). People of all ages attend and participate in the parade, and it is an excellent venue for people watching.

As I observed, African American adults were active participants in the lives of adolescents as role models, teachers, parents, and community members. I also saw several pregnant teenagers in the crowd. The young women appeared to be at the parade with either their parents or their female friends; very few of them were with the apparent father of the child. Teenagers and adults interacted with one another freely, and it appeared that young people gave the adults a high level of respect through the use of terms such as "Sir" and "Ma'am" when addressing an elder.

Figure 1. Grand Tour Observation: Jackson State University, Downtown Jackson Christmas Parade, 2017.

High school and college football are significant social events in the Jackson area that are the centers social life for the first four months of each school year. High school and college ball players, cheerleaders, drill teams, and band members are held in high esteem, and membership in one of those "clubs" provides young people with the security of belonging, family-like support, and adoration from their peers. African American adolescents who participate in such extracurricular activities make the community proud and are considered to be special.

While attending a high school game, I observed and listened to how adults referred to the youth who participated in the activities versus those who were just "hanging out". The expectations for success high for kids who were involved in extracurricular activities. Adults expressed concern about the behaviors of the other youth and shared thoughts about how to encourage them to be productive.

Figure 2. Grand Tour Observation: High School Cheerleading Squad, Jackson, November 2017.

African American Rodeos are also annual events, held in anticipation for months by the young and old (Figure 3). In many cases, rodeo attendance has become a family affair with many generations, males and females, partaking in the fun. Adolescents participate in the sport, hang out, have fun, and appear to treat the events as physical dating sites. In my observations, teen behavior fell along a spectrum between promiscuity and sexual exploration to innocent family fun and community-oriented activities such as giving horseback rides to younger children. Although many adults and parents were there, the young people were largely unsupervised.

Figure 3. Grand Tour Observation: Black Rodeo, Jackson, November 2017.

The African American community lives throughout the Jackson metropolitan area, most often separated into three distinct residential community types. African American families living close to the Jackson downtown area tend to live in small homes built in or before the mid-1900s. I observed the housing stock in Jackson's core to be dilapidated, boarded up or located in areas prone to violence and poverty (Figure 4). Many residential streets have side ditches for water drainage and homes often have bars at the windows. Very little racial diversity was seen.

Groups of young people were observed congregating on front yards, street corners, and porches on many of the blocks toured. Boys and girls interacted with obvious flirting and sexual advances occurring. Most often adults were not around, and I observed this type of social gathering at all times of the day and night.

Figure 4. Grand Tour Observation: Jackson Residence, 2017.

Further away from Jackson's core, residential areas have larger homes, bigger yards and fully developed utility systems (Figure 5). Even at the higher price point,

African Americans tend to live in racially segregated communities. There is a feeling of greater safety and affluence in these neighborhoods although many homes boast alarm systems, bars and other security features.

Although teens were not seen on street corners and front yards, groups of young people walking around the neighborhoods were observed. It appeared they were enjoying the company of their peers in one of the only places available for them to do so outside of school as there are no youth centers in these areas.

Figure 5. Grand Tour Observation: Suburban Jackson Residence, 2017.

The Jackson metropolitan area includes rural communities that have been home to many African American families for several generations. Families may live in poverty or own ranches, large homes, livestock, and vast spreads of land (Figure 6). In many instances, land has been passed down and worked for many generations—a source of pride for a community that remembers its slavery, Jim Crow, and struggle for civil rights history. I observed beautiful land, close and caring rural communities, and a willingness of the people to share their family stories with pride.

The young people I observed in the rural areas were involved with many outdoor sports and activities such as horseback riding and cattle ranching. They also displayed a great respect towards the elders in their families and community and had a hard work ethic. The adolescents were careful not to display behavior the adults would find unacceptable while in the presence of the adults. However, when on their own, the adolescents talked about and engaged in sexual behaviors.

Figure 6. Grand Tour Observation: African American Ranch, Rural Hinds County, 2017.

Dependability

As described in Chapter 3, I used the triangulation of the data to establish credibility and dependability. The audio-recordings and transcripts, along with the inductive coding process, allowed the responses from multiple participants to be compared and themes to be developed from the substantiation of evidence. I also kept an audit trail consisting of the research journal, data log, interviews and transcripts, and data analysis materials during the research process. This strategy helped ensure the consistency and accuracy of the research.

Confirmability

The field journal was used to document the personal feelings and thoughts I experienced during data collection. I constantly monitored my own thoughts for bias and inner conflicts arising from participant beliefs and experiences that opposed or were different from my own. I performed the exercise of reflexivity after each interview. Confirmability, or the management of bias, was maintained in this manner and in accordance to the plans outlined in Chapter 3.

Transferability

Due to the qualitative nature, small sample size, and specificity of location, transferring the results of this study to another locale or population would be challenging. However, the rich descriptions and details I have included allow readers to make determinations on how to apply the study design and/or findings to other populations or research.

<div align="center">

Presentation of Data

</div>

Interview results are presented here according to each research question and their corresponding interview questions. I designed the interview protocol to group all the questions pertaining to individual research questions together to assist participants with focusing on one train of thought at a time, and for simplification of the data analysis process. I have organized the interview results in a like manner.

In the following discussion, I present each research question, the related interview questions, themes that have been developed from participant responses along with

substantiating quotes as evidence, and a synopsis of the responses for each interview question. Participant quotes are presented verbatim with original vernacular and slang intact, without the use of quotations. Quotes are attributed to individual participants by using their randomly-assigned participant numbers. I deleted common conversation fillers, "You know" and "Like" from the quotes when they added no value to the responses. A table displaying how each theme relates to the interview questions, and how the interview questions address each research question is provided as Appendix F.

Research Question 1

Research Question 1 was "What knowledge do African American adults in the Jackson, Mississippi metropolitan area have regarding teen sexual risk behavior and pregnancy in their community?" The question was addressed by four interview questions, all designed to gather the participant's knowledge about teen sexuality. Those questions were: (1.1) What can you tell me about teenage sexuality or pregnancy in the African American community; (1.2) When you were a teenager, what were you told about sex by your family, your friends and people in your neighborhood and community; (1.3) How much do you think today's teens know about sex and pregnancy; and (1.4) Where do teens get their information about sex from? Due to the breadth of topics covered in the interview questions, 16 themes were developed.

IQ 1.1. What can you tell me about teenage sexuality or pregnancy in the African American community?

This question got the participants focused and talking about the topic of adolescent sexuality. It allowed them to share their general knowledge and experiences. Four themes were created from their responses.

Theme 1-1. The first theme I identified in participant responses was that there is a lot of sexual activity, diseases, and pregnancy in this population. For instance, Participant 74 noted,

I would say there is definitely a lot of teens getting pregnant or have gotten

pregnant at an early age due to whether it's not having someone to guide them or

just out of being misled by someone or trying to find or follow a different crowd

or something.

Likewise, Participant 51 reported that "It's high, like high. It's a lot a teen pregnancy. It's a lot of teenagers, generally I say, probably between the ages of fifteen and eighteen. They are either pregnant or just now having a child, so they have a newborn."

Participant 53 noted, "I know that in the teen community they are very careless and reckless in their sexual contacts and I feel that way because of the high sexually transmitted diseases in this area," while Participant 68 reflected,

Well, having worked in the high schools, I do know that it is a problem, especially

in our community. While it may not be as prevalent as it was maybe 10, 15 years

ago, it is still an issue that needs to be addressed. Out of the student base that I

dealt with, I'll say probably about 20% of those young ladies end up not finishing

school or end up having to come back to complete their studies because of getting pregnant.

Theme 1-2. The second theme I identified is that teens have sex due to boredom, peer pressure or feelings of neglect. This belief is reflected in participant responses such as Participant 74 who stated,

Most of the time teens, they don't have anyone to talk to when they have questions about sex or getting pregnant, so they go out and find out on their own instead of getting advice from someone who's experienced or could guide them to make a better decision.

Participant 26 also noted, "There is a lot of it and it happens because people are bored and have nothing to do," and likewise, Participant 13 shared that

A lot of times it becomes a peer pressure thing and because a lot of kids I think sometimes when they're raised in single parent households, and I'm not saying that it happens all the time, I think sometimes they feel like they're being neglected, or they don't get everything they need when that's not necessarily always the case. And they feel like they need somebody that they can love or that can love them and by having a baby they feel like that's their love. So, they feel like they're missing out on something.

Stating a similar view was Participant 42 who reported that

The first thing that comes out, my friends are doing it. or you'll get singled out and restraining and abstaining is not a good thing. I said 'Yes, it is'. No, you get

bullied you know. You're viewed a certain way, you're single out. And I think a

lot of it, like I say, is peer pressure and has to do with self-esteem and education.

Theme 1-3. The belief that young people are having sex at very young ages is the

third theme I developed from participant responses. For instance, Participant 58

believed, "It's very high. It is very high, especially between the ages I can say from

thirteen to sixteen. We have a lot of teenagers who are just babies their selves have

babies." Similarly, Participant 25 stated, "Well, it's a lot of that going on but young kids.

You got 13 to 14 year-olds getting pregnant nowadays."

Participant 84 stated, "Like the pregnancy rate being just kind of a lot of babies

having babies." Participant 38 elaborated more by reflecting,

A lot of pregnancy, getting pregnant at a young age by older mens that not they

age. Getting pregnant at a young age and really don't know too much about

pregnancy because they young and going through it by they self. And the

children, they fathers leaving so they gonna have to raise a child on they own.

Participant 9 also noted,

My neighbor had a teenage girl and she took her to the doctor to get that test that

teenage girls are getting. That shot. And of course, she couldn't be sexually

active to get that shot at that time. When she took her to the doctor she found out,

and she was 15 I think at the time, that she was already sexually active and she

was very disappointed about that.

Theme 1-4. Identified as my fourth theme, participant responses indicated that education is the key to preventing sexual behavior and the consequences. Participants shared information such as this passage from Participant 57,

> I think that there are plenty of teenage moms and then if those moms don't try to educate their daughters or sons not to follow in their footsteps or educate them on the things that they did wrong or at least feel like they did wrong to their children and really mean it and push them to maybe take a different route then it just… I don't know…they have to they have to educate their own family to do better.

Participant 54 noted, "It should be something that could help them prevent it more if they're not educated on it. Having someone or something that could educate them enough to protect themselves from that until they get at a different stage in their lives."

In a like manner, Participant 84 reported that "It seems like, because there's a lack of an education about, kind of, the seriousness of sexual education or should I say pregnancy. I think that they kind of don't take it as seriously as it should be taken so to speak," while Participant 42 stated, "So, I think education is the key."

IQ 1.1 Synopsis. Participants shared their observations regarding sexual behavior and pregnancy among adolescents in the community, with all of them stating that it is occurring at a high rate. The young age at which young people are having sex and children was discussed by several participants. It appears younger girls are getting pregnant now than ever before. Peer pressure, boredom and a feeling of neglect were cited as causes for sexual behavior among teens. Young people feel they are missing out on something or need someone to love, and sex fills the void. Respondents also felt that

adolescents do not take sex and its consequences seriously. A lack of sex education was associated with the high sexual risk behavior and it was stated several times that "training begins at home". Parents were held responsible for teen behavior by many participants.

IQ 1.2. When you were a teenager, what were you told about sex by your family, your friends and people in your neighborhood and community?

Question 1.2 provided an opportunity for the participants to share the knowledge they obtained and the messages they received about sex from three segments of the African American community when they were teens. Six themes were created from their responses.

***Theme 1-5*.** The first theme I identified from the participant responses was that no one talked about sex when the adult participants were growing up. For example, Participant 88 stated,

Nothing! My momma and daddy didn't never talk to me about sex. They were older people from another generation. We were just trying to survive. They were just trynna put food on the table and keep a job. It was a totally different scenario in my mamas and them's generation. They came from sharecroppers so you know, their main issues growing up was just trying to survive. My parents never gave me a sexual talk.

Likewise, Participant 58 reflected,

My family didn't talk about sex. It wasn't a household discussion. And that's why I ended up having a baby at an early age, because at the house it wasn't

talked about and I feel as if it was talked about in my household when I was a

teenager, I could avoid some of the things that I went through.

Participant 54 noted, "Nothing. Everybody was afraid to talk about it and I think

that's part of the problem today. A lot of families are afraid to talk about it or don't know

how to talk about it so they don't," while Participant 68 remembered, "I don't know if it's

just my family structure, but actually those conversations were little taboo you know.

But my mom… I think it was just because it is a sensitive subject. We just never really

had that talk."

Several other participants had similar experiences. Participant 57 reported, "I

didn't really have a whole bunch of conversations about sex with my friends. It didn't go

that route too often," Participant 51 shared that

> The friends that I had like when I was a teenager, we really didn't talk about it. I
>
> think I had a couple friends who may have already you know started to
>
> experiment with that, but that wasn't like a general conversation that we would
>
> have," and

Participant 54 stated that "No one talked about it in my neighborhood or church.

None. No one." Participant 38 said,

> With them I'll just say actually, we never talked on that subject. What my mama
>
> told me, my friends didn't tell me. You know, they just wanted to talk about
>
> experiencing it. They ain't never say nothing about as far as what we can catch or
>
> nothing like that. Just as far as girl have you done it or you know? That's it.

Participant 57 concurred by stating "Nothing was said in my community. You know, it just really didn't happen," and according to Participant 9,

They didn't tell us about it in school. No, they didn't teach. That was a taboo. They don't teach sex or about your body or any of that when I was coming up. No one addressed it in the community that I was around.

Theme 1-6. According to the participants, mothers provided most of the sex education in the home when they were growing up. For example, Participant 74 stated,

Well my mom was about the only person that did talk to me about sex and she showed me a book about all of the S. T. D.'s and diseases you could get and basically told me about protection and how to use it and that I should always use it and just to be careful.

Likewise, Participant 13 reflected,

My mother sat me down, now bear in mind my mother was a science teacher, so she brought out all the books with all the technical terms and you looking at a like a deer in the headlights. And I was probably maybe ten to twelvish when she started talking about this stuff because she felt like you need to be more aware and alert. So, it's at that age and she started out with the technical terms and then kind of brought it home and me being the shy bashful kid that I was, it was like really, 'we don't need to talk about that cause I'm not trying to hear that. I'm not trying to do any of that, I'm not trying to hear any of that because I'm twelve'.

Participant 51 suggested a similar experience by sharing "My mom and I, we sat down you know. She basically just was really blunt with it." Participant 4 concurred by stating

My mom being a school teacher talked about sexuality. She wanted to educate us but we didn't have these conversations as regularly as we should. I think it was approached as I'm going to have the conversation and it's done but it was not a continuous conversation.

Theme 1-7. The seventh theme identified from the participant responses is that blunt prevention messages, observations and fear were used to prevent sexual activity when they were growing up. For instance, Participant 38 stated, "If you have unprotected sex, you could catch a disease and basically that was it. And you can get pregnant. That's basically what I had got taught," and Participant 26 was told "Not to do it. That was it."

These views were shared by Participant 25 who noted, "To wear protection, to keep protection and that's basically it," and Participant 9 reported,

I was told if we had sex, you get pregnant and that was enough to scare me especially with my parents. So, I didn't even think about sex. I didn't have boyfriends that close to even think about the word sex.

Theme 1-8. Parents, schools and churches emphasized abstinence first, then protection and birth control when the participants were growing up, and that is the eight theme I identified. According to Participant 84, lessons learned were, "Wait and if

you're going to have sex use protection because there's a lot of STDs and pregnancy out there."

Participant 4 reflected, "I was brought up Catholic and so we had a sexual orientation curriculum which was centered around abstinence. But, we Catholic boys were just as interested in sex as non-Catholics so we engaged just like the others."

Likewise, Participant 81 stated,

My mom and dad, they told me you know that sex is not something we need to be worried about. One thing we need to be worried about was finishing school and trying to be successful before we start thinking about that. But, all kids or teenagers or whoever, they gone have that urge so they told us that if we ever do to make sure we wore a condom or make sure we use protection.

Participants 51 and 13 noted similar experiences in the church, by saying,

I had a few of the older church members trying to educate the younger people about sex and not having it. Or if you did to protect yourself and make sure you use some type of protection, not just birth control but like using condoms, and

"My church and school, they taught abstinence," respectively. Participant 81 also reported,

Not too much in my community but we definitely had it in the church and at school. You know, at church the main thing they tell us at church is wait until you're married. That's what the Bible say. That's what they told us, but you know things don't always go as planned. In school they just told us get your education first.

Theme 1-9. The ninth theme identified from the participant responses is that adolescents experience a lot of peer pressure to fit in by having sex. For example, Participant 84 stated, "These days the age of having sex seems to be going lower and lower so when you say you're a certain age and you haven't had sex, people are surprised."

Participant 81 noted,

It was like fun to talk about. You hear one person talk about it and ok you might want to go experience that yourself. So, then you might have like a little competition. Some teenagers might not even be truthful about their situation but they're just trying to put up a charade just to keep up with everybody else that's actually doing it.

Participant 58 reflected,

Oh, it's good girl. You ought to try it. You know it's going to hurt at first but you ought to go on try it. And it felt good and girl he loves you, you might as well go on and do it. And the guys would say I love you. I want to be with you, we gone be together forever. So, it was a lot of peer pressure.

Participant 42 concurred by stating,

It's pleasurable. I was always told, you know, everybody's doing it. It makes you more attractive and it changes your body, like I said, misinformed information. They would say like you don't have to save yourself, men will still want you.

Theme 1-10. The tenth theme identified is that friends and peers share sexual experiences, desires and information with one another. When growing up, Participant 74

shared that "A lot of my friends were already having sex so it would be like experiences that they had or things that they had done or thought about doing."

Participant 54 noted friends encouragement to "Get all you can get. You know, everybody basically thought the same. It wasn't anything talked about dealing with safety or protection. It was just if you can get it, get it and that was it." Participant 25 experienced similar interactions with friends and shared "You talk about sex a lot, yes you do. The things you should do and other little things like porn and stuff like that."

IQ 1.2 Synopsis. Participants shared a variety of personal experiences related to lessons they learned about sex when they were teens. It appears that conversations about sex did not often occur in many families, among teenaged friends or in the community. Only half of the participants stated that their families discussed or educated them in some way about sex, and many of those lessons were imparted using blunt statements and fear tactics rather than providing a true education. When sex education was provided in the home, mothers were frequently the sole teacher.

Abstinence and the use of protection for those who do not abstain were the primary prevention messages received in families, schools and churches, although receiving such education in either locale was not commonplace. Women either did not talk about sex with their friends either did not take place (most common) or did so to share experiences and/or encourage others to engage in sexual activities. Males, on the other hand, were unanimously encouraged to engage in sexual behavior by their friends.

IQ 1.3. What do you think today's teens know about sex and pregnancy?

This question explored the participant views related to the knowledge today's teens have about sex. Three themes were created from their responses.

Theme 1-11. The eleventh theme developed from the participant responses is that today's youth are aware of disease and pregnancy risks, and prevention methods. This was supported by the views of Participant 81 who said, "I think they probably know a little bit more than what they should," and Participant 84 who stated, "Well I think they kind of realize the seriousness of it and kind of like the consequences and all that but they don't seem to care."

Likewise, Participant 4 noted,

Yeah, the teens know that if they have unprotected sex they're going to get a disease and that they could become pregnant or get somebody pregnant. They know that. And some have protection. Some, you know, some of the boys regularly have rubbers.

Participant 68 mused,

I'm sure with this generation of young people, they're more privy to information that we probably didn't have fifteen, twenty years ago. So, I think in terms of the message being spread to restraining from sexual activity or if you can protect yourself, I think all of those messages are loud and clear.

Theme 1-12. Participant responses indicated that adolescents do not know or care about the true consequences of early sex which I identified as the twelfth theme. Accordingly, Participant 74 stated,

I think that today they don't really think about the risks as far as having

unprotected sex and getting pregnant or getting a STD or disease. I think they just

think about the sex part. They don't think about the consequences that it comes

with.

Participant 58 concurred by noting,

I think they just know that at the moment they're just having a good time and

they're not responsible of havin sex at early age and havin unprotected sex. That

you can get pregnant and that's a lifelong responsibility that you have. I don't

think they're thinking like that.

Participant 26 reflected, "They don't know a lot about it because we don't learn

about it in schools so they just kind of go with the feeling and do it," while Participant 25

shared "Now it's not about being protected and be careful. It's like ok girl, you got to try

this. Old guy, you got to do this," and Participant 51 mused,

To be honest. I don't really think they know much about it. I feel like it's just like

okay. I feel like they just out there having sex and if I get pregnant then I get

pregnant. Cause I have a younger brother and I be listening to his friends when

they're all just hanging out or whatever over here at the house and they're not

really too worried about using condoms or protecting themselves because like it's

like it takes away from the feeling and stuff like that. So just hearing them, I don't

think they really, some of them don't care.

Theme 1-13. The participant responses lead to my development of the thirteenth

theme that the American media suggest that casual sex is acceptable and good. As stated

by Participant 81, "The music we have today, you have if the older kids or older people still listening to hip hop or whatever you want to say. It's promoting sex and doing drugs," and Participant 26, "They see it on TA and think it's cool."

Participant 88 also noted,

American TV portrays sex as a great thing. As a casual thing to just be done. And that's what they have been bombarded with every minute of the day. There are sexual underlying tones in everything that's on TV now. I feel sorry for this generation because they think that what they are seeing is normal. It's a normal thing. That it's a normalcy.

Then Participant 42 reported, "I think they know what they see on TV because it is so glamorized."

IQ 1.3 Synopsis. Participants were split between believing that teens either know very little about sex, or they know too much. In many instances, both viewpoints were expressed by the same individual. The dichotomy often accompanied the opinion that adolescents do know the pregnancy and disease risks but do not seem to understand their seriousness nor do they care about the consequences. Teenagers live in the moment, do not believe consequences will happen to them, and are cavalier if they do. The media, namely TV and music, is believed to have great influence on the behavior of adolescents.

IQ 1.4. Where do teens get their information about sex from?

Question 1.4 dives into the sources of sexuality-related information that African American teens use today. Participants provided a concise list of sources they believe are

used by adolescents to get information about sex. The sources will be discussed below, inclusive of a discrepant viewpoint that did not fit with the others.

Theme 1-14. Theme 14—friends, the internet, TV, social media, and music educate today's teens about sex—was developed from the participant responses. For example, Participant 4 stated,

They have apps on their phones and they go to the websites and internet sites to look at either cartoons about sex and having sex. I know this because I kind of mentor some of these kids between the ages of fourteen and seventeen.

Participant 81 also suggested, "Social media, songs, music, and internet," and Participant 51 reflected,

I know the internet is a place where everybody runs to. So, I know they're probably like looking stuff up if they're too scared or they feel like a question is too dumb I guess you could say. And they don't want to ask a person or a older person or anybody you know, they're going to go to the internet. So, it's that and they're getting it from each other.

According to Participant 68,

Social media, of course. Music. Just all of these cultural influences that we have. But I'll say primarily social media. Just media in general. Television ads. Magazines. Songs, of course, you know the music is probably the most explicit display of sexuality.

Participant 38 agreed by stating,

Each other. Internet. Internet. I feel like really internet. They look up stuff like what they trynna find out. Because I know. I done seen and heard about little girls. Well little enough! Trying to find out how to make a girl or how to make a boy. I'm like, 'Huh, like who does that?' You know, y'all going to the internet and they telling you what to do or what position to do to have a girl or a boy and I'm just like I don't understand that.

Theme 1-15. The fifteenth theme I identified in participant responses was that adolescents want to learn about sex from anyone other than parents and adults. Participant 51 noted, "It's basically from their peers because that's all that they can confide in is their peers. Not their parents," while Participant 74 stated, "Their friends or people at school that they go to school with or the internet. Anything other than the adults."

Theme 1-16. The sixteenth and final I identified pertaining to Research Question 1 was that parents are models for adolescent behavior. According to Participant 4,

I think that some of them are modeling their parents. For instance, three of the children that I've just taken under my wings are siblings of eleven, okay? So, the mom is 38 the dad is 41. So, one of the daughters about 20, who I'm trying to keep on the right path so that she can realize her promise. She's very very smart but she dropped out of school in 9th grade. She's got three children. Right. Three young children and so her whole life is centered around those children. Parents are showing, you know, giving an example of 'we're gonna have eleven

children and we're not going to even think about abstaining or fixing ourselves to prevent having more children that we can't take care of'.

Likewise, Participant 58 shared,

I'm not saying that they're teaching them about sex but they're just doing the things around them, and the kids see what their parents do so they mimic that. They mock that. So that's what I'm saying. With especially the younger parents that still haven't got a grasp of life yet and responsibilities. They just out doing their thing and then they have little small kids that's growing up watching them and they're just doing the same thing.

Participant 13 provided me with a discrepant response as compared to the other participants. The participant believed a history of sexual abuse was/is the teacher of sexual behavior and values for adolescents. Specifically, Participant 13 stated,

A lot of time teenagers are being abused when they were younger by a family friend and so they've been exposed to it, not really knowing what it is. That they've been more so assaulted, you know. But then this person portrays themselves as they are loving you and all of that, and then they think it's okay, when in actuality it's not, you know?

IQ 1.4 Synopsis. Music, television, the internet and/or social media were mentioned in each of the 16 interviews. Media was identified as the primary teacher of African American adolescents, to be matched in influence only by peers. Several participants believed that teens will turn to any source for information other than their parents or other adults. Adults are, however, a source of sexuality-related information

through their behavior – which adolescents watch and model. One unique perspective

pointed out how a history of sexual abuse may lead young people to learn and normalize

the abusive behavior as a guide for their own lives.

Research Question 2

Research Question 2 was "What are the perceptions, feelings, experiences, and

beliefs, if any, of African American adults related to teen sexual risk behavior and

pregnancy in the Jackson, Mississippi metropolitan area?" I used a total of five interview

questions to address the research question and each interview question was designed to

collect emotions, experiences, personal opinions, and beliefs harbored by the participants

about adolescent sexuality.

The interview questions were: (2.1) How do you feel about teens having sex; (2.2)

How do you feel about teen pregnancy; (2.3) Do you and your family and friends in the

Jackson area ever discuss teens having sex or having babies, what do you talk about or do

your family and/or friends believe teen sexual behavior is an important issue in the

African American community; (2.4) What do you think influences teens to have sex; and

(2.5) Do you think African American adults influence the sexual behavior of teens? A

total of 14 themes were developed.

IQ 2.1. How do you feel about teens having sex?

This question helped me transition the interview away from knowledge-based

questions to those concerned with feelings and opinions about adolescent sexuality. The

question also served to steer the conversation away from concentrating solely on teen

pregnancy by asking about sexual behavior exclusively. I created two themes from the participant responses.

Theme 2-1. The first theme I identified from participant responses was that adolescents need to wait until they are older and more established before having sex and babies. For example, Participant 51 shared,

> I feel like they should wait. I feel like they shouldn't be doing it right now or if they do decide to do it, I feel like they should go to a trusted adult or a parent or something like that and get properly educated.

> Likewise, Participant 38 stated, "I feel like they should wait. I don't feel like that

they should even be thinking about that now. You know, I just feel like they mind should be focusing on graduation," Participant 9 noted, "I think that they should wait until they are mature adults," and Participant 25 mused,

> I don't like it that much because my niece started off having sex young

> and I didn't like it because she was one of the kids that got pregnant at the age of

> thirteen. So, I feel like it's not good at all, not good at all. It's ruining half of their

> life when they get pregnant. Now you're out of school. I don't prefer that.

> Participant 81 reflected,

> Yeah, I got a whole different look on it now being that I'm older and that I have a

> child of my own. So, I feel that yeah, they should wait before they even try to go

> out and experience that. You know, to make sure they get their books. To make

> sure they got their head on straight. Make sure they're focused before they start

> thinking about sex.

Participant 88 intimated similar beliefs by stating

It is a complicated situation and it's best that you wait until your older and you

can handle relationships and issues better because you're more mature to handle

them. I think they should wait. It's plenty of time for it.

Theme 2-2. The second theme I identified was that teens need trusted adults who

will listen. As stated by Participant 54,

We need some type of organization or something put into our school systems to

educate our teens on pregnancy and sex and all types of sexual activity because

they are unaware of the dangers that they face from having unprotected sex.

Multiple sex partners.

Participant 58 provided a similar suggestion by stating,

I don't like the idea of teens having sex because of my previous experience but it's

2018 and you're not gonna be able to control your child and say well okay, I don't

want you having sex because you're not able to watch them 24/7. I just personally

encourage my kids now to if you're going to do it be safe and protect yourself

because there is a lot more than just getting someone pregnant or getting pregnant.

There's diseases out here that's not curable so you don't wanna live your life with

those diseases. just be safe if you're going to do it.

Participant 74 noted,

I definitely think there should be more information out there about the

consequences of having sex especially unprotected. and I feel like there should be

more things done like more people you could be able to talk to even if it's not

your parents. Whether it's a hotline you can call or a community center where you can talk to someone like a counselor.

Participant 68 also believed, "I just think our approach needs to be a little bit different now. Give them real life scenarios, you know. You're old enough to make the decision to have sex but here are some of the consequences." Participant 13, however, gave a divergent response when compared to the other participants. Participant 13 reflected that the need for acceptance is an important factor in adolescent sexuality by stating,

> I think our teens today are in it because of society and the way it is and because of the pressures that they are under. That they seek to be accepted so much that they'll do whatever it takes to be accepted even if it really maybe goes against what they really believe and feel is right.

IQ 2.1 Synopsis. The majority of the responses to this question incorporated either one or both of the developed themes. All but one of the participants followed this pattern, as evidenced in the quoted material. Adults want adolescents to wait to have sex until they are older, more mature, and able to handle the consequences. Teens need to focus on completing school and becoming more established in their own lives before engaging in risky sexual behavior. Participants felt that teens need trusted adults that will listen and provide advice and education surrounding sexual decisions. The education they are provided should be "real". A divergent viewpoint was also provided that pointed to society and its overemphasis on sexuality as encouraging much of the sexual behavior.

IQ 2.2. How do you feel about teen pregnancy?

Question 2.2 is similar to 2.1 in its quest to gather feelings and opinions about adolescent sexuality. This question focused solely on teen pregnancy, thus allowing participants to share their views about the topic exclusively. Three themes were developed from the responses.

Theme 2-3. The third theme I identified for Research Question 2 was that teens having kids means a baby is having a baby, and their childhood is lost. For example, Participant 26 reflected,

> I feel like they don't really realize what they're doing and they don't realize what they just did to themselves because once you get pregnant and you're gonna have to take care of that child and you don't get to do all the stuff that you would probably have done if you hadn't been pregnant.

Participant 51 reported,

> I do know a few at least about four or five teenagers that I can think of right off the top that have babies, that have just had a baby or they're pregnant. They have their whole lives ahead of them and it's like I don't want to say that it's bad to have a child, but I do feel like that you can be free to do more things with your life. To be better prepared when you do have a child if you go ahead and go through just teen years. Get all your playing out and do whatever you want to do with your life, so when you do decide you want to have a child, you can do that.

Likewise, Participant 13 shared,

> The sad part is when you're a teenager and that occurs to you, then your childhood in a sense has been robbed. chances are you don't even have a job and you can't

even take care of yourself so how are you going to take care of this other little human being.

Participant 58 discussed her personal experiences by stating

I don't like the idea of babies having babies but if my personally my oldest had a baby at a young age and so it was just history repeating itself because I went through the same thing. And that's because at the time I didn't know that I should have been talking to her about sex because when I was coming up it wasn't taught to me.

Participant 42 noted,

I feel that they're being robbed of their childhood because even though you get pregnant and whether you keep it or not, that alters your state of mind, especially if you keep it. You're a child bringing forth a child. your mind is not equipped and developed enough to be responsible for another life. You're not gonna make the proper decision and care for that other life because you haven't reached that maturity stage yourself.

Theme 2-4. I identified the fourth theme from participant responses as being successful after becoming a teen parent is possible, but more difficult. For example Participant 51 noted,

It's already hard in general but you know it's even harder when you're a teen parent in my opinion. I had a couple of friends when we were in high school, they had a child. Maybe two years later now that we're adults, we're in our twenties and they're doing well. That's why I said it's not necessarily a bad thing.

It can be done, but I feel like I know from listening to them and us talking that it

is harder, you know.

Participant 13 also stated, "Now that's not to say that you can't go on to be

successful in whatever you want to do, but it deters you a little bit and then it slows you

down because now you have another responsibility." In like manner, Participant 38

reflected,

You're a teenager. You're trying to move forward in life and you're having a

baby. Not saying that a baby will stop your life because you can still push your

way through as a teen, but it's like it's not going to be as easy for you than if you

not having a baby. It's like now I gotta get into my books. I gotta work and now

I gotta stop in the process. I gotta feed the baby. I gotta change the baby. You

know, that's a lot. Going to be a lot on you as a teen.

Participant 81 mused, "If a teen does get pregnant, they have to have that support.

You can't get that mindset of ok, I can't finish school now or anything like that. You still

gotta finish school and keep your head on straight and fight through it."

Theme 2-5. The fifth theme I identified from the responses was that teen

pregnancy is preventable. Participant 58 shared that belief by stating

With my teens now, I stress to them about if you get pregnant the responsibilities

your gonna have, the complications your gonna have. So, it's just best to if you

do do it, just be safe and protect yourself and get on some type of birth control.

Participant 42 noted,

I know once that life is here, it's here. It has to be cared for but I just don't think

that they are developmentally ready for that. It changes everything. It's life

altering and I think that there needs to be more counseling to prevent it.

Participant 74 reported,

I think that there's a lot of things that could be done to prevent it. And I feel like

if the child, well teenager, had more information, they wouldn't have been in that

position. They would have made a better decision.

Participant 4 concurred with the others by sharing, I think teen pregnancy is

avoidable and I think teen pregnancy is avoidable if we kind of remove the stigma

associated with talking about sexuality."

IQ 2.2 Synopsis. The word "wait" was used in most every response to this

question. The adults felt that teens should delay having sex until they are older, more

mature, financially self-sufficient and able to care for themselves. Teen pregnancy was

likened to a baby having a baby, and the participants conveyed the inability of young

parents to care for a child.

Nevertheless, most of the participants believed that being successful and

completing high school is possible after becoming a teen parent, but it is much more

difficult. Regardless of when a child is born, it is considered a gift from God, not

necessarily bad, and teens need support to be good parents. Teen pregnancy was

considered to be preventable with education, parental support, and removing the stigma

associated with talking about sexuality.

IQ 2.3. Do you and your family/friends/acquaintances in the Jackson area ever discuss teens having sex or having babies? What do you talk about or do your family and friends believe teen sexual behavior is an important issue in the African American community?

Question 2.3 provided me with information regarding how the participants and their social network perceive and discuss adolescent sexuality. The question also helped me gather details related to if and how participants deal with adolescent sexuality in their own lives. Four themes emerged from the data.

Theme 2-6. Theme 6 for Research Question 2 was identified as many adults frequently talk to teens about sex and pregnancy. For example, Participant 88 noted, "I discuss it every chance I get when I meet teenagers. I do. I talk to them about it. I tell them not to do it." Participant 68 shared,

> Yes, ma'am. Like a previous work experience, being directly in the high schools, we were able to have those conversations. Then of course from a spiritual perspective, just being in the church and working in the youth ministry. Again, those are conversations that we're having, but of course tying in biblical principles how God requires us to wait until we found our soul mate. So yeah, we do hold those conversations.

Participant 58 reflected,

> Just recently, we had a 'let's talk about sex' kick back at my house. So what I did was I went to the local health department and got some pamphlets on all the types of diseases and the forms of birth control and I got all of that information. After I

got all of that we had little snacks or whatever at the house and I had my sons

invited their friends over. My daughter invited some friends over and we just had

a little talk about sex. And we talked about having sex, about how to protect

yourself and all the different types of diseases. So yes, yeah it has come up in

conversation other than just with my kids.

Participant 54 also reported, "I have with my kids and I try to discuss it in-depth

so they'll understand. So that they don't make the mistakes that I made when I was

younger and that a lot of the teenagers are making today."

Theme 2-7. Participant responses led to the creation of the seventh theme that it

is uncommon for adults to talk to friends and family about adolescent sexuality.

Participant 68 noted, "Not so much with other adults. No, not so much," while

Participant 54 said, "I can't recall that ever coming up with adults," and Participant 51

stated, "No, I don't feel we talk about it as much as we need to."

Participant 26 shared, "No, because it never really came up," and Participant 84

reflected that

No, it's kind of become one of those 'she's pregnant too? oh okay.' This kind of

an everyday thing now. Not really a big thing you know. Unfortunately, it is not

really a big controversy any more.

Theme 2-8. Participant responses indicated that when adults talk, they focus on

teen pregnancies observed in the community, and that became my eighth theme.

Participant 42 stated, "Yes, yes. All the time. I talk to my friends. We talk about how

the times have changed and how it's so acceptable. Being sexual is the norm."

Participant 9 shared that

> Yes, we do. We talk about how sad it is, but also it's like what can you do as an
> adult to show teenagers that there's a different way. We often say that you have
> to educate them. What we found is a lot of the situations where they're teens
> having babies it's just the perpetuation of the cycle because their mother was a
> teen when she had them and their grandmother was a teen when she had their
> mother. It's just like a vicious cycle.

Participant 4 noted,

> We reflect on our childhood when we were teens and there were our classmates
> who were pregnant or probably had gotten someone pregnant. and how their lives,
> the whole trajectory changed. We remember those stories and we talk about
> those. and then we talk about how that is still the same problem today. Not much
> has changed in our community. As a matter fact, it appears to be growing
> because of this sense of acceptance.

Participant 74 reported that

> Yes, sometimes we do. Seeing a young mother or a single mother, we definitely
> discuss it. We wish we could have told them or especially younger females in our
> family. We always think, 'Oh, I hope she doesn't get pregnant' or something like
> that, at an early age because the things that you have to go through when you have
> a child. You have to sacrifice a lot and give up a lot.

Theme 2-9. The ninth theme I identified from the participant responses was that adults believe the issue is important, but don't take the time to discuss it. For example, Participant 38 said, "Yeah, I feel they think it's important, but nobody actually brings it up in conversation," while Participant 51 believed, "I feel like it is an important issue that needs to be discussed. But you know, sometimes we don't take the initiative," and Participant 9 stated, "It is an important issue, and it should be discussed, starting in the home."

Participant 38 reflected,

We never really got into that you know. We have a lot of teens in our family you know. And it's like, but we don't talk about it. We never got on the subject. They don't think about that. I do think about our teens because I watch them and I done watched them from my baby's age to grown up. And now they're coming to be teenagers finna get ready and come out into this world, you know. So, it's just like I think about it but I never discussed it with no one.

Participant 26 also noted,

I mean, I think it's an issue. It is important, but I guess people just don't talk about it or think about it. It just king of comes up and it's kind of normal now.

IQ 2.3 Synopsis. Ten of the participants answered affirmatively that they do discuss teen sexuality with family and friends. Individuals who do discuss the issue either talk to teens about prevention or adults about teen behavior in the community. Adults who talk to teens not only talk to their own children, but they have conversations and talk sessions with other adolescents as well. Whether it be friends of their children,

teens attending church or school events, or teen chat sessions held at their homes, adults engage youth in sex education discussions. When talking to their friends and colleagues, adults tend to focus on the occurrence of pregnancy that is observed in their extended families or in the community. They reflect on past childhood experiences and on how kids seem different today.

Participants who indicated they did not discuss teen sexuality with others all believed the issue is and would be noted as important by their families and friends. Adults do not, however, generally take the time to discuss teen sexuality and pregnancy.

IQ 2.4. What do you think influences teens to have sex?

This question collected information regarding the primary influencers on adolescent sexual behavior. In addition, it also began delving into the beliefs of who or what is socially responsible for driving teen behavior. Three themes were developed from the participant responses.

Theme 2-10. Theme 10, as identified from the participant responses, was that friends and peer pressure are the main influencers of adolescent sexual behavior. Participant 57 believed, "I think that the significant other is probably a bigger peer pressure. They're the ones involved and I think we all can be talked into things." Participant 38 shared,

> I feel like temptation from people. You have your friends saying girl do this. I tried this and stuff like that. So, it's just like if someone comes and this friend come and tell you this, this friend come and tell you that. You know, this friend…then it have you thinking like well maybe I should. Maybe I should try it.

Or they feel like they not loved and they found this guy thats talkin sweet and

saying this and that and just give in to him. I feel like that could be a push too.

Participant 42 noted that

They feel like their parents don't understand what they're going through. They

can't relate to them so they go to their peers and they'll tell their peers stuff, but

they would never repeat it to their parents. And they'll take advice from their

peers before they will their parents.

Participant 26 reported that, "You could feel pressured to do it. People can think

that, 'Oh, if I do this imma' be grown and they feel like everybody else is doing it so why

not? Why not? I'll just do whatever." Participant 13 reflected,

I think it's peer pressure. I think it's totally peer pressure from friends and that

identity of wanting to belong to a group and everybody's saying this is what

everybody's doing so then if you don't do it, then you're not going to be part of the

group.

Theme 2-11. The participants believed that curiosity drives many teens to have

sex, leading to the development of Theme 11. For example, Participant 51 noted,

I think that the hype around it is, like okay, you know when you're with your

friends and they've done it and they're talking about? It's like the next person

may think 'okay, well I wanna try that because my friends tried it and I wanna see

what it's like' or whatever. And they may not be ready for that experience yet.

Participant 54 stated that, "A lot of kids get to actually see their parents or

someone else engaging into these sexual activities and of course they're curious and they

want to try it out for themselves," while Participant 74 shared, "Sometimes they see

someone who has a child and they think like, 'Oh, she's doing it. It can't be that hard'.

They don't really put two and two together about everything you have to go through, you

know."

Participant 4 concurred by stating,

When I was a teenager it was first all out of curiosity. I was told to stay away

from it. When I am told to stay away from something, that even peaks my

curiosity even more. I would think that the children would probably approach sex

as I did initially, out of curiosity. Not out of this overwhelming feeling of

euphoria or gratification or you know. And I think that it becomes something you

think you supposed to do.

Theme 2-12. The twelfth theme I identified from the participant responses was

that media encourages young people to engage in sexual activities. According to

Participant 88,

TV! My damn answer for everything! Too much sex on TV. They are being

bombarded by the pressure I think. Plus, they think it's okay because most of

these shows don't show the downside of it. They just show, 'Oh man, we're

having fun. Man, I'm going to get with her and Mary Jane tonight'. Blah, blah,

blah. They don't show the back side of it. They don't show the harsher side of it.

Likewise, Participant 68 said,

I think the culture influences us. You know, because it's all around us. They hear

it in our music, they see it in, television programs. They are hearing it from their

peers, you know, well it's okay.   And so, I think they're our primary factor is the media's influence.

Participant 84 also reported,

I think that sexual encounters, and just kind of sexuality, is enhanced in the media and it's kind of seen as a rite of passage. Or just something that is exemplified and glorified. Like if you're not having sex or not doing this or not sexy, then you're not in and you're not in the in crowd. All the songs that talk about sex and all this and that. I mean you have six-year old kids singing songs that are on the radio about sex and they don't even know what they're talking about. But then you get to middle school kids, and they know about sex. I mean, middle school kids are having sex and they're having babies so, you know, I believe that music plays a big part in that because they're exposed to it at such a young age.

IQ 2.4 Synopsis. There is a relatively short list of influencers that impact the sexual behavior of teenagers, according to the adults interviewed. Leading this list are friends and peers, who exert pressure and encouragement to engage in sexual activities. Young people want to fit in, soothe feelings of loneliness and share the experiences with their friends. Friends and peers are also the mentors of choice when teens need questions answered or help with decision-making. Coming in a close second is curiosity. Adolescents hear about sex from their friends, see the behaviors of their parents, and are constantly fed sexual content through several media sources. They are curious and anxious to find out how it feels, and how those experiences would actually be, without thinking about the consequences.

According to many participants, curiosity drives sexual decision making for many young people as they model what they hear and see. The previously mentioned media, the third influencer, ran throughout the interview responses. The media is seen as the primary disseminator and educator about sex, whether parents want it to be or not. Music and TV are particularly noteworthy offenders, and the participants believe young people are bombarded with sexual messages 24 hours a day.

IQ 2.5. Do you think African American adults influence the sexual behavior of teens?

The final interview question for RQ2 elicited the beliefs participants had regarding how they, individually and collectively, as African American adults, influence the sexual behavior of teens. I also used the question to begin transitioning the participant to a more personal and social responsibility frame of mind as we moved towards Research Question 3. Two themes were developed from this question. One divergent response was also obtained and is included below.

Theme 2-13. The thirteenth theme created for Research Question 2 is that parents do not filter what they model and expose their children to. As stated by Participant 57, "We kind of allow our teens sometimes to see things that they shouldn't see or grow them up faster than we should be growing them up," and Participant 25, "The teenagers hear the adults and when teenagers ask about it the, adults don't explain it enough to let them know what will happen on down the line with sex or whatever."

Participant 74 noted that, "Some mothers who may, you know, talk sexually in front of their child or do sexual things in front of their child. And they don't think how it's affecting the child, they're just worried about themselves." Participant 88 reflected,

If their parents are doing things in front of them. In and out of relationships. Yea, I believe it does. If their parents are being very promiscuous around them. Letting them see them with men coming in and out of their bedroom. Yea, I believe it does. How can you tell me to do right when you can't even do right. You see? They're just going to understand that your telling me to do something a certain way, and we know. I go to church. I've heard the right way. You're not supposed to have sex until your married. Well, yet you're doing it. You see what I'm saying.

Participant 26 noted,

By talking about it. I mean people talk about it all the time around kids and they just do it and they hear about it and then they be like, 'well, that sounds cool so let me do it'. And people's parents, I guess, if their parents do that type of thing.

Participant 84 concurred by stating,

I even have friends that let their five-year olds watch Friday (the movie) and you know I mean. All the sex in Rated R movies and I mean you have five-year olds, six-year olds watching that stuff. So it's just a matter of what the parent allows their child to experience or be exposed to.

Participant 81 also agreed and shared,

You have some parents that just don't care what they talk about around their kids.

Or you get some parents that teach their kids a little differently or might raise

them a little differently. You know, you might have parents that really don't care

what their child does or their teenager does. Like just let them go free. Let them

experience on their own or at a early age when they still should be under the wing

a little.

Participant 38 reflected,

Like, 'Well shit, my mom said well I'm going to do it anyway so I misewell do

It'. So yeah, in so many ways, yeah. I feel like some parents do push they child

to go out there and have sex because of what they say. You have to be cautious of

who you bring in your house. You know, who you take in your bedroom. You

got teens watching, you know.

Theme 2-14. The final theme for Research Question 2 as identified from the

participant responses was that adults influence adolescent sexual behavior through

sexuality-filled media. For example, Participant 68 stated,

Going back to does the cultural influences, so those successful African Americans

that they are seeing in the media. You know, those rappers who are talking about

all the women that they've had and this that and the other, so yeah.

Participant 51 noted that

When I'm watching certain shows, certain adult shows, there's a lot of sexuality

promoted. I feel like the teenagers are watching thing like that, or when they're

on the internet there's a lot of stuff out there. I feel like when it's coming from

adults, we're not mindful that its other audiences besides just other adults watching them. Like it's kids that's watching them. And even though you try to keep it away from them, it's still sometimes that don't work.

Participant 58 reflected,

I would say all adults. I just wouldn't say just African American adults, but I guess all of the adults could influence sex. And that goes with back to videos and the videos that they see on TV and the TV shows that come on TV. Those could be some of the things that also influence them because regular TV now has became X-rated.

Participant 54 gave me a divergent response to this line of questioning and focused on how teens are manipulated by adults to engage in sexual activities. The participant stated,

There are a lot of adults that are enticing teens to engage in sex with them. I mean whether it's, you know, there are some family members that do that which is a -no but it happens. And there are a lot of situations where young teenage girls have been tricked, fooled by older guys. They don't understand that they have manipulated them and, you know, tricked them into engaging into sexual activity.

IQ 2.5 Synopsis. Over half of the participants talked about parents and other adults and how they influence adolescents through their own behavior. Teens watch and emulate their parents, and parents do not filter what they do in front of their children. Parental behavior gives young people the models and permission to carry out similar actions. For example, if parents are promiscuous, the teens will see that and copy such

behavior. Similarly, if parents talk negatively to teenagers and accuse them sexual activity they have not had, the teens may act out the very behaviors they are being accused of.

Parental detachment, which leaves kids to fend for themselves, is also responsible for influencing teen sexual behavior. Kids learn "in the streets" without benefit of adult guidance. It was noted that parental influence does work in a positive way as well, as those adults who model positive, supportive and preventive behavior influence corresponding behavior from their teens. The sexuality-filled media that is produced by adults is the other major theme identified here. Adults influence the sexual behavior of adolescents not by what we talk to them about, but through the media – music, TV shows, internet content – that we produce. One respondent discussed the incidence of sexual manipulation and abuse as an additional way that adults influence teens.

Research Question 3

Research Question 3 was "According to African American adults, how does adolescent sexual risky behavior and/or pregnancy affect the African American community in the Jackson, Mississippi metropolitan area?" Two interview questions addressed Research Question 3 through which I gave participants the opportunity to discuss adolescent sexuality from a community, action-oriented perspective. The questions gathered beliefs surrounding community responsibility, the effect of adolescent sexuality in the community, and ideas for community actions.

The interview questions were: (3.1) In your opinion, does teen sexuality have an effect on the African American community as a whole, and can you describe how you

think the community is affected; and (3.2) Should the African American community do something to reduce the sexual risk behavior of teens, why do you think some action needs to be taken, and what do you think the community should do? Six themes have been developed from the participants responses.

IQ 3.1. In your opinion, does teen sexuality have an effect on the African American community as a whole and how you think the community is affected?

This question allowed me to gather the thoughts and beliefs of the participants related to teen sexuality, its effect on the African American community, and what those effects may be. Three themes were developed from the responses.

Theme 3-1. The first theme I identified in the participant responses was teen parenting is cyclic and contributes to the poverty rate in the community. According to Participant 54,

> It's affected because that's one of the main reasons for the large percentage of poverty in the black neighborhood. Because of all of the unwanted pregnancies. Kids being brought in the world and then not being educated and so all of this falls you know into poverty. Therefore, the government ends up having to take care of all of these unwanted babies or unexpected pregnancies and the cycle keeps going.

Participant 58 noted, "They have to get on the government assistance. and once they get on the government assistance some of them just stay there. They don't try to better themselves to get off of it. So, that causes a lot of poverty." Participant 84 believed that

It leaves the community kind of at a loss because it just... I mean as many teenagers as there are having babies and as much lack of knowledge as there is about having babies, it kind of leaves them at a loss. I mean, a lot of them kind of drop out of school and they're not able to achieve what they would have been able to achieve, leaving them behind which it leaves them susceptible to poverty. So, it's just once again a never-ending cycle.

Participant 88 reflected,

We got kids out there that had to grow up early. They don't get a proper education because parents weren't there to help them do their homework. then they end up being out there doing, selling drugs or stealing. Yes, it affects because those children don't get an opportunity to be with a decent person with the opportunity to raise them correctly. Yea, it affects them. It might not be right off the front like right off hand but eventually that circle will be completed. That child will be out in the community and if he didn't get the support he should have gotten or she should have gotten, we're going to see the effects of it. And that cycle will start right back over again.

Theme 3-2. The second theme identified was that teen births create burdens on families and neighborhoods. For example, Participant 58 noted,

Yes, because the teens having sex at a young age and that leaves a lot of responsibility, especially if they're not old enough to work. They're leaving a lot of responsibility on the adults and just other adults that don't even have nothing to

do with it because they pay their tax dollars and they have to contribute to help

raise those children basically.

Participant 26 stated that

There's a bunch of people who can't take care of their kids because they're so

young and they don't really know how to raise the child so the child ends up doing

stuff that they really shouldn't be doing.

Participant 68 shared,

I believe it does because. We have a generation of young people who are in some

cases caught up in the system in terms of the welfare system. In terms of

childcare, now it's an increased number. There is a need for adequate childcare.

You have individuals that are now bearing that load. Additional individuals that

are bearing that load in our community. So yeah, I'll say yeah, it does play a part

in our community and it does have a high impact on our community.

Participant 51 mused,

I feel in a way it does. Whatever the next person does could affect the next

individual. If somebody's getting pregnant, that's gonna affect their parents,

that's gonna affect their family, that's gonna affect their friends. The parents,

they could be disappointed because now you have some parents who are willing

to help their teenager if they become pregnant and then sometimes you don't.

Theme 3-3. Adolescent sexuality and pregnancy affect how Blacks and people of

other races view Black people was the third theme identified for Research Question 3.

Participant 13 noted,

I think so. I think people view, we view, ourselves differently or we view other

people differently. When I say people meaning African Americans. I think when

you are an adult or maybe even a teenager and you say that there are other teens

that are your friends who have had babies or whatever then you look at them and

say that they are worse off than you. But the point of it is their lifestyle is very

different than another teenager, who's maybe more into their educational

background or more into sports activities as opposed to the one that has a child. I

think we tend to grow up with that stigmatism of or stereotype of 'that's so and so

and they had a baby at a young age'. Never mind that they may have had a baby

at a young age, but they went on to college, got a degree and are very successful

in whatever they're doing.

Participant 81 shared that

They would think us as Black people or in the Black community, they think we

just let our kids do whatever. Let our kids just go off and experience things at an

early age. They might get a stereotypical thought about the black community just

because we have a higher percentage of teen pregnancy.

Participant 42 stated,

I feel like it lowers our image of us. I feel like they feel like that's all we are, a

sexual beast. Because every time you look around, and I know other races have

teenage pregnancy. I know that I've seen the statistics. But what I'm saying -

we're black. We're the ones that are publicized mostly when it comes to the

negative, you know what I mean. We're already looked out as, 'Oh, they just

gonna do it. They do it just to get more kids to have more tax income tax. Stuff

like that. I feel like we're looked upon as that's how all we do, that's all we know.

IQ 3.1 Synopsis. The African American adults I interviewed unanimously agreed

that the occurrence of teen sexuality and pregnancy has an impact on the whole African

American community. Several participants felt that teen pregnancy affects entire

neighborhoods and encourages other teens to model the behavior themselves. It is a view

held by many that the children of teen parents are poorly raised, and they often turn to a

life of crime or drugs as they come of age. The teen parents themselves are also likely to

get on government assistance and fall into or stay in poverty. The cycle continues with

each generation.

Teen parenting was also cited by most of the participants as a phenomenon that

creates extra burdens on families and neighborhoods. Parents and grandparents step in to

help adolescents raise and care for their children. Families often do not see a choice, but

to support the adolescents and their child although the costs can be great to do so.

Families and neighborhoods need more supportive services such as child care and

housing. Lastly, teen pregnancy affects how Black people view each other and

themselves, and colors their perception of how other groups view the African American

community. The participants felt that teen pregnancy reinforces negative stereotypes and

views of African Americans that are held both internally and externally, primarily by

White people.

IQ 3.2. Should the African American community do something to reduce the sexual risk behavior of teens, why do you think some action needs to be taken and what do you think the community should do?

I used Question 3.2 to prompt the participants to provide a rationale for why the African American community should address adolescent sexuality as a collective. The question also helped me gather ideas for interventions from the cultural perspective of the participants. Finally, the question allowed the participants to have a space to talk about what should be done, which gave many of them a sense relief after focusing on the intensity of the "problem" of teen sexuality throughout the interview. Three themes were developed from the responses.

Theme 3-4. The fourth theme identified was that the Black community needs to be more self-reliant. For example, Participants 68 stated,

The community should do it as a group because unfortunately not every household is capable of addressing some of those behaviors. So, they're just repeating that pattern. A generational pattern. It does need to be a community response because not everyone may be able to address those issues in their household. Really kind of getting back to that village system.

Participant 4 believed that

In the Black community, we have these organizations called churches or religious institutions. They have responsibilities of trying to help people understand their relationship to one another. And I think that we don't do a good enough job in the church or in our religious institutions to talk about sexuality and responsibility.

Participant 81 suggested that

It will show that the community at least cares. Like somebody out there in the

Black community cares about our children and children having children. Some

teen pregnancies happen and they still don't have a role model to go by to teach

them how to be a mother or father.

Pregnant 54 stated,

It's to the point to where they should want change for themselves. They should

see the cycle being repeated over and over and they should want better for

themselves and therefore decide to do something to change what's happening in

their community. Stop expecting someone from the outside to come in and

change what's going on in your community. You have to want better for yourself.

Likewise, Participant 13 noted,

If we're a group of people that cares about our race, and it's not just happening in

certain families, it's happening in the race in general. And so, as a community we

generally care about people. I think if you really do care about people then you

want to see people succeed. Now true enough, you're not going to be able to

reach everybody, but if you can reach two or three out of them, then I consider

that to be a success.

Participant 58 concurred by stating

If they was to take a stand and do something, maybe the teenagers wouldn't do

some of the things that they're doing with having babies at an early age. Where

they have to depend on the government. If we took a stand as a community and

as a whole to reach out to them and to talk to them and start programs for them, maybe it could change. Change their whole lives.

Participant 88 also noted, "Of course, I think we should do something. We have to protect our kids."

***Theme 3-5*:** Participant responses provided the support needed for theme 5; adolescents need safe spaces and honest education as prevention tools. For example, Participant 26 stated,

They should talk about it more and they should let the kids know, like, the teens know what really can happen with having sex. And it's not just something to play around with I guess. Let them know more information about it because without it, they don't know what they're doing.

Participant 38 noted that

The teens really don't have too much to do. They have so much free time, when not in school they don't have anything to do. They try to find things to do and they finding the wrong thing to do. Something where they can participate in. Do something to keep them motivated and keep they mind off streets and sex. Partying. They don't have a lot to motivate these children to do what they should. They look for stuff. They look for things to do.

Participant 13 shared,

I think that we should really try to focus on educating our teens about taking care of themselves and letting them know that that's not the only alternative. That there are other alternatives and the benefits if you can wait. They need to be able

to make informed choices and decisions for themselves, and not just feel that they're pressured to do what their friends do.

Participant 51 reflected that

It's a lot of individuals who are not informed on certain things. It's up to the adults and people who have been through certain situations to inform everybody. At least we'd be putting the information out there. It's out there for you to have. I'm attempting to teach you and let you know what you need to be looking for and it is okay for you to wait on having sex. It's fine if your friends are doing it and if you don't want to do it, you don't have to. Don't let anybody peer pressure you.

Likewise, Participant 74 believed

It would be a good idea if even we had a class for the fathers or for boys to teach them about sex and protection and the consequences of having a child. A lot of times as a female if the father isn't around, we just deal with it. We just accept things for what they are.

According to Participant 58,

We do have the Boys and Girls Clubs, but they're for maybe the younger kids. They're not for the teenagers. If they started a Boys and Girls Club where they could go to daily and even they could go and get assistance with homework, play basketball. Also, they're able to talk to counselors. They're able to talk to other adults and those adults are able to talk to them about sex and about teen pregnancy. And the things that they can do to prevent teen pregnancy. And stress abstinence. I mean just stress it, stress it, stress it.

Participant 84 concurred by stating

They don't even have really too many extra-curricular activities or just community

outreach type of deals that speaks to teens as far as safe sex and just really gives

them a different mindset. There's a lack of those types of programs. Give them

some life skills, give them something else to do, another hobby. Take their mind

off sex. Make them too tired to even think about it.

Participant 54 noted, "There should be some type of educational forum organized

to educate our teens on teen pregnancy, teen sex, and just try to educate them on the

dangers," and Participant 4 said, "If we could address sexuality honestly and not make it

have such a stigma associated with even speaking about it. Openly talk about the

consequences," while Participant 88 stated,

It starts with education. Talking. Talking and having someone to talk to is a

great thing for a teenager. That's the best thing you can have for them. If their

parents are not church going people, where can they get that information from.

Any kind of community-based place where kids can go if they just need

someone to just come to and talk to in the evening or a hot line that they can

just talk to like for peer pressure. If you feel pressured to do anything, this is

a hot line you can call into and we would talk to you. Just to have somebody

to talk them through it. Like a suicide prevention hotline.

Theme 3-6. The final theme I identified for Research Question 3 was that

prevention efforts must also engage parents. For example, Participant 74 stated,

I wish there was more programs not only for teens but for parents and adults as well. To give you suggestions as to how you should talk to your kids about sex or how you can bring it up. Make it for the child and the parent to communicate about it instead of making it like you're not supposed to talk about it.

Participant 81 said,

Like a Boys and Girls Club or something like it, but they just go there to talk about ...well not just only to talk about teen pregnancy, you know drugs, having babies at an early age, and what that could lead to it. Not only have those teens there, have those parents there with them. Maybe have some parenting roles or parenting classes too to help. Cause some parents don't know how to teach their kids or tell their kids about sex.

Likewise, Participant 57 noted,

Sex education. I mean really sex education. Just break it down, even have classes offered to the teenager and the parent. Try to have everybody involved. We're just sugar coating a lot of things instead of being real. Show pictures. Show them how to put a condom on. I mean abstinence first, of course, is best, but is it realistic? Realistic education, right. That might be the word to call it too. Realistic education, not just education, but gotta be real about it.

IQ 3.2 Synopsis. Each of the participants affirmatively answered the question, indicating their belief that the African American community should do something to reduce sexual risk behavior and pregnancy among adolescents. When responding, the group was evenly split on their use of the term "we" versus "they" when talking to me

about what the community should do. African American adults feel that the African American community needs to do the work necessary to bring about change for its youth. The community should not wait until "outsiders" come to take care of its problems, it needs to take action and help itself. By taking action, African American adults can show they care about the children and community-at- large.

Education for adolescents was the most frequent strategy identified by the participants to help adolescents prevent teen pregnancy and sexual risk behavior. The education being provided must be "real", honest, and open, providing young people with information about consequences, risks, and decision making. Along with the education, young people need places they can be mentored, engage in extra-curricular activities, attend forums and skill-building classes, and talk about their future. Teen hotlines and community outreach were recommended so teens have adults to talk to whenever needed.

Throughout all the educational activities, abstinence should be stressed, but the tools to prevent pregnancy and disease if choosing to engage should be provided. In addition to reaching teens with the educational offerings, their parents need to be involved as well. Parents need tools to help them talk to their kids about sex, prevention, and to help build good parenting skills.

Summary

Through this study I explored the knowledge, feelings, experiences, and beliefs of African American adults in the Jackson metropolitan area about adolescent sexual risk behavior. Participants shared their observations regarding high rates of sexual behavior and pregnancy among adolescents in the community. It appears girls are getting pregnant

at younger ages than ever before. Peer pressure, boredom and feelings of neglect were identified as roots causes for sexual behavior among teens. Participants believed that adolescents do not take sex and its consequences seriously. Parents were named as the primary responsible party for most adolescent sexual behavior.

  Participants shared many of their personal experiences with me related to sex and what they were told as teens. Conversations about sex did not occur in many families, among teenaged friends or in the community. Other families discussed sex, but many of the messages consisted of blunt statements and fear tactics with no explanation. Mothers were the most mentioned when participants discussed sex education that was provided in their homes.

Several participants expressed to me that families, schools and churches touted an abstinence first then prevention message, when sex was addressed at all.   Many women did not have conversations with their friends about sex and those who did shared their experiences and/or encouraged others to engage. Male participants were all encouraged to engage in sexual behavior by their friends. Most participants believed that adolescents are aware of the pregnancy and disease risks but do not seem to understand or care about the seriousness or consequences of sexual behavior.

Music, television, the internet and social media were identified as the primary teachers of African American adolescents. Peers are the next greatest influence. Adults teach sexuality-related lessons through their behavior – which adolescents model and imitate.

Adults wish adolescents would wait to have sex until they are older, more mature, and have finished school. Teen pregnancy was referred to as "a baby having a baby" several times, and the participants noted the inability of many young parents to care for a child. Most of the participants believed that being successful and completing high school is possible after becoming a teen parent, but much more difficult.

Ten of the participants answered affirmatively that they do discuss teen sexuality with family and friends. Many participants discuss prevention with teens and teen behavior in the community with adults. Adults who talk to teens talk to their own children and other adolescents as well. Most frequently, when talking to their friends and colleagues, adults tend to focus on the pregnancies they observe in their own extended families or the community. Those who do not discuss the topic believe it to be important, but they do not take the time to discuss teen sexuality issues.

Similar to being named the primary teachers, media and peers are two of the top three influencers of sexual behavior among teenagers according to the participants. Friends and peers are number one because of the pressure and encouragement they exert to engage in sexual activities. Friends and peers are also who teens turn to for answers or help making decisions. Curiosity is the second major factor that influences sexual activity. Teens are curious and anxious to find out how it feels, and how the experiences they see and hear about would be in reality, without concern for the consequences.

Much of what adolescents see comes from media, the third most common influencer. According to the participants, the media is the primary disseminator and educator about sex, whether parents want it to be or not. In addition to the top 3 factors,

the participants believed that adults influence adolescent sexual behavior as well by modeling behavior that ultimately gives an unspoken permission to carry out similar actions. Adult influence discussed by the participants included parental detachment which leaves kids to fend for themselves without adult guidance. Participants also believed adults influence teens through the production of sexuality-filled media.

The participants concurred that teen sexuality and pregnancy has an effect on the African American community as a collective. Teen pregnancy affects entire neighborhoods and encourages modeling by other teens. Teen parenting was viewed as a cycle that continues with each generation in many cases.

Participants believed that teen sexuality and parenting puts extra burdens on families and neighborhoods. Participants shared how parents and grandparents often step in to support teen parents and help care for their children. Teen sexuality and pregnancy also affect how African American people perceive each other and themselves, and it is believed to influence how other groups view the African American community. Negative sexual stereotypes are reinforced both internally and external to the community.

Participants unanimously felt the African American community should do something to reduce sexual risk behavior and pregnancy among adolescents. The community needs to put forth the needed effort to bring about change for its young people and be more self-reliant in this regard. Participants believed that such actions would show the children and community-at-large that African American adults do care.

Real, honest education for adolescents was the most frequent strategy identified by the participants to help adolescents prevent teen pregnancy and sexual risk behavior.

Adolescents need safe spaces where they can be mentored, participate in extra-curricular

activities and educational sessions, and talk about their future. Teen hotlines and

community outreach programs were also recommended.

Participants told me that abstinence should be stressed, but the tools to prevent

pregnancy and disease should be provided to all youth. Participants believed the parents

of adolescent children need to be involved and provided with the skills they need to talk

to their kids about sex and prevention.

In Chapter 5, I will interpret the results presented in this chapter in relation to the

existing literature and the theoretical framework. The study limitations and

recommendations for future research will be also be discussed. Lastly, I will address the

implications for positive social change and provide a conclusion for this research project.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Sexual risk behavior and pregnancy among teenagers has continued to be of concern to many Mississippi residents. In 2015, 54% of the high school students in Mississippi said they had engaged in sexual intercourse, and only 39% of the students claim to have used a condom during their last sexual encounter. The state also had the highest rates of chlamydia and gonorrhea in the country, with half of the cases of each disease attributable to adolescents (MSDH, 2017).

Although the number of teen pregnancies has dropped since 2009, Mississippi still had the third highest adolescent birth rate in the country in 2015 at 34.8/1,000 girls versus 22.0/1,000 nationally (MSDH, 2017a). That year, over 38,000 children were born to teen mothers in the state, 16,000 of them to African American teens (MSDH, 2017b). In the three counties that make up the Jackson metropolitan area, the Hinds County teen birth rate was 32.7/1,000 girls, and Rankin and Madison Counties were 22.3 and 21.1, respectively. Hinds County also ranked number one in the state in the number of HIV and syphilis cases among its adolescent population (Teen Health Mississippi, 2018). Racial disparities are also enduring, as African American teens continue to outpace White youth in the rates of teen pregnancies and sexually transmitted diseases in the metropolitan area (MSDH, 2017b).

Previous researchers have described many of the risk factors and influencers on adolescent sexual behavior. However, few have sought to understand and describe the immediate cultural environment of teens, particularly in specific communities. The gap

in the literature indicates a missing element in knowledge and thus, prevention initiatives, given the persistence of the poor sexual health indicators. The lack of knowledge means addressing adolescent sexual risk behavior from a holistic, culturally specific perspective would be a challenging, potentially impossible, task (L'Engle & Jackson, 2008; Ma et al., 2008; Mitchell, Tanner & Raymond, 2004; Secor-Turner et al., 2011; Shambley-Ebron et al., 2016; Stanton, et al., 1993; Timberlake & Carpenter, 1990). Given the varying pressures, expectations and sociocultural issues present in the Jackson area, addressing the knowledge gap is essential towards creating social change with the specific community in mind.

The purpose of this ethnographic qualitative study was to describe one component of the sociocultural environment of African American adolescents that influences their sexual behavior by exploring the knowledge, feelings, experiences, and beliefs of African American adults in Mississippi. I selected 16 participants, men and women between ages 19 and 64, to participate in the research study via convenience and snowball sampling. Each person met the established enrollment criteria and provided their informed consent to be interviewed. I collected data using a semi-structured interview protocol designed to address the three central research questions. Themes representing the views of the study participants were created from the data as shown in Appendix F.

Interpretation of the Findings

African American identity is rooted in an Afrocentric paradigm that celebrates and supports African-based but American-flavored cultural values. To understand what it means to be an African American means gaining an understanding of the many

components of the African American experience, the history and present status of the

people, and how it is all interrelated (Cokely, 2005). As such, rather than structure my

interpretations around theoretical research questions and constructs, I have approached

the analysis more holistically by triangulating the data across interview and

research questions to identify the interrelationships. This strategy has allowed me to

provide rich, natural descriptions of African American culture in the study location, as

communicated by the participants.

The following discussion is organized into three thematic categories that have

emerged across all the collected data, allowing for a detailed description of the

knowledge, feelings, experiences, and beliefs of African American adults in the Jackson

metropolitan area about adolescent sexual risk behavior. Those categories are knowledge,

beliefs and experiences, and community engagement.

Knowledge

Participants were keenly aware of the high rates of sexual risk behavior and

pregnancy among adolescents in the community. Although they may not have known the

specific statistics as mentioned in Chapter 1, they all felt the rates are very high and have

been so for years. As one participant stated, "there are a number of unwanted

pregnancies in the Black community and has been historically in Mississippi." Although

statistically, the numbers are slowly improving, the perception in the community remains

that teen pregnancy is common and increasingly happening among younger girls.

Coming of age. African American adults are raising adolescents in a world very

different than the one they grew up in. Many of them believe that teens today are

different than they were, and they face unique challenges. The participants stated that adolescents today are privy to information their parents and grandparents did not have or share with kids. Many of them never participated in conversations about sexuality in their households or community. When they did, the messages were often lacking in information and value. For example, one participant shared,

> I was told, 'Don't get pregnant'. Just kinda knew not to get pregnant. You knew that was one of the things that you don't want to do because you're going to get in trouble. You know, it's not what you're supposed to do, right now you're supposed to be in school. As far as an in-depth conversation, sit you down at the table and talk about teenage pregnancy? No, it didn't happen. How did I know not to become pregnant as a teenager?

This coming of age experience was also found by Shambley-Ebron et al. (2016), who studied how Black mothers transmit sexuality information to their teenagers. The mothers expressed how information was either withheld or altered when they were growing up, leaving them to obtain information about sex and their bodies through experience and friends. Discussions did not take place in their homes, and society was more restrictive with the sexual content young people could access through media.

Mothers hold a special role in the education of teens around sex. Not only were they the most frequent teacher in the home about sexuality for the participants, they were also more identified as being responsible for teaching adolescents about sex today. DiIorio et al. (2000) also indicated that mothers are indeed more likely to talk to their children about sex than fathers are, and they talk to their daughters more than their sons.

Shambley-Ebron et al. (2016) identified African American mothers as the pillars of their communities who are important players in the sexual decisions of their young adolescent daughters, a finding also supported by Siebold (2011) in her study of factors that influence adolescent sexual health.

According to the participants, families, schools, and churches that did provide sex education when they were growing up focused on abstinence first, then prevention. In the African American community, abstinence was stressed, but parents and churches realistically viewed sex as something that may occur, therefore young people need to be fully informed on how to protect themselves. Carlson and Tanner (2006) supported this position when they found that many parents are more accepting of teens using birth control to protect themselves against pregnancy and disease even if the parents want them to abstain. Tabi (2002) also found that groups such as teachers and churches support abstinence when combined with comprehensive sex education and youth development activities.

Despite of the influence that mothers, schools, and churches may have, the participants identified other entities that have greater impact on adolescent sexuality today. Peers and friends, and the media are considered to be the primary educators and influencers of adolescent sexual behavior in the Jackson area.

The media. The media was identified as the most influential factor on adolescent sexuality according to the participants. Television, music, social media, and the internet are equally responsible for surrounding teens with sexual content 24 hours a day, every day. As one participant stated, "You got kids listening to this music that's promoting

that, then they get around other kids and talk about it. And they also see it on social media, and the internet."

American media is considered the most highly sexualized among industrialized countries (American Academy of Pediatrics, 2001; King-Jones, 2010). Television portrays sex as something casual and glamorous, and negative consequences are rarely shown (Martino et al., 2005). Mainstream media reinforces the beliefs that women can to use their bodies for profit and power, individual choice is important, and people can reinvent themselves through makeovers. Girls are instructed to focus on their appearance and on being hyper-feminine rather than on developing creative, athletic, or intellectual identities (Coy, 2009; Weiss, 2007). Coy (2009) has suggested that "young girls are adultified and adult women are youthified" (p. 374) in media directed at adults, but absorbed by and available to children.

Sexually, African American men are portrayed as macho, hypermasculine, highly sexual, unable to sustain relationships, promiscuous, and sexually aggressive in the media. Rather than focusing on the immense strides African American men have made in the last century, the media continuously feeds negative, stereotypical stories to audiences who oftentimes use the images to form their perceptions about Black males (Bryson, 1998; Harris, 2008; Mathis, 2007; Williams, 2006).

African American females have long been portrayed as primitive, wild, hypersexual, and promiscuous—socially and in the media (Froyum, 2010; Stephens & Phillips, 2003). These historical images have been incorporated into African American

culture and have become the foundations for the culturally-based sexual scripts of young women who have come of age during the current hip-hop culture.

Many studies have been conducted on the impact of the hip-hop music and media culture on the sexuality of African American women (Khan, 2008; Ross & Coleman, 2011; Stephens & Few, 2007; Stephens & Phillips, 2003; Stokes, 2007). Hip-hop has infiltrated African American life deep enough to influence the crafting of 8 contemporary sexual scripts being enacted today (Ross & Coleman, 2011; Stephens & Phillips, 2003). Extensive social media use is also associated with having multiple sex partners and low condom use. The sexting, suggestive picture sharing, and arrangement of hook-ups that occur via social media are often the impetus for teen sexual risk behavior through avenues unavailable to previous generations (American Academy of Pediatrics, 2011).

Participants emphasized that the media is what educates teens on sexuality and relationships, and it often provides visual depictions of how those activities are carried out, a view supported by L'Engle and Jackson (2008) and Weiss (2007). Media outlets are also responsible for influencing adolescents to engage in sexual activities without thinking about the consequences. "A lot of that is perpetuated in the media. When we were growing up, we didn't see as much sexual stimulation on TV. Now it's everywhere. It's everywhere, it's pervasive and it's in everything" stated one participant.

Peers. Peers and friends were identified as the second most powerful educator and influence on youth sexuality today. Participants shared that peers are the sources of a plethora of sexual influences including educating, peer pressure, modeling, a sense of belonging, and encouragement. Researchers widely agree that peers have a strong

influence on the sexual behavior of teens, across all the dimensions listed above and more.

Carter and Spear (2002) and Tabi (2002) found peer pressure and negative peer modeling to be major contributors to teen pregnancy and sexual decision-making. Peers may provide information and standards more acceptable than those communicated by adults (L'Engle & Jackson, 2008). According to King-Jones (2010), the need to fit-in, bow to peer pressure, and the media are internal and external drivers that work with personal factors to create a triadic reciprocal determinism. This construct is in keeping with the Bandura's social cognitive model of sexual decision-making.

Aware but don't care. Most participants stated that teens are aware of the disease and pregnancy risks associated with sexual behavior, but the consequences are not taken seriously. Curiosity is a factor that overtakes caution for many young people. Wanting to know how it feels or "what it's like" pushes teens to engage in sex without heeding the warnings they have received. Not only is this view supported by King-Jones (2009), the lack of honest information about sex prompts teens to find out what the secret is all about. Participants shared that teens have a good time in the moment, treat sex like a game, and they tune adults out.

Weiss (2007) summarized the dilemma facing the Jackson metropolitan community with the following words, "While parents and teachers are uncomfortably silent about sexuality, the media and peers bombard teens with sexual information" (p. 451).

Beliefs and Experiences

In addition to exploring the knowledge adults have about teen sexuality, I gathered their feelings, experiences and beliefs on the topic.

Teen sex and pregnancy. Participants largely believed that adolescents should wait to have sex. They wanted them to be older, educated and able to take care of themselves before having to deal with the consequences of sex. Teen pregnancy is looked upon as an event that robs the childhood of adolescents because they are trying to raise children at the same time they are starting their own lives. Shambley-Ebron et al. (2016) indicated similar findings as a reason why African American mothers support honest communications with their children about sex. As one participant stated,

> Parents need to talk to their children about safe sex and talk about birth control. I know some people don't agree that if your child is not having sex, you shouldn't put them on birth control and if you do put them on birth control, it's like giving them permission. But I think better safe than sorry. From my own experience, I think that when they get to that certain age, it's time to put them on birth control.

Adults believe that pregnancy has become a rite of passage for many adolescents, but the teens do not understand the hardships that accompany raising a child. Although teen pregnancy is not desired, however, it is supported when it occurs. Most of the participants felt that "a child is a precious gift, regardless." Once the baby is on the way, parents and families are expected to support the teen mother and her infant because she is not developmentally ready to do so on her own. Previous studies have shown that early childbearing and the provision of social support by extended families and communities

may be socially acceptable in many low income African American populations. Such cultural beliefs may also promote childbearing without regard to marriage and financial resources (Merrick, 1995).

Participants felt that being successful is possible after having a child as a teen, but it is much more difficult. Many participants discussed the extra burdens laid on teen parents, and the protracted length of time it takes for them to become self-sufficient. Raneri and Wiemann (2007) looked at the events that take place in the lives of adolescents after having their first child. Her sample found that 42% of the teens have a repeat pregnancy in two years. Adolescents who were enrolled in school and committed to completing their studies in 3 months after giving birth were the ones most likely to continue towards their goals and avoid subsequent pregnancies (Raneri & Wiemann, 2007). In contrast to the Merrick (1998) findings, the more recent research suggests the social support afforded to adolescent mothers in Mississippi by their families, and the encouragement for teens to stay in school, may make the difference between becoming "successful" or part of the cycle.

Self-identified parents of daughters all believed they have become more aware and frightened about teen sexuality, and they did not want their daughters to become sexually active. The same caution was not displayed towards boys. Participants did feel that boys need to be targeted with sex education like girls, but the sexual maturation of boys is not nurtured and protected like that of girls. As stated by one participant,

Our society has kind of given boys a pass and that has been a problem for decades and centuries probably because at the end, the woman is the one stuck with the

baby. She can't run for that, but that man has always run from that because he can. Our society is not doing a justice to the boy. They are doing an injustice to the boys by not really being real and frank with them.

Research supports the views of the participants regarding the differences in expectations and socialization of boys and girls with African American culture. Sex and gender roles are uniquely prescribed for each gender, with boys being given more sexual freedom, less responsibility for contraception, and an expectation of multiple partners and lack of sexual control (Bowleg et al., 2011; Christensen & Johnson, 1978; Freeman, 1992; Kerrigan et al., 2007). Girls are less able to negotiate sex, must be the caretaker for others, and be able to step in to fulfill both male and female gender roles (Christensen & Johnson, 1978; Jarama et al., 2007). Investigators agree that more programs need to be targeted towards boys to reduce the gender role inequalities and increase male sexual responsibility (Bowleg et al., 2011; Freeman, 1992; Jarama et al., 2007; Kerrigan et al., 2007).

Community interactions. Many of the participants regularly engage young people in conversations about sexual behavior. They hold talk sessions at their homes for their kids and friends to cover sexuality topics and prevention, or they address adolescents in the community with prevention messages. The sessions not only focus on sex, but on after-graduation goals and life skills. Previous research has shown that trusted adults who regularly engage young people approach sexual feelings as a natural part of growing up. The adults tend to address sex realistically, sometimes bending the rules to ensure adolescents are given accurate, comprehensive information by which to

protect themselves (Annang et al., 2014; Froyum, 2010). It appears that many adults in the Jackson area are doing just that.

The majority of the participants, however, did not talk about adolescent sexuality on a regular basis with adolescents or adults. When the conversations did occur, they usually were to comment about teen pregnancies observed in the community or extended family. Not talking about it, however, does not indicate unimportance. Participants felt that the issue is important to them and their friends, but no one takes the time to discuss it. Annang et al. (2014) also found the same issue in a study looking at parental attitudes about teen pregnancy. The lack of adult communication with teens and other adults about sex is a common situation in the African American community and is cited as a risk factor for teen sexual behavior (Annang et al., 2014; Corcoran et al., 2000).

It is an interesting dichotomy that many of the adults who grew up lacking education and people to talk to about sex and who believe that adolescents need parents and trusted adults to talk to, do not address the issue with the teens and adults surrounding them.

The influence of adults. Participants shared many of the ways in which they believe adults influence the sexual behavior of teens. Surprisingly, none of them were related to providing sex education and prevention information. Again, mothers were a focal point as participants described how the behavior and permissiveness of mother's influence teen sexuality. King-Jones (2010) also looked at this issue and found similar findings. Mothers that allow their children to be exposed to sexual content on TV and the internet, including pornography, increase the likelihood that teens will engage in sex. In

addition, mothers who do not talk to their teens about sex help create an air of mystery that fosters the curiosity that leads to sex.

Exposure to sexuality-laced media, and parental modeling were the most frequently named ways in which participant's felt that mothers influence adolescents. Most of them agreed that if mothers model promiscuous or permissive behavior, and do not filter what they expose their children too, adolescents will use that as a model for their own behavior. One participant summed it up nicely by stating

> If you're having sexual relations in front of your child, and I'm not saying that they are in the room with you, but if your child has knowledge of the sexual act. They hear it. They know what's going on. They see it's acceptable. I'm not saying that all Blacks to that because ever race does that. But it's common that the father is not present or other men be in and out, you know what I mean. That's not talking down our race, that's just speaking facts. When children see that and they see that it's acceptable and okay for you, they feel like it's acceptable for them. How can you tell them anything when you do it and you're promiscuous? Although they're not saying anything about it, they're getting it. It's subliminal. So, when they go out they are mimicking. Subconsciously, they are mimicking the behavior that they've learned and they're already pressured to do it anyway.

Those beliefs are supported by previous research. Mothers who provide sexuality-related knowledge and who model strong family values have been linked with healthy sexual decision-making by teens (Siebold, 2011). In their effort to identify why

some mothers talk to their children while others do not, DiIorio et al. (2000) found that

the higher a mothers self-efficacy about her ability to talk to her children about sex, the

more positive the outcome. Conversely, mothers who are uninvolved in their children's

lives, do not support their healthy development, and do not monitor their teens comings

and goings contribute to the teen pregnancy rate (Tabi, 2002).

The centrality of African American mothers to African American culture means

those women are largely responsible for transferring cultural knowledge and values about

sex to their children, particularly their daughters (L'Engle & Jackson, 2008; Shambley-

Ebron et al., 2016). Participants also held mothers responsible for protecting their

children from exposure to sex-filled media before being mature enough to handle it.

Through modeling and teaching, African American mothers share cultural lessons, good

or bad. Mothers who do not discourage pregnancy, and grandmothers who are delighted

at the prospect of grandchildren inevitably encourage adolescent pregnancy (Shambley-

Ebron et al., 2016; Tabi, 2002).

The fact that adults produce most of the sex-filled media that so broadly

influences African American youth was not lost on the participants and was named as one

of the primary ways that adults influence teen sexual behavior. Media is one of the top

educators of and influential factors in adolescent sexuality identified in previous research.

Although adults believe in, witness, and do not like the influence of media on teens, they

continue to produce and/or support its existence knowing that kids are watching. Again,

a dichotomy exists in the African American community as well as a struggle to protect its

young people from certain media influences.

Sex abuse and manipulation. In a departure from the majority, most of the divergent views obtained during the interview process had an underlying theme of sexual abuse, thus they are worthy of mention here. Although not brought up by many participants, a history of sexual abuse or manipulation by adults was believed to push teens towards learning about and acting out sexual behaviors before they are ready. Research by Collins, Baiardi, Tate and Rouen (2015) and Ma et al. (2008) support that viewpoint with their findings that previous sexual abuse, violence, and trauma is associated with sexual risk behavior among African American teens.

Community Engagement

The impact on the community. According to the participants, adolescent sexuality and pregnancy has an effect on the African American community that is cyclic and partially responsible for the poverty rate in the Jackson metropolitan area. Participants noted how teen births create burdens on families, neighborhoods, and local services. Participants discussed how families step in to help care for the child, other teens copy the behavior and become pregnant themselves, and taxpayers end up footing much of the bill. One participant summed it up by stating

> It has this domino effect. Her education being stopped means that she's not gonna be able to get a livable wage which means she's not gonna be able to afford a house that's going to be conducive for her raising three children. Not to mention the other family members that are staying with her. So, what are the options because you gotta eat, sleep and to care of yourself. So now you can't get a job, a livable working job. So, what are you gonna do? You gonna turn tricks or you

gonna depend on somebody else like a sugar Daddy or the government, or you're

going to get into some other type of lifestyle where you're either selling drugs or

stealing. You know, something negative. So yeah, all of it negatively affects our

community and it does not seem to be getting any better.

The numbers prove this to be true. The Mississippi State Department of Health

estimates that teen childrearing cost taxpayers $137 million in 2010, almost all of which

went to mothers under the age of 18 (MSDH, 2017a). Researchers have long highlighted

the cycle of early pregnancy, limited education and poor employment prospects, and

poverty that tends to repeat across generations. Breaking the cycle is often the goal of

adolescent interventions (Longmore et al., 2009; Sullivan, 1993).

Teen sexuality and pregnancy also affect the African American community

through the reinforcement of negative stereotypes. Many participants described how teen

pregnancy is stigmatized in the community, and how it affects how other races perceive

African American people. One participant stated, "Teen sex affects how we relate to

each other and also how other people look at our community from the outside. Outsiders

look at us and they have these perceptions about our ability to make good decisions."

The sexual scripts that have emerged from the hip hop culture are filled with negative

undertones that reinforce negative images. Scripts such as Baby Mama, Freak, and Gold

Digger guide adolescent female behavior and reinforce the traditional negative

stereotypes when the scripts are acted out (Stephens & Phillips, 2003).

African American adults are concerned with how White people will continue to

perceive them. Participants recognized that the biases and racism that exist in American

society colors the lens through which Black people are viewed, thus perpetuating negative stereotypes whether warranted or not. Women continue to be seen as sexual objects and men as hypermasculine without regard to individuality. The natural African American response is to avoid calling attention to self, a stance that is betrayed by teen pregnancy (Bryson, 1998; Harris, 2008).

What should be done. Participants believe the African American community needs to be more self-resilient, self- reliant, and do something to help itself without waiting for outsiders to do it for them. In addition, action by the community would show adolescents that adults care about what happens to them. Participants felt that the inaction and lack of involvement by parents and other community members in the sexuality education of teens have left teens fending for themselves. One participant stated it this way,

> If we don't start taking care ourselves, who will? We can't always depend on others to balance out. We have to start being self-resilient. I feel like they feel like 'if they don't care, why should we'. If we as a people or community don't care, why should others care?

African American adults believe adolescent sexual risk behavior and pregnancy are preventable. Supported by the reduction in teen pregnancy and risk behavior indicators over the last 10 years, previous research has shown that some prevention efforts do work (Berne & Huberman, 2000; Ma et al., 2008; Saunders, 2005).

The participants provided three primary recommendations to reduce the amount of sexual risk behavior taking place and the numbers of babies born to teenaged parents:

(a) honest and open sex education provided by trusted adults, (b) safe spaces to talk, be

mentored and be kept busy, and (c) parents who are engaged, prepared and educated.

Participants identified needed programs such as Boys and Girls Clubs for adolescents,

youth drop-in centers, mentorships and parenting classes. It was also suggested that the

African American community needs to build the capacity in families and its existing

community organizations such as churches and schools to deal with sexuality in a

collective manner.

> As one participant put it,

> They need to be learning something like more about what they want to do. What

> you want to be when you grow up? What to you want to do when you graduate?

> Get a building or put something in the community so they can focus on what they

> want to be. Put fun in it. Let's do games and gifts. We can have dinners or

> something. They don't have a lot of that here. You have teenagers saying, 'Well

> it ain't nothing to do. It's boring. When they sayin that, they don't have a choice

> but to get out here and think about partying, smoking, drinking, having sex. It's

> nothing for them to occupy they time when they're not in school. Then you have

> teens that been in detention centers. They come out and they don't have nothing

> to motivate them. They don't have a counselor or a mentor so it's like they back

> doing what they doing to go right back to the detention center. You have to have

> the parents too. You can't just be the mentor because the parents have to be

> involved too. You gotta help your children out and you have some parents that

> just wave they hand. 'Oh, he bad so I just give up', you know. Some parents

don't understand their kids or what they go through. If we had classes to understand more. Classes where we can sit down with our children to understand them more, that would be good.

Previous research supports the approaches. The provision of open and honest sex education for teens as well as helping parents improve their knowledge and skills related to youth development and sexuality have been identified as best practice prevention strategies from communities around the world (Berne & Huberman, 2000). Previous investigators from Jackson, Mississippi also concurred in their manuscript addressing teen birth in Southern urban communities (McDavitt, Black, Grant, & Ko, 2016).

Prevention efforts that encompass the three recommendations are commonly hailed in existing research as effective at curtailing teen sexual risk behavior and pregnancy. Teen pregnancy has been identified as a symptom of the lack of options available to adolescents in a community, which is specifically applicable to low income and/or minority populations. Such designation means prevention efforts must include changes in the institutions, perceptions and services in the community as well as in the home (Dryfoos, 1985).

According to Ma et al. (2008) "culture-specific activities that engage African American youth and stimulate their desire to learn as well as satisfy their curiosity, may enable them to overcome adversity while maintaining healthy behaviors and attitudes" (p. 325). Churches and schools are encouraged to engage young people in programs that engage their minds and keeps them active and focused on their future. Involvement in the church has been shown to have positive effects on youth development and parent-

child interactions, and youth programs need to be both community and faith-based (Berne & Huberman, 2000; Landor et al., 2011; Ma et al., 2008; Rozie-Battle, 2002).

Social networks and support can improve health-related behaviors through the exchange of information among network members. According to the social cognitive theory, new behaviors are influenced and learned through such social interactions. If new messages are provided to teens across their social network and in common institutions as a collective, behavior changes will follow (Ackerson & Vaswanath, 2009; Bandura, 2002).

Limitations

As described in Chapter 1, researcher subjectivity and bias, were inherent weakness to the study. I kept my subjectivity and bias to a minimum while conducting the researcher by continually questioning and reflecting on my own biases and beliefs as I drew conclusions. I used the research journal to document my thoughts and feelings and allow me to confront them as the researched progressed. I regularly "checked my feelings at the door" to approach the research as objectively as possible and without emotional attachment. I did find, however, that being a cultural insider made it easy for me gain entry into the community, build a rapport with the interview participants and understand the meanings behind cultural expressions and slang.

In addition to researcher subjectivity and bias, other limitations were identified. The embedding of specific probes into the interview protocol is a standard practice for structured qualitative interviews (Creswell 2009). However, the specificity of the probes limited my ability to delve deeper into many of the statements made by participants

during the interviews. Because I was unable to ask questions in a conversational, less structured way, with the ability to tailor my probes to the actual participant statements, there were many areas of discovery untouched.

My findings are limited by and reliant upon the honesty and accuracy of the participants. Situation matters - few people are honest, know exactly what they think, and are consistent all the time in every context (Cook & Crang, 1995). Recall error may have occurred, meaning memory recollections may be untrue representations of facts and events. The findings are also limited by participants who may have answered the interview questions based on their expectations of what I expected them to say rather than be open and earnest about their true stances.

It was more difficult to recruit men study participants than women. Although I reached several men with an invitation to participate, it was a challenge to get responses and get them scheduled with a firm interview date. This issue caused me to have a less balanced sample than desired. Although my intent was to enroll a 50% male sample, I only reached 30%. The data I collected from men and women was similar, with no distinct gender differences in the responses, however, a study with more balanced representation may have different results.

Although the analysis of study data according to income was not in the scope of this study, nor was income data collected, the inability to categorize participant responses according to income ranges is a limitation of this study. Previous research has indicated income level rather than race determines the worldview and immediate culture in which a person lives (Ackerson & Viswanath, 2009; Longmore et al., 2009; Prevention Institute,

2002; Sullivan, 1993). This study is limited in its ability to correlate participant responses with socioeconomic measures to make any relevant distinctions.

Recommendations

Performing similar research in African American communities across Mississippi and other locales would eventually allow future practitioners to better tailor their interventions to the needs of the target community. Taking adult and adolescent beliefs, knowledge and feelings into account, and making efforts to positively influence them, may fill the gap in current sexual risk behavior prevention programs.

Caring, nurturing adult-child relationships in the African American community are critical towards the reduction of sexual risk behavior and pregnancy (L'Engle & Jackson, 2008; Moore & Chase-Lansdale, 2001; Shambley-Ebron et al., 2016). Understanding the role of the family, neighborhood and community members, economic opportunities, and youth development activities on adolescent sexual risk behavior in specific cultural groups is needed to effect long term change (Merrick, 1995; Siebold, 2011).

Additional questions materialized while I conducted this study, many of which deserve future attention and have been previously identified in existing literature. Participants were split in their use of "they" versus "we" when responding to the question related to if the Black community should take action to reduce the amount of teen sexual risk behavior. Although beyond the scope of the current study, future research is needed to determine if that was an insignificant occurrence or a signal for whether or not African American adults feel cultural ownership in addressing adolescent risk behavior in their

community (Cokley, 2005; Thompson-Robinson et al., 2007). This delineation is important towards understanding individual commitment to facilitate change through action versus those who may passively support cultural transformations.

The responses I received to the interview questions from each participant were relatively homogeneous. Participants largely agreed in their perceptions and beliefs about adolescent sexual risk behavior and pregnancy in the Jackson area, with no overt differences by age. There were several participants in their late teens and twenty's whose views matched those of older adults. Given that the younger individuals were the most recent teenagers in the sample, future research is needed to determine when and how their beliefs transitioned and matured to be more like older adults. Investigators may discern when the changes in thought process and beliefs about sex occur, what prompted the evolution, and if an external influence is partially responsible, how it may be triggered and maximized at an earlier time in development (Ma et al., 2008; Secor-Turner et al., 2011; Stanton et al., 1993). The findings will likely inform policy and practice surrounding child and teen development and maturation factors.

A follow-up study in the Jackson metropolitan area is recommended to probe deeper into the sexuality-related experiences of the adults who live there. Several participants used expressions such as "In hindsight", "due to my experience, and "keep them from making the same mistakes I did" when expressing their desires to encourage teens to learn from their mistakes. It was apparent to me from what the participants did not say that the stories tell the underlying tales of how their current belief system about adolescent sexuality has been formed. The findings would add to the scientific

knowledge base on which future public health policy, counseling and family services may be based (Bryant, 2002; King-Jones, 2010).   In addition, exploring those stories would help fill an identified gap in the literature related to sexual values and experiences in the African American community (Jarama et al., 2007; Lichtenstein et al., 2005; Shamble-Ebron et al., 2016; Timberlake & Carpenter, 1990).

Implications

Positive Social Change

My research has shown me that African Americans in the Jackson, Mississippi metropolitan area face a unique set of challenges and cultural norms related to sexuality. The high level of religiosity and the expectations to adhere to Bible-belt traditions make talking about sex taboo. Persistent racism and biases that are entrenched in American society are particularly evident in Southern life today. Housing and education segregation, high poverty rates and the creation of new economic centers outside of Hinds County create barriers to career success and to keeping young people motivated to postpone sexual activity and parenthood.

I have learned that the media and its role in the preservation of sexual stereotypes and unhealthy self-images weave pervasive threads throughout the perceptions African Americans have of themselves as well as how others perceive and treat African American people. Young people are acting out the roles they see and hear about on television, in music, and on the internet, and the adolescents in the Jackson area are using these sources to learn more about sex than any adult seems to be teaching them.

The gender role differences common in African American culture in the Jackson, Mississippi area creates a situation where males are not held to the same standards of sexual responsibility, monogamy, or maturity as females. In addition, sexual risk behavior prevention efforts tend to target girls exclusively due to their risk of pregnancy and single parenthood. Thus, it has become apparent to me that sex education and prevention efforts often ignore the important male audience where focused is attention is most needed.

I believe intervention efforts will become more effective if the co-factors specific to the community are addressed as well as sexual risk behavior directly. Environmental and cultural needs cannot be ignored while the community and public health professionals wring their hands and wonder why their current efforts are not working. Furthermore, the community needs to be engaged and should hold a leadership role in the effort to create social and cultural change for the sake of its children.

I recommend additional research be conducted in Mississippi to address the specific challenges, cultural norms, and poor health indicators being faced by the African American community there. Public health investigators and practitioners need to do more to assist the community with addressing its challenges head on, attacking each determinant of health openly and honestly. Information is needed to determine how to best take the culture, history, and future of the people into account with each pregnancy and sexual risk behavior prevention intervention conducted there. Armed with evidence, African Americans and public health professionals may be able to change the pollical will and cultural practices in the community.

Not only has previous research shown that the lack of conversations between African American adults and adolescents is linked to the incidence of risky sexual behavior and teen pregnancy, but the participants in the current study also agreed (DiIorio et al., 2000; King-Jones, 2010; L'Engle & Jackson, 2008; Weiss, 2006). As one participant stated:

> If we just deal with sexuality realistically as opposed to idealistically and make prevention and education as acceptable talking about drugs and alcohol for folks, you know people never had any problem talking about drugs and alcohol, but we shy away from sexuality. We need to talk to kids, address the questions they have and approach the subject honestly.

Simply put, people need to talk more. The participants of this study are potentially the first initiators of sexuality-related conversations, as they reflect on the interview questions and make adjustments in their own behavior to match their hopes for the children. The participants who chose to receive the Fact Sheet after study completion will be armed with additional information to share with others regarding the current beliefs, activities and issues taking place in the community.

No matter how small their reach, the participant's increased awareness and possible willingness to address the issue in their social networks can make a difference. As they discuss, teach, or become more aware of the issue and what may take to improve it, the impetus for social change will begin (Annang et al., 2014; Bryant, 2002; Carlson & Taner, 2006; DiIorio et al., 2000; Secor-Turner et al., 2011). Individual and family change may be realized.

Theoretical and Practical Implications

The interconnectedness of social justice, health promotion and health equity mandates that the social determinants of health, community empowerment and change are addressed simultaneously for improvements to occur (Norman, 2009). In relation to adolescent sexuality and the Social Cognitive framework, the social determinants of health are the external forces that influence attitudes and teach behaviors to young people through modeling and reinforcement by adults, or their cultural environment (Bandura, 2002; Collins et al., 2015; DiIorio et al., 2000).

My study furthers the bed of knowledge surrounding adolescent sexual behavior and how it is influenced by culture in the African American community in Mississippi. Future investigators may use the methods and findings of this research to inform their own cultural studies and determine its applicability to new target communities. This study also provides additional support for the inclusion of the social cognitive framework and culture as key components in public health research.

Findings from this research may support future investigations in the same target community or other regions of Mississippi. The unique qualities, culture and socioeconomic characteristics there necessitate future studies that will promote greater understanding of the needs, values and motivations that influence adolescent sexuality. The additional knowledge may be used to design community-specific interventions that prove to be most effective (Bryant, 2002; Gostin & Powers, 2006; Prevention Institute, 2002). According to Bryant (2002), health promotion's reliance on quantitative scientific knowledge has swayed attention away from other determinants of health such as politics

and socioeconomic issues. Incorporating the other forms of knowledge, often obtained through qualitative inquiry, is increasingly important towards the creation of effective policy and interventions.

Conclusion

Grounded in the social cognitive perspective, this research study was conducted in Central Mississippi which is located in the Southeastern Bible-belt region of the United States. The location is where African American culture, religiosity, a large rural population, and high poverty rates intersect to form unique challenges for the people there. African American adolescents in Mississippi have disproportionately high rates of pregnancy, STD/HIV, and reports of sexual risk behavior as compared to White teens. According to previous research, understanding the specific cultural messages being shared among the African American community is essential towards understanding and addressing the incidence of adolescent sexual behavior.

The results of this study help fill a gap in the literature through its exploration and descriptions of African American cultural beliefs, feelings, values, and knowledge about adolescent sexuality and behavior in the central region of Mississippi. In addition, the findings have the potential to influence social change through enhanced cultural awareness, teachings and paradigms in the African American community that foster healthier youth development.

I used a qualitative ethnographic research design to explore the meaning of adolescent sexuality and its consequences in the African American community in Mississippi. I assumed the role of participant-observer as a former member of target

community. I conducted the study remotely in the Jackson, Mississippi metropolitan area with 16 African American men and women aged 18 and 64 participating.

I interviewed each participant using an in-depth interview protocol in which each interview question addressed one of the three primary research questions. I gathered information and collected data during screening for eligibility and the in-depth interviews, and the interview recordings were transcribed for analysis. I analyzed the data using the transcripts, Grand Tour observations, and my field journal to code, thematically categorize, and interpret participant information. My final interpretations formed the essence of the research conclusions and this report. I maintained ethical integrity throughout the research project.

The adult participants wanted young people to postpone sexual activity until they were old enough to handle the consequences maturely and independently. They felt that parents and adults need to talk to teens to give them honest and real information about sex, life choices, and life goals. Messages of abstinence should always be first, and always be stressed, however, adolescents need education regarding risks, pregnancy prevention, condom use, and resisting peer pressure. African American adults believe that communications to the community's youth must be consistent, constant and come from all angles—parents, churches, schools, and youth organizations—to counterbalance the influence of media and peers.

Despite the high crime statistics and reputation as a sleepy Southern community, the people in the Jackson area hold tradition and love of family and friends in the highest regard. My Grand Tour revealed an African American community that works hard, plays

hard and cares deeply for one another. This affection carries over to the love the adults have for their children and other young people in the community. The emotion with which the participants shared their views and experiences conveyed their concern and caring for the young people around them. It also signaled a feeling of sadness for the bright futures stunted by early sexual activity and parenthood.

According to Schneiderman, Speers, Silva, Tomes and Gentry (2001), the health-related behaviors of individuals can only be addressed for the long term after their biological characteristics, environmental interactions, sociocultural environment, psychological profiles, and economic conditions are understood. I agree and designed this study to explore the sociocultural environment of African American adolescents in the Jackson metropolitan area to provide information that may assist with addressing the sexual risk behavior taking place there.

As I close, there are several points that I find most noteworthy. The African American community in the Jackson, Mississippi metropolitan area needs to hold boys more accountable and to higher expectations. Adolescent males need mentors, activities, and be held to higher standards of behavior and achievement to change their sexual behaviors and beliefs, and their life trajectories. The findings have also shown that young people, regardless of gender, need to be kept busy with skill building activities, sports, educational opportunities. The Jackson area would benefit socially and economically from the development of youth programming in the African American community and I encourage organizations there to pursue such activities.

Parenting classes are needed for parents of all ages, including adolescents. Parents need the skills to talk to their children about sex, have accurate information and education, and gain the self-efficacy to talk to their kids effectively. Adult and adolescent parents also need opportunities to attend basic parenting classes that prepare them to be engaged and effective in raising their children while being appropriate role models.

Lastly, the African American community in the Jackson, Mississippi metropolitan area is responsible to making the changes needed to improve the health outcomes of its young people. The community must practice what it says it believes and continue its tradition of working to create a better life for younger generations. We must break the cycle of silence that perpetuates with each generation and talk about sex.

I am left with one lingering question for future investigators. What adults say they want to teach and do to support healthy youth development is essentially not reflected in what actually occurs in families or the community. What would it take to bridge that gap and what would the impact on the healthy development of young people be?

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Appendix A: Participant Screening Tool

1. Date: _____

2. Name: _____

3. Gender: Male _____   Female _____

4. Age: _____

5. Have you lived in the Jackson, Mississippi Metropolitan Area (Hinds, Madison or

    Rankin County) for at least the last 10 years? Yes _____   No _____

6. Are you African American?   Yes _____   No _____

7. Do you consider yourself a member of the African American community?

    Yes _____   No _____

8. Do you identify "being African American" or "Black" as your cultural heritage?

    Yes _____   No _____

9. Are you willing to discuss your knowledge and views about African American

    teen sexuality and pregnancy openly and honestly?   Yes _____

        No _____

Selected to participate: Yes _____   No _____

Interview Date: _____   Interview Location: _____

Request final report: Yes _____   No _____

Email address _____

Mailing address: _____

Participant #: _____

Appendix B: Statement of Invitation

Hello, my name is Debra Smith and I am contacting you today to ask for your help. I got your name and contact information from (enter referral source). He/She thought you may be interested in talking to me about teens in the African American community.

I am a graduate student who is working to complete a doctorate degree in public health. I am doing my dissertation on teen sexuality and pregnancy in the Jackson Mississippi metropolitan area, and I am looking for adults who are willing to share their thoughts on the subject. The purpose of my research is to discover and describe how African American's view teen sexuality and pregnancy in our community, and to explore the cultural messages that adults give to teens about their sexual behavior.

Participating in my research study is completely voluntary. If you are interested, I will ask you a few questions to make sure you are eligible to participate. If you meet the criteria, I will need to interview you by phone for about an hour and a half, at a time that works for your schedule. The information you provide to me will be kept strictly confidential. Your name will not be attached to your responses, and you will not be identified in any reports. I will be taking notes and tape recording during the interview to help me remember what is said.

If you would like to be screened for eligibility, please let me know. Answering the screening questions will take about 2 minutes of your time. Participating is a chance for you to have your opinions on the subject of teens having sex and/or babies heard, and I would appreciate having the opportunity to talk with you. I can be reached at XXX-XXX-XXXX or XXX@waldenu.edu

If you do not want to participate, can you think of anyone in your circle that may be interested? I am looking for African American adults (male or female) between the ages of 18 and 64 who live in the Jackson metropolitan area (Hinds, Rankin or Madison County). It is important that they are able and willing to openly talk about sexuality issues, and share their beliefs and views on the subject. I appreciate all the referrals you can provide.

Thank you for your time and consideration. I look forward to hearing from you soon.

Debra

Appendix C: Interview Protocol

Date _____

Participant # _____

Introduction

Thank you for taking the time to participate in this research study about teen sexuality in the Jackson metro area in the African American community. You were invited to participate because your opinion on this issue is very important, and there are no right or wrong answers to the questions I will be asking you today. Our conversation will last about an hour and a half today and all of my questions are about the Jackson area. I will be taking notes and tape recording our session to help me remember what was said. As we have discussed, your name will not be included on any reports, including this interview form.

Are there any questions before we get started?

Let's begin.

Proceed to Interview Questions

Icebreaker/Grand Tour Questions

1. What are some of the issues being faced by the African American community in the Jackson area? (Probe - Can you explain that further?)

2. If you were the one making the decision, what issues need to be dealt with first? (Probe - Please tell me more about __)

Research Question #1 – What knowledge do African American adults in the Jackson, Mississippi metropolitan area have regarding teen sexual risk behavior and pregnancy in their community?

1. What can you tell me about teenage sexuality or pregnancy in the African American community? (Probes - Will you give me an example of what you mean? Is there anything else?)

2. When you were a teenager, what were you told about sex by:

   a. Your family?

   b. Your friends?

c. People in your neighborhood and community? (Probe: Is there anything else?)

3. What do you think today's teens know about sex and pregnancy? (Probe: Is there anything else?)

4. Where do teens get their information about sex from? (Probe - Will you give me an example of what you mean?)

Research Question #2 – What are the perceptions, feelings, experiences, and beliefs, if any, of African American adults related to teen sexual risk behavior and pregnancy in the Jackson, Mississippi metropolitan area?

1. How do you feel about teens having sex? (Probe - Will you give me an example of what you mean? Can you explain that further?)

2. How do you feel about teen pregnancy? (Probe - Will you give me an example of what you mean? Can you explain that further?)

3. Do you and your family/friends/acquaintances in the Jackson area ever discuss teens having sex or having babies?

   a. If so, what do you talk about? (Probe - Is there anything else?)

   b. If not, do your family and friends believe teen sexual behavior is an important issue in the African American community? Why or why not? (Probe - Is there anything else? Can you explain that further?)

4. What do you think influences teens to have sex? (Probes - Please tell me more about ___. Can you explain that further?)

5. Do you think African American adults influence the sexual behavior of teens? If so, how? If not, why not? (Probes - What do you mean when you say ___? Please tell me more about ___.)

Research Question #3 – According to African American adults, how does adolescent sexual risk behavior and/or pregnancy affect the African American community in the Jackson, Mississippi metropolitan area?

1. In your opinion, does teen sexuality have an effect on the African American community as a whole?

   a. If no, why do you feel that way? (Probe - Can you explain that further?)
      Skip question 2.

    b.   If yes, can you describe how you think the community is affected? (Probes - Please tell me more about ___. Will you give me an example of what you mean?)

2. Should the African American community do something to reduce the sexual risk behavior of teens? If not, why not?

    a.   If yes, why do you think some action needs to be taken? (Probes - Is there anything else? Can you explain that further?)

    b.   What do you think the community should do? (Probes - Is there anything else? Can you explain that further?)

Wrap-up

Those are all the questions I have for you today. Is there anything you want to add?

I want to thank you again for your participation and for all of the valuable information you gave me today.

Appendix D: Transcriber Confidentiality Agreement

Name of Signer:

　　During the course of transcribing data for the research study, "Cultural Perspectives on African American Adolescent Sexual Risk Behavior in Central Mississippi", I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participants.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree to delete and/or destroy all confidential materials related to this study in 7 days of job completion.
6. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
7. I understand that violation of this agreement will have legal implications.
8. I will only utilize systems or devices I need to conduct my official duties for this research project and I will not allow unauthorized individuals to assist, observe, or be involved with the carrying out of responsibilities under this project's work agreement.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature:　　　　　　　　　　　　　　　　　**Date:**

Appendix E: Recordator Homepage Screenshot
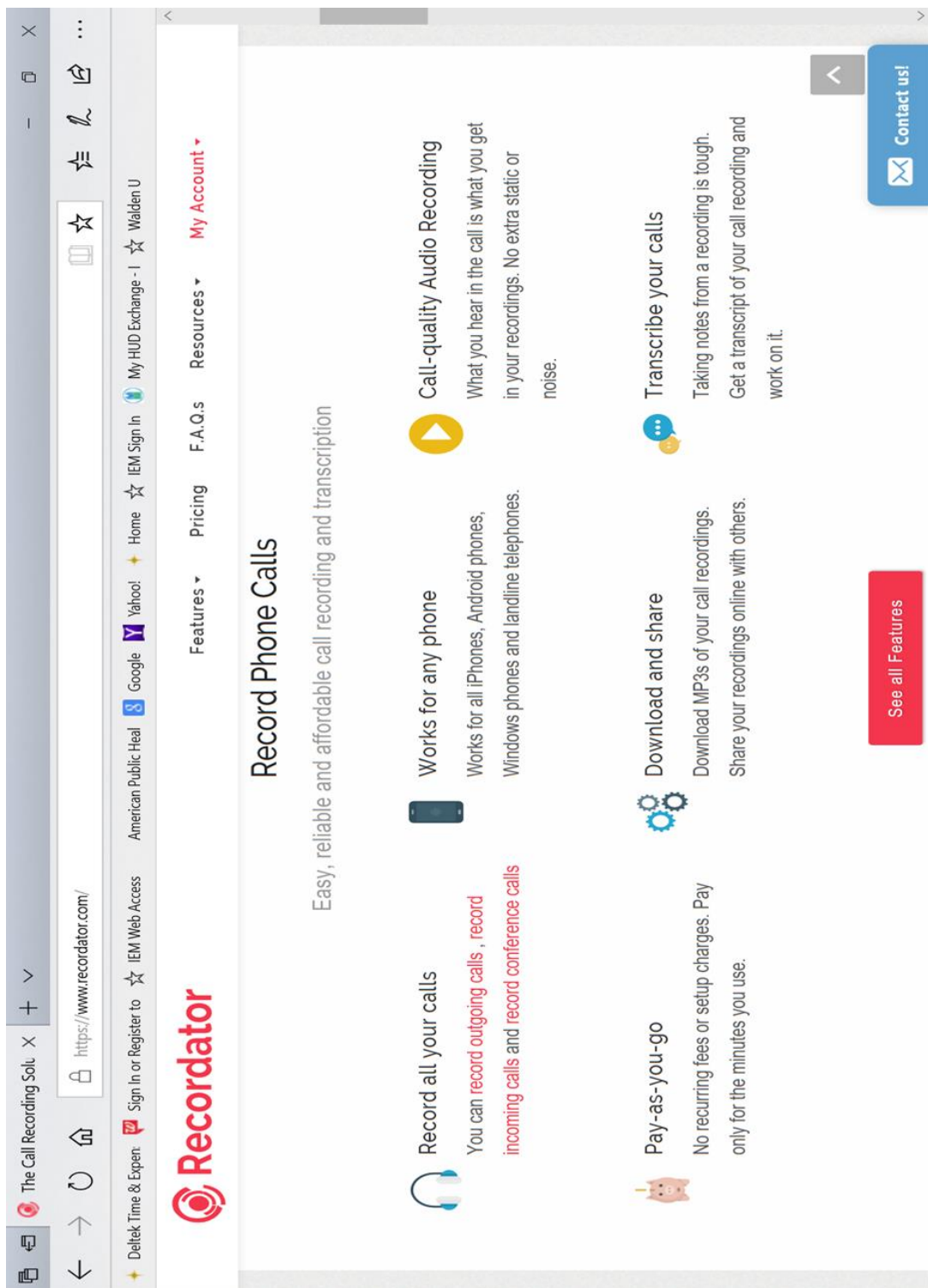
Appendix F: Research Questions, Interview Questions, and Themes

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Research Question 1: What knowledge do African American adults in the Jackson, Mississippi metropolitan area have regarding teen sexual risk behavior and pregnancy in their community?

Sub-question 1: What can you tell me about teenage sexuality or pregnancy in the African American community?

Themes:	A lot of sexual activity, diseases and pregnancy
	Have sex due to boredom, peer pressure or feelings of neglect
	Youth having sex at a very young age
	Education is the key

Sub-question 2: When you were a teenager, what were you told about sex by your family, friends and community?

Themes:	No one talked about it
	Mothers provided most of the sex eduation
	Blunt prevention messages, observations and fear
	Abstinence first, then protection and birth control
	Peer pressure and trying to fit in
	Shared sexual experiences, desires and information

Sub-question 3: What do you think today's teens know about sex and pregnancy?

Themes:	Aware of disease and pregnancy risks, and prevention methods
	Do not know or care about the true consequences
	American media says sex is casual and good

Sub-question 4: Where do teens get their information about sex from?

Themes:	Friends, the internet, TV, social media and music
	Anything other than parents and adults
	Parent's are models for behavior

Research Question 2: What are the perceptions, feelings, experiences and beliefs, if any, of African American adults related to teen sexual risk behavior and pregnancy in the Jackson, Mississippi metropolitan area?

Sub-question 1: How do you feel about teens having sex?

Themes:	Wait until they are older and more established
	Need trusted adults who will listen

Sub -question 2: How do you feel about teen pregnancy?

Themes:	A baby having a baby, and a childhood robbed
	Being successful is possible, but more difficult
	Teen pregnancy is preventable

Sub-question 3: Do you and your family/friends/acquaintances in the Jackson area ever discuss teens having sex or having babies? If so, what do you talk about? If not, do your family and friends believe teen sexual behavior is an important issue in the African American community? Why or why not?

Themes:
Frequently talk to teens about sex and pregnancy
Uncommon to talk to adult friends and family
Focus on teen pregnancies observed in the community
It is important, but people don't take the time to dicuss

Sub-question 4: What do you think influences teens to have sex?

Themes:
Friends and peer pressure
Curiosity
Media

Sub-question 5: Do you think African American adults influence the sexual behavior of teens? How

Themes:
Parents do not filter what they model and expose their children to
Sexuality-filled media is produced by adults

Research Question 3: According to African American adults, how does adolescent sexual risk behavior and/or pregnancy affect the African American community in the Jackson, Mississippi metropolitan area?

Sub-question 1: In your opinion, does teen sexuality have an effect on the African American community as a whole? Can you describe how you think the community is affected?

Themes:
Teen parenting is cyclic and contributes to the poverty rate
Create burdens on families and neighborhoods
Affects how Blacks and people of other races view Black people

Sub-question 2: Should the African American community do something to reduce the sexual risk behavior of teens? Why do you think some action needs to be taken? What do you think the community should do?

Themes:
The Black community needs to be more self-reliant
Safe spaces and honest education
Engage parents