Health Behaviors of African American Emerging Adult Males

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Abstract

Although life expectancy has seen gains in recent years among all Americans, the life expectancy of African American males continues to lag behind Caucasian men. African American males have higher rates of mortality compared to other racial groups for a number of health conditions including heart disease, HIV/AIDS, and certain cancers. There are a number of factors associated with these poor health outcomes including lack of access to health care, poor eating habits, stress, and a sedentary lifestyle. Healthy habits in particular are established at a young age and thus more research is needed to better understand the health behavior patterns of African American males, particularly among emerging adult males (aged 18-25). The purpose of this study was to examine the health behaviors of African American emerging adult males living in a Midwestern city. Ninety-eight African American emerging adult males participated in the study. Surveys were administered on a college campus and at various community settings. The results showed that overall 75% of the males exercised three or more days a week, 65% ate fruits and vegetables three or more times a week, 81% reported not smoking cigarettes, and 70% reported not being depressed in the last 30 days. These results are encouraging and illustrate that African American emerging adult males are engaging in positive health behaviors. Self-reported marijuana use, alcohol use, and binge drinking in this population were slightly higher than national

datasets. Thus, prevention efforts are needed to address the issues where there is room for improvement in this population. Future research and implications for future interventions are discussed.

Introduction

In a recently published article, "Is Anyone Promoting the Health of Men?" Jeanfreau (2011) reports that the death rate for men is considerably high, yet nothing is being done to address men's health. The health of African American men is dire when compared to their White counterparts. "African American men have a higher prevalence and incidence of disease such as diabetes, HIV infection, and heart disease" (Scott, 2011, p. 282), than their White counterparts. The health of men is critical to the family in that a child may eventually live in poverty as a result of being left without the father's income (Jeanfreau, 2011) and the health status of African American men is equally important, as it affects African American women and the community (Braithwaite, Taylor, & Treadwell, 2009).

African American men suffer more deaths per year than their White counterparts and have a lower life expectancy than the national average of life expectancy for men of 73.6 years (Treadwell et al., 2010). A number of factors may lead to these poor health outcomes including physical inactivity, poor diets, stress, and discrimination (Braithwaite et al., 2009). One study found that men were more likely to engage in behaviors that increased morbidity, mortality, and injury (Courtenay, 2000). Pleis and Lucas (as cited in Linnan et al., 2011, p. 38) reported that African American men engage in physical activity at a lower rate than White men (49% vs. 63%) which may lead to higher rates of heart disease and cancer. Thus, prevention strategies are needed that address men's health and in particular the health of African American men.

Although a higher percentage of deaths occur later in life, it is important for public health officials to target different age groups in order to promote healthy lifestyles and to identify potential psychological and social factors that may be correlated with such lifestyles. Arnett (2000) introduced the conceptual time period he

labeled "emerging adult." He classifies this period as being distinct from the other developmental periods such as childhood, adolescents, and older adults. He argues that individuals between the ages of 18 to 25 have distinct experiences because of the education, marital status, and living arrangements they have compared to their adolescent counterparts. Emerging adults are beginning to establish households and behaviors that will influence their future health outcomes. The Healthy People 2020 (US DHHS, 2011) for example, has numerous health objectives targeting children, adolescents, adults over 18 years old, and older adults. However, very few objectives specifically target emerging adults, 18-25. If developmental age periods are not more clearly distinguished (i.e. emerging adult health objectives) within the Healthy People 2020, future interventions may be less likely to address the health behaviors of concern for a specific population. Arnett also noted that the emerging adulthood period may have different implications for different racial groups—particularly African Americans, which is an area of research that needs further exploration.

The health data available for the emerging adult population is difficult to attain for many of the same reasons that make this age group distinctive (e.g., transitory, living arrangements). Moreover, the data that is available regarding this developmental period often does not include the health behaviors of African Americans 18-25 years old. A few studies have shown that African Americans between the ages of 18-25 have lower alcohol and binge drinking (National Survey on Drug Use and Health, 2010), engage in more risky sexual behaviors and report higher rates of sexual activity (Park, Mulye, Adams, Brindis, & Irwin, 2006; Sly et al., 2011), and have higher rates of STI (Khan et al., 2009) than other racial and ethnic groups, but more research is needed. In order to address the lack of available data, specific to African American emerging adults in the literature, a study was conducted in the Midwest region of the United States with an African American male emerging adult (18-25 years old) sample to examine their health behaviors and explore what psycho-social factors distinguish participants who have positive (e.g., regular physical activity, adequate fruit and vegetable intake) vs. negative health behaviors (e.g. substance use, multiple sexual partners).

Methods

Participants

This study consisted of 98 African American emerging adults males (18-25 years old). The study took place in a mid-sized Midwestern city (pop. 400,000) (U.S. Census Bureau, 2010). The mean age of participants was 20 years and the modal age was 18. Eligibility criteria for participation in the study were: 1) that the participant had to self-identify as an African American regardless of appearance, and 2) be between the ages of 18-25. Half of the sample (50%) had completed a high school or obtained a GED. Nearly 40% of the males had a 2-year degree or some college (N=37) and 75% (N=73) of the men were currently enrolled in school. Of those currently enrolled in school, 43.3 % were classified as freshman (1-30 credit hours) (N=26). The majority of men were unmarried (N=91), but 43.9% (N=43) reported they were in a dating relationship. Table 1 includes detailed demographic information for the sample.

Procedure

The study was approved by the university's Institutional Review Board. Participants were recruited from two major settings— a local, predominately White university campus and an annual cultural arts festival held in the local community. Once a participant agreed to complete the survey, they were asked to read and sign a consent form. Participants were instructed that they could withdraw from the study at any time and that their participation was completely voluntary. Participants were also instructed that all information would be kept confidential and that only aggregate reports would be disseminated. Participants were offered fifteen dollars to complete the survey. Graduate students in a doctoral psychology program and a faculty advisor administered the survey at both locations. Participants took 30 minutes to complete the survey. Once a participant completed the survey it was checked for completeness and participants were given the cash incentive.

Measures

A 129-item survey developed by the Behavioral Community Action and Research Team at Wichita State University was administered to participants. The survey consisted of several measures of racial identity, mental health, physical and nutritional health, drug and alcohol use, sexual health behaviors, family structure, education, and other demographic information. For the purposes of this study, only questions related to health behaviors such as sexual activity, mental health, physical activity and nutrition, and substance use will be described.

Sexual Activity.

Participants were asked to respond to several questions related to their sexual behavior including whether they had ever had sexual intercourse, were currently sexually active (within the past year), the number of sexual partners they had sexual intercourse with in the past year, how often they used contraceptives (i.e. condoms) during sexual intercourse, and if sexually active whether they had been tested for human immunodeficiency virus (HIV) and/or other sexually transmitted infections (STI).

Mental Health.

Mental health was assessed in two ways. First, participants were asked to indicate how often they felt depressed in the past 30 days, how often they felt stressed in the last 30 days, and whether they felt that stress lead them to use alcohol or drugs. Participants were then asked to complete the Positive and Negative Affect Schedule (PANAS).

Positive and Negative Affect Schedule (PANAS). The PANAS (Watson, Clark & Tellegen, 1988) is a model of affect structure that consists of positive (10 items [e.g., interested, excited] and negative (10 items [e.g., distressed, upset]) dimensions (see Table 2). The positive affect dimension is characterized according to two levels—high

positive affect ("high energy, full concentration, and pleasurable engagement"), and low positive affect ("sadness and lethargy" or anhedonia —which is a loss of pleasure). Negative affect is also characterized by higher and lower levels of mood in which high negative affect is described by a "variety of mood states, including anger, contempt, disgust, guilt, fear and nervousness", while low negative affect is described as a "state of calmness and serenity." (Crawford & Henry, 2004; Watson, Clark, & Carey, 1988). Negative affect has been related to anxiety and depression, while positive affect has been shown to be related to depression only (Watson, Clark, & Tellegen, 1988; Watson et al., 1995; Huebner & Dew, 1996).

Physical Activity & Fruit and Vegetable Intake.

Participants were asked to indicate the number of days (in the past 7 days) they had engaged in vigorous physical activity for at least 60 minutes. Participants were also asked to indicate the number of days (in the past 7 days) they had consumed the recommended serving of at least five fruits and vegetables.

Substance Use.

To assess participants' substance use, participants were asked to indicate the number of days within the last 30 days they had used any of the following substances: alcohol (any use and binge drinking), cigarettes, and marijuana.

Results

Sexual Activity

African American emerging adult males were asked to report about their sexual activity. The majority of participants (81.6%) reported ever having sexual intercourse. Of those participants that ever had sexual intercourse, 63.6% (n = 50) reported they always used contraceptives (condoms) during intercourse. Most participants

(42.3%) reported they had 1-2 sexual partners within the last year. Twenty-one percent (n=41) indicated they had zero sexual partners within the past year. Of those males who were sexually active, 45.6% (n = 36) reported being tested for HIV/AIDS and other STDs/STIs in the past year. Table 2 displays the frequencies and percentages of participants' behavior.

Mental Health

Mental health was assessed using the PANAS, which is a measure of mood state. Both the positive and negative affect scales were dichotomized to create two levels of affect—high and low. High scores were determined by scores that were above the midpoint (30) between the minimum and maximum score. Low scores were determined to be any score that was below 30. Almost 90% of participants had high positive affect scores and low negative affect scores. Participants were also asked to report how often they felt stressed or depressed. Table 2 shows the percentage of African American emerging adult males who reported being stressed and depressed. Fifty-one percent (n=50) of the males reported that they felt stressed always or most of the time, while about 70% (n=68) of the males reported never or rarely feeling depressed. Additionally, 79.6% (n=78) of participants reported that stress rarely leads them to use alcohol or drugs.

Physical Activity and Fruit and Vegetable Intake

Participants were asked to indicate the number of days per week they engaged in vigorous physical activity at least 60 minutes total per day. More than 75% (n=76) of men reported that they exercised 3 or more days per week. Participants were also asked to report the number of days per week that they ate the recommended serving of at least five servings of fruits and vegetables each day. Sixty-five percent (n=64) of males reported they ate five servings of fruit and vegetables three or more days per week. Table 2 displays the percentage of participants

who exercised more than three days a week and ate three or more days of fruits and vegetables.

Substance Use

Participants were asked to report how often they used certain substances within the past 30 days. The mean number of days of substance use overall was very low (with the exception of alcohol use); therefore, substance use was dichotomized to reflect no substance use (0 days) and any substance use (at least one day of use) within the past 30 days. Half of the men reported they had not used any alcohol within the past 30 days. Slightly more participants (60%) reported not drinking five or more alcoholic beverages in one sitting (binge drinking) within the past 30 days. Marijuana use was also minimal. Only 20% (n=19) of participants reported using any marijuana in the last 30 days. Cigarette smoking was also low; 80.6% (n=79) did not smoke cigarettes within the last 30 days (see Table 2).

Relationship between Mental Health and Health Behavior

To compare positive and negative health behaviors, an overall health index variable was created by summing the scores of all health variables (except PANAS). Reverse coding was conducted where appropriate. Chi-square analyses were conducted to explore socio-demographic differences (including age, education level, income, and marital status) among participants with positive health index scores and those with negative health index scores. There were no statistically significant differences between participants with positive and negative health index scores (see Table 3).

Discussion

The results of this study show that overall the health behaviors that African American males were engaged in were consistent with existing literature. However, there is room for both celebration and improvement. In this Midwest sample of African American emerging

adult males, the percentage of African American emerging adult males who reported drinking in the last 30 days (50%) was slightly higher than the 44% for a nationwide sample of African American males aged 18-25 (NSDUH, 2010). The reported binge drinking in this Midwest sample was slightly higher (40%) compared to a nationwide sample of 22% (NSDUH, 2010). However, the self-reported alcohol use and binge drinking in this Midwestern sample was based upon a range of drinking levels from one day during the past month to 20 or 30 times during the last month. Thus the way alcohol use and binge drinking data was analyzed in our sample may be different from how the national statistics were calculated.

Self-reported marijuana use was also slightly higher than national statistics of all ethnic groups; 20% of the African American emerging adult males in the current sample reported smoking marijuana compared to 18.5% in a national sample (NSDUH, 2010). Likewise the self-reported data was either defined as no use or a range of use. These rates demonstrate that there is room for improvement in current substance use prevention efforts and that there is a need to develop substance use prevention programs, specifically for this population. Possession and use of marijuana is one of the main reasons African American males spend time in jail (Ramchand, Pacula & Iguchi, 2006). According to Ramchand, Pacula, and Iguchi (2006), African Americans are 2.5 times more likely to be arrested for marijuana possession offences than Whites.

Self-reported cigarette smoking within the current sample was lower (21%) than the overall national cigarette smoking rate (for all ethnic groups) among 18-25 year olds. Compared to national cigarette smoking rates for African American adults (18 and older), participants in the current study also reported less cigarette smoking (21% vs. 26%, respectively) (NSDUH, 2010; CDC, 2011). These rates are encouraging given that tobacco use continues to be a leading of cause of death. This sub-population of African Americans in general, is on target to meet the Healthy People 2020 tobacco use objectives (US DHHS, 2011). More research is needed, however, to understand what social and psychological factors are related to drinking, marijuana use and

cigarette smoking patterns in this sample of African American emerging adult males.

Participants' self-reported condom use was slightly higher than what other studies have found at 62% (Anderson, Wilson, Doll, Jones, & Barker, 1999; Scott, Steward-Streng, Manlove, Schelar, & Cui, 2011), which suggests that it is important for health professionals to continue to encourage condom use, particularly because this population has slightly higher STD/STI rates and higher HIV/AIDS rates than other populations (Khan, et al., 2009). Because condom use within the current sample of African American emerging adult males was slightly higher than national data, it would be interesting (unfortunately, this information was not collected) to know how many of these African American males actually had a STI at the time of this study. However, nearly 46% of the males reported being tested for HIV or an STI in the past year. This suggests that these African American emerging adult male participants are: (a) aware of the importance of being tested, (b) had engaged in behavior that put them at risk, or (c) they had no symptoms for an STI and sought out testing to address the issue, but more research is needed.

Overall, participants reported generally positive and healthy levels of affect or mood. Nearly 90% of the males had high levels of positive affect, which is characterized by "high energy and pleasurable engagement" (Huebner & Dew, 1996, p.129). The majority of the sample also had low levels of negative affect, which refers to being in general state of "calmness and serenity" (Watson, Clark, & Tellegen, 1988, p. 1063). This was also reflected in the participants self-report of depressed mood and stress leading to alcohol use as nearly 70% of the males reported never or rarely feeling depressed and 80% reported that stress rarely lead to them using alcohol or drugs. However, there were a few males (12%) who had a lower level of positive affect, which is indicative of sadness and a general loss of pleasure and has been linked to depression (Watson, Clark, & Tellegen, 1988; Watson et al., 1995). A similar proportion of males (11%) also displayed higher levels of negative affect, which is characterized by a "variety of mood states, including anger, contempt, disgust, guilt, fear, and nervousness" (Watson, Clark, & Tellegen, 1988, p.1063). This suggests that while

the mental health of African American emerging adults is generally positive, more research is needed to examine how these men define feeling depressed and whether admitting that they are depressed is a sign of weakness.

The physical activity and fruit and vegetable intake in this sample of African American emerging adults should be commended. Nearly 75% reported exercising three or more days and 65% reported eating the recommended serving of fruits and vegetables. These statistics are encouraging and health advocates should continue to modify environments by making fresh fruit and vegetables affordable, accessible and convenient for all populations to make healthy choices easy choices. More research is needed, however, to understand what motivates African American males to engage in physical activity and proper nutrition practices. Research detailing the motivations that lead to health affirming behaviors are needed especially as emerging adults began to transition from this period to middle and late adulthood, when chronic diseases and other health concerns arise.

Limitations

This study had several limitations. First, the study was based on a convenient sample. This may limit our ability to generalize our findings to all African American emerging adult males in the country. Second, our sample size also limits our ability to generalize the findings to similar populations. Third, the length of the survey may have been a limitation. The survey consisted of 129 questions and this may have caused some participants to experience fatigue. Most of the surveys conducted in the community were outdoors, at a festival where there were distractions and warm temperatures. Fourth, because of the nature of the survey, which focused on health behaviors, participants may have responded in a socially desirable manner, in order to avoid the possibility that we might report negative information about African American males. Lastly, a more in-depth depression scale or overall psychological well-being was needed to better describe depression within this population.

Future Research

Future research should utilize qualitative methods in order to understand this unique population. Often the voices of African American emerging adult males are not heard. Research questions regarding life obstacles, experiences, and aspirations are also needed. In the future, researchers might incorporate more depression, psychological well-being, and overall life satisfaction scales for examination in this population. In addition, a study of their social networks, work patterns, and peer groups would also be important to put their experiences into perspective. Research questions might also include information about the African American males' perception of their future, including future jobs, careers, and measures of their health such as blood pressure, cholesterol levels, blood sugar levels, and overall fitness levels. Mixed methods approaches could be used to gather quantitative data and qualitative data to understand the health behavior patterns of this population.

Overall, this sample of African American emerging adult males, were engaged in healthy behaviors. Cigarette smoking, condom use, physical activity, and healthy eating are behaviors that need to be reinforced. Alcohol use, binge drinking, and marijuana use are behaviors that need to be reduced. It is important for researchers to tailor their interventions to this population given the broad data categories that are currently available.

Conclusion

The current study contributes to the literature by examining the overall health and well-being of African American emerging adult males. This population of African American emerging adults is limited. Thus it is important for researchers to continue to study this population. African American emerging adult males face a number of challenges, high incarceration rates, substance use, unemployment, discrimination, and racism. Interventions are needed to help this group make healthy choices and remain drug and alcohol free, and find alternative ways to handle stress and effective ways to cope with life's challenges.

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Table 1.
Socio-Demographic Characteristics of African American Emerging Adult Males

	N = 98	
	N	%
Education level		
HS/GED	48	50.0
Some college/2-yr degree	37	38.5
4-yr degree or higher	11	11.5
Annual Income		
0,000	45	48.4
$10,001 - $20,000	30	32.2
$20,001 - $30,000	10	10.8
>$30,000	8	8.6
Marital Status		
Unmarried	91	95.8
Married	4	4.2
Currently attending school		
Yes	73	74.5
No	25	25.5
College Enrollment		
0 credit hours	38	38.8
<30 credit hours	26	43.3
31-60 credit hours	15	25.0
61-90 credit hours	8	13.3
>91 credit hours	11	18.3

Table 2.
Health Behaviors of African American Emerging Adult Males

		N	%
Sexual Health			
Ever had sexual intercourse?			
	Yes	80	81.6
	No	18	18.4

Use Protection		
Always	50	63.3
Less than always	29	26.7
Number of sexual partners		
None	21	21.6
1-2	41	42.3
3-4	13	13.4
5 or more	22	22.7
HIV/STD Testing		
Yes	36	45.6
No	43	54.4
Mental Health		
Positive Affect		
Low (<31)	12	12.2
High (>30)	35	87.8
Negative Affect		
Low (<31)	87	88.8
High (>30)	11	11.2
How often do you feel stressed?		
Never/Rarely	48	49.0
Always/Most of the time	50	51.0
How often do you feel depressed?		
Never /Rarely	68	69.4
Always/Most of the time	30	30.6
Stress leads to use alcohol or drugs?		
Rarely	78	79.6
Often	20	20.4
Physical Health & Nutrition		
Physical Activity		
0-2 days	22	22.4
3 or more days	76	77.6
Fruit & Vegetable Intake		
0-2 days	34	34.7
3 or more days	64	65.3
Substance Use		
Alcohol use		
0 days	49	50.0
1-30 days	49	50.0
Binge drinking		

	0 days	59	60.2
	1-30 days	39	39.8
Marijuana use			
	0 days	79	80.6
	1-30 days	19	19.4
Cigarette smoking			
	0 days	77	78.6
	1-30 days	21	21.4

Table 3.
Socio-Demographic Differences By Health Index Score

	Positive Health Behavior	Negative Health Behavior		
	% (N)	% (N)	χ^2	*p-value*
Education Level			2.22	*0.53*
HS/GED	45.3% (29)	59.4% (19)		
Some college/2-yr degree	40.6% (26)	34.4% (11)		
4-yr degree or higher	14.1% (9)	6.3% (2)		
Income Level			1.85	*0.61*
<$10,000	50.8% (32)	43.3% (13)		
$10,001 - $20,000	28.6% (18)	40.0% (12)		
$20,001 - $30,000	12.7% (8)	6.7% (2)		
>$30,000	7.9% (5)	10.0% (3)		
Marital Status			0.57	*0.45*
Married	3.1% (2)	6.5% (2)		
Unmarried	96.9% (62)	93.5% (29)		
Age Category			0.41	*0.52*
18-20 years old	62.1% (41)	68.8% (22)		
21-25 years old	37.9% (25)	31.3% (10)		

Biographies

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