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Baseline Results of the Self-Reported Sexual Behaviors of Midwestern African American Adolescents

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The purpose of this article is to examine the self-reported sexual behaviors of African American adolescents living in the Midwest. A baseline survey was administered to 448 African American youth between the ages of 12 and 17. The article examines the self-reported sexual behaviors of African American adolescents in comparison to U.S. norms using the Youth Risk Behavior Surveillance Survey and the Kansas Youth Risk Behavior Surveillance Survey. The results indicate that this African American sample was slightly younger than the U.S. sample and reported better safer sex practices. Limitations and future research are also discussed.

Keywords: *African American adolescents; sexual activity; risky behaviors*

According to national data sets, sexually active African American adolescents report a higher percentage of using condoms at last sexual intercourse than their Caucasian and Latino counterparts, however, the rate of sexually transmitted infections (STIs) and HIV/AIDS remain high in the African American community (Centers for Disease Control and Prevention [CDC], 2006a, 2006b). For instance, Chlamydia rates among African American women ages 15 to 19 were seven times higher than Caucasian women, and among African American males, Chlamydia rates were 12 times higher than Caucasian men (CDC, 2006a).

In addition, of the 40,000 people who are infected with HIV each year, African Americans make up 51% of the new cases (Dawson, 2005). According to Dawson (2005), "African Americans are bearing the brunt of new HIV

infections” (p. 137). HIV/AIDS is a completely preventable disease, yet HIV continues to devastate the African American community. In addition, one of the fastest growing groups becoming infected is African American adolescents (Williams, 2003). In 2002, HIV/AIDS was among the Top 10 leading causes of death in several groups of youth, including African Americans ages 15 to 24 (CDC, 2002a, 2002b). African American youth continue to be disproportionately affected by HIV. It was estimated that in 2004, African American youth accounted for 55% of all HIV cases reported for youth ages 13 to 24 (CDC, 2006a). In 2003, African American youth had the highest AIDS rates compared to all other racial and ethnic groups. Researchers from the CDC analyzed HIV/AIDS data for adolescents and found that when compared to Hispanics and White youth, African Americans had AIDS rates that were 3.3 times and 21 times higher, respectively (Rangel, Gavin, Reed, Fowler, & Lee, 2006). Thus, we need to assess the sexual behavior of African American adolescents and create interventions that are tailored to their specific needs.

There are two goals outlined in *Healthy People 2010* that highlight the importance of condom use in reducing the risk not only of HIV among African Americans and other populations but also sexually transmitted diseases (STDs) and STIs. One goal is to increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active (*Healthy People 2010*, 2000). The second goal is to increase the proportion of sexually active people who use condoms. These are important goals if the spread of HIV and other STDs is to be diminished. Thus, it is important for surveys that assess sexual health to be conducted with adolescents (*Healthy People 2010*, 2000).

The purpose of this article is to examine the baseline self-reported sexual behaviors of African American adolescents and compare them to national norms in terms of having had sexual intercourse, being sexually responsible (i.e., using birth control and not using drugs before sexual intercourse), and using condoms. Recommendations and future research are discussed.

Background

Although Kansas is considered to be a low HIV prevalence state, Wichita, Kansas, the largest city in the state, is a high HIV prevalence area, particularly among African Americans (Kansas Department of Health and

Environment [KDHE], 2000). Recent data show that African American Kansans represented 30% of all new AIDS cases and 23% of all individuals living with AIDS as of December 2006. The incidence of HIV cases for African Americans was 40% of all new HIV cases reported in Kansas in 2006. The prevalence of HIV among African Americans in Kansas is at 30%. Youth ages 13 to 24 represented a small number of new AIDS cases (2%). Prevalence rates for adolescents are nearly 7%. For HIV, adolescents in Kansas composed 24% of incident cases in 2006 and 21% of prevalence cases (KDHE, 2006). Extrapolating from what is known about the national incidence and prevalence rates among African American youth, it is reasonable to conclude that HIV/AIDS is an issue of concern among African American adolescents in Kansas. Thus, we definitely have a problem in Kansas concerning HIV infection among African Americans. Although there are national data such as the Youth Risk Behavior Survey, which discusses the trends regarding the sexual behaviors of all adolescents, including African Americans, the state of Kansas does not include any data on what the sexual behaviors of African American young people are in the state. This study will compare and contrast the self-reported sexual behaviors of this Midwest sample to the National Youth Risk Behavior Survey. It is important to note that the Youth Risk Behavior Surveillance Survey sample is slightly older in that the survey targets 9th through 12th graders, and our baseline cross-sectional study was conducted with 12- to 17-year-old African American youth.

Method

Participants and Setting

The participants in this study were 448 African American adolescents ages 12 to 17 ($M = 14$). Youth were recruited from Wichita, Kansas, and surrounding communities to complete a baseline survey. Wichita, Kansas, has a population of 344,000 (U.S. Census Bureau, 2000). Participants enrolled in the Youth Empowerment Project (YEP), a program designed to build refusal skills and safer sex practices among African American adolescents and educate their parents on how to discuss these issues with their children. For the purposes of this article, parent information was not analyzed. Only sexually active participants were included in the analysis, yielding a total of 164 participants. Fifty-four percent of the participants were males, and 46% of the participants were female.

Table 1
Questions Taken From the Jemmott Survey

Sexual activity	1. Have you ever had sexual intercourse? Yes or No
Sexual responsibility	1. The last time you had sexual intercourse, did you use birth control pills? 2. The last time you had sexual intercourse, did you have a couple of drinks and/or drugs before having sexual intercourse?
Condom use behaviors	1. The last time you had sexual intercourse, did you use a condom?

Procedure

This study was approved by the Institutional Review Board at Wichita State University. Paid advertisements appeared on cable stations, the radio, and the print media in order to recruit participants to the program. Flyers were distributed at churches, schools, and among local little league sports teams. The baseline survey was conducted on Saturdays on the campus of Wichita State University. Once participants arrived, youth and their parent signed in. Parents and youth signed a consent form informing them that they could withdraw from the project at any time. After completing the consent form, youth participants were given a behavioral contract informing them that they would be given a survey to complete and that this information would not be shared with their parents and they should answer the survey questions honestly.

Youth were asked to be seated and program staff distributed surveys (baseline). Participants received a \$40 stipend for their participation.

Instrumentation

The survey used in the study consisted of 274 questions. The survey included questions about basic demographics, HIV/AIDS knowledge, drug use, sexual attitudes, sexual behaviors, condom use behaviors, and health attitudes and behaviors. Questions used in this study are outlined in Table 1 and are categorized by the following headings: "Sexual Activity," "Sexual Responsibility," and "Condom Use Behaviors."

In order to put our findings in context, we chose to compare our data to the Youth Risk Behavior Surveillance System Survey (YRBSS), which is used throughout the United States to document the health behaviors of adolescents in Grades 9 through 12. The YRBSS, as it is called, is conducted

by the Centers for Disease Control and Prevention and includes questions about school safety, violence, diet and nutrition, exercise, sexual health, substance use, and suicide. The YRBSS is widely used as a source of information to document the trends in various health behaviors of adolescents in the United States. Data are categorized by gender, states, race, and age.

Results

Sexual Activity

In terms of ever having sex, the YRBSS African American sample showed that 68% reported ever having sex compared to 37% of this Midwest sample. Results from the Kansas YRBSS sample did not include data from African American adolescents, and it is only a report of whom they sampled, which was mostly Caucasian adolescents. Of the students who completed the survey, 45% reported ever having sex.

Sexual Responsibility

Figure 1 shows a comparison of sexual behaviors of African American adolescents from the YRBSS, the Kansas YRBSS, and the current sample in terms of condom use, drinking before last sexual intercourse, and birth control use at last sexual intercourse. The current self-report sample showed they used condoms more than the U.S. and Kansas YRBSS samples. The current sample reported less drinking before last sexual intercourse than the Kansas YRBSS sample but more than the National YRBSS sample. In regards to birth control pill use at last sexual intercourse, the current sample reported using birth control pill use the least when compared to the Kansas YRBSS sample and the National YRBSS sample.

Figure 2 shows a comparison between genders in terms of self-reported condom use, drinking before last sexual intercourse, and birth control pill use at last sexual intercourse. Seventy-eight percent of African American males reported condom use compared to 69% for sexually active African American females. Eleven percent of African American males reported drinking before last sexual intercourse compared to 7% of African American females. Eighteen percent of African American males reported birth control pill use at last sexual intercourse compared to 12% among African American females. In this current sample, African American males reported more contraceptive precautions than African American adolescent females but a slightly higher percentage of drinking before sexual intercourse than African American females.

Figure 1
A Comparison of Sexual Behaviors of African American Adolescents to Kansas and the Youth Empowerment Project (YEP) Baseline

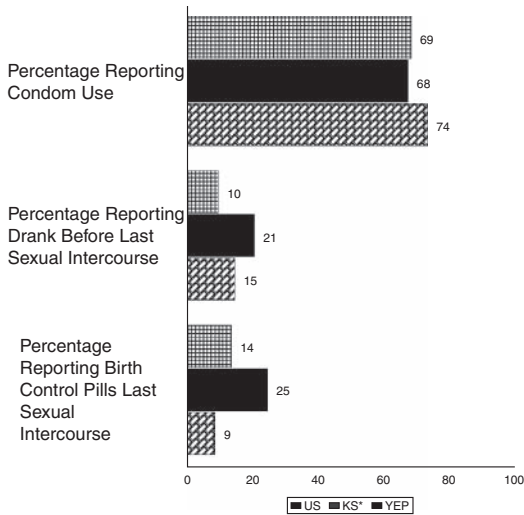
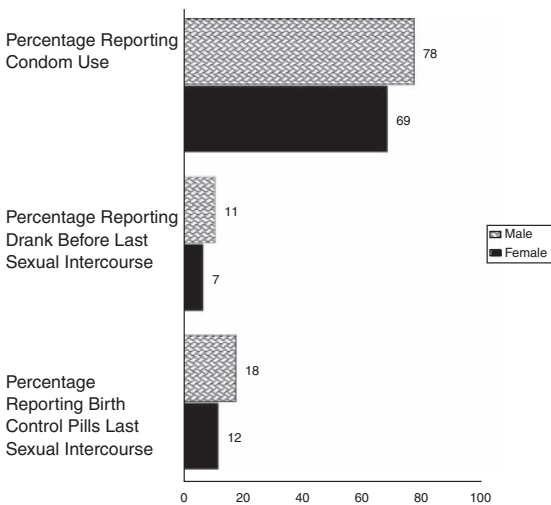


Figure 2
A Comparison of the Self-Reported Sexual Behaviors Among African American Adolescents



Discussion

Overall, the article described the baseline results of the self-reported sexual behaviors of African Americans and their comparison to national norms. It is important that samples be taken from the Midwest so that researchers have an idea of trends happening in this area. Although the YRBSS samples school districts across the United States, the sample may or may not be representative of African American students in the Midwest. The sexual behaviors of African American adolescents in the Midwest should be applauded. In this sample, only 37% reported being sexually active at baseline compared to 68% for the National YRBSS and 45% from the Kansas YRBSS. In the current sample, of those who were sexual active, 74% reported using condoms at last sexual intercourse. This figure is actually higher than the *Healthy People 2010* goal, which would like 50% of males and females over the age of 18 to use a condom. What is alarming is that although these percentages are going in the right direction for reducing risks for pregnancy, STD/STI, and HIV/AIDS risks, African Americans even in Kansas continue to suffer disproportionately from HIV infection. Perhaps the youth surveyed were not the most at risk and other outreach strategies are needed to reach more vulnerable African American adolescents (i.e., homeless, substance abusing, and gay youth).

Limitations

First, the study relied on self-reported behavior. There is no guarantee that the participants were truthful in their answers, although precautions were taken to maximize truthfulness. The authors had all participants read and complete a behavioral contract that instructed them that their answers would remain confidential and would not be reported to their parents, but the participants still may not have been 100% truthful. This procedure has been used by other researchers to maximize truthfulness (Jemmott, Jemmott, Fong, & McCaffee, 1999). Second, the African American adolescents who participated in the YEP may not be representative of all of the African American adolescents in Wichita, Kansas, and thus, we cannot generalize our findings to all African American adolescents. Third, although the YRBSS and the Kansas YRBSS are standard surveys, they sampled an older population of students who were 9th and 12th graders, and as students mature the more likely they are to become sexually active. Thus, our sample of 12- to 17-year-olds may not represent a true comparison of similar ages to the YRBSS sample. However, the authors feel it is a good benchmark to determine how African Americans in this Midwest community compare to national health trends.

Future Research

In the future, researchers might recruit more sexually active youth to closely examine sexual activity, condom use, and responsible sexual behavior (DiClemente et al., 2004). It is difficult to design interventions when youth have very different experiences in terms of sexual activity. Although we were able to recruit 448 to complete a survey, only 164 of the participants reported being sexually active, and perhaps having a few more would have given us more insight into their sexual risk behaviors. In addition, it might be important for researchers to tailor their intervention based on the sexual experience of adolescents (Miller, Boyer, & Cotton, 2004). Not all adolescents have many sexual partners or engage in sexual activity at the same frequency. Miller et al. (2004) state that many adolescents are sporadic in their lovemaking, and our prevention programs must fit where the adolescent is at the time. Future research might also create an assessment to determine the risk level of program participants before they randomize them to an intervention group. For example, if participants are sexually inexperienced, they would be put into a different prevention program than a participant who was sexually active in the past 3 months or had a steady partner. Prevention programs might target issues around planning for the future to encourage youth to make wise and healthy choices.

Given the alarming rate of HIV infections and STDs/STIs among this population, evidence-based and a variety of other approaches are needed to curb the spread of HIV among African American adolescents. Adolescence is an age of exploration and learning new things. It is important for researchers to tap into that energy and learn what drives adolescents and take advantage of this energy so that innovative approaches can be implemented. HIV/AIDS is 100% preventable, but currently, there is a disparity in how information is reaching the African American community.

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