

Risky Sexual Behaviors and Attitudes Among African American Youth

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Introduction

Sexual risk behaviors among African American youth are a significant public health problem. Assessments of adolescent sexual risk behaviors by independent researchers and the Youth Risk Behavior Surveys (YRBS) conducted in most states, clearly document the prevalence of sexual intercourse, contraceptive use and the predictive factors that are associated with sexual risk among African American youth (Kolbe, 1990). According to the 2007 YRBS, the percent of African American high school students who reported ever having a sexual intercourse was 66% (compared to 44% among Caucasians). The survey also indicated that 28% of African American high school students had had four or more sex partners during their life (compared to 11% among Caucasians) (CDC, 2007). The YRBS results clearly indicate higher risk levels among African American students compared to Caucasians.

In a longitudinal study of predominantly African American youth, results indicated that during adolescence sexual risk behaviors accelerated. In this study it was found that African American males exhibited the highest rate of sexual risk behavior in ninth grade (Fergus, 2007). However, there is limited literature regarding the sexual risk behaviors of the African American youth that compares the risk levels across grade levels 8th grade to 12th. Understanding the age/grade-specific changes in the risk behaviors of these youth will enable effective delivery of tailored interventions.

This study is based on the 2004 Adolescent Health and Behavior Survey (AHAB) self-reported responses of the large numbers of African-American youth who completed the surveys. The large number of respondents affords the researchers/or the authors the opportunity to describe the population of youth in these two school cluster areas as to the prevalence of sexual behaviors, risk prevention practices, sexual attitudes, sexual knowledge and multiple health risks. The data also provides the opportunity to analyze the differences in sexual behaviors that occur by grade levels. The purpose of this study is to compare the sexual risk behaviors among the study participants across 8th, 10th and 12th grades.

Methods

Study Population

The authors/or researchers obtained the data for this study from 8th, 10th and 12th grade students enrolled in two school cluster-areas within an urban South Carolina city, and a school cluster-area in a suburb contiguous to the city. School cluster-area refers to a 9th-12th-grade high school and the 6th-8th grade middle school(s) and K-5th grade elementary schools that feed into the high school. The three school cluster-areas are within communities that are the recipients of a five-year comprehensive school/community teen pregnancy prevention and health promotion initiative begun in the fall of 2003.

The Office of Research and Evaluation in the School District coordinated and administered the Adolescent Health Attitudes and Behavior Survey (AHABS) in January 2004. This office regularly administers all district testing and has strict protocols for the designated coordinator and the teachers at each school supervising the testing sessions and data collection. Passive informed consent from parent/guardian was obtained prior to the testing.

Sample

The intent was to survey the entire 8th, 10th and 12th grade populations attending school on the designated testing day. Total population by school and grade is established annually by the District's "45-Day membership and Attendance Report" for students in the first 45 days of the school year. The fall population of 10th and 12th grade students was 1376 and 1017 usable surveys (74%) were obtained; and the 8th grade population was 812 and 717 usable surveys (88%) were obtained, in the January, 2004 testing. Not included were the students absent on the testing day, opt-out students without parent consent, blank answer forms, mutilated answer forms, and answer forms with less than 50 responses.

Instrument and Measures

The Adolescent Health and Behaviors Survey (AHAB survey) was the instrument used in this study. The following instruments were used in the creation of the AHAB survey instrument: CDC Youth Risk Behavior Survey (CDC, 2007), the Adolescent Curriculum Evaluation (ACE) (Locke, 1995), the Youth Sensitive Survey (McLeroy et al., unpublished), and the Survey of Student Resources and Assets by the Search Institute (Leffert, 1998). Reininger, Evans, Griffin, et al. established content validity through an extensive review of literature, a group process and factor analyses (Reininger, 2003). Reliability was established through Cronbach's α coefficients. Factor loadings ranged from 0.48 to 0.84 for scales measuring attitudes towards adolescent sexual behavior and α coefficients ranged from 0.61 to 0.81. Factor loadings ranged from 0.34 to 0.90 for scales measuring youth asset and α coefficients ranged from 0.69 to 0.85 (Reininger, 2003).

Variables used for this study included sexual risk behaviors, knowledge and attitudes. Tables 1 and 2 represent the specific variables used for this study. Sexual behaviors were measured by the questions: ever had sexual intercourse; had sexual intercourse with 2 or more partners in the past three months; used alcohol or other drugs during last sexual intercourse; and used a condom during last sexual intercourse. The last three sexual behavior questions were analyzed only for those students who reported they ever had sexual intercourse (non-virgins). Knowledge questions included the time of monthly cycle when a female is most likely to get pregnant; and approximate time a male sperm can live in female reproductive system. Attitudes towards sex were measured by the reasons for not having sexual intercourse. The attitudes question was analyzed for those students who reported they never had sexual intercourse (virgins). Inconsistent and improper responses towards grade levels, gender, and questions related to "ever had sexual intercourse" accounted towards exclusion criteria for this study.

Analysis

Basic descriptive statistics included means, and percentages of the study variables categorized by grade levels. The null hypothesis for the study stated sexual behaviors, attitudes and knowledge of 8th, 10th and 12th graders were equal. Testing the hypothesis was done using analysis of variance (ANOVA) on all the variables using F-values. The level of significance was set for $p = 0.05$ for all analyses.

Results:

Sexual Risk Behaviors

Table 1 represents the results of sexual risk behaviors by grade levels. The variables that showed significant differences ($p < 0.05$) using ANOVA models have been marked by bold. The percentage of virgins declined significantly from 59.3% in the 8th grade to 27.4% in the 12th grade. About 27% of the 8th graders reported having 2 or more sexual partners in the past three months compared to 24.4% in the 10th grade and 22.6% in the 12th grade. This change was not statistically significant. Similarly there were no significant differences in the use of alcohol or other drugs during the last sexual intercourse by grade levels.

See Table 1

The condom use decreased from 77.1% in the 8th grade to 72.0% in 10th grade and 68.1% in the 12th grade. However, this difference was not significant. With regard to the sexual knowledge, only 3.6% of the 8th graders answered correctly for the question related to time of the menstrual cycle when a female is most likely to be pregnant. This percentage increased significantly to 8.4% for the 10th graders and 13.0% among the 12th graders. Likewise, the percentage of students who correctly answered about the

approximate time a male's sperm can live in the female reproductive system increased significantly from 14.7% among 8th graders to 23.4% among 10th graders and 41.0% among the 12th graders.

Sexual Attitudes

Table 2 represents the results of changes in sexual attitudes towards sex by grade levels. Less than half the 8th graders (44.8%) reported they wanted to wait until they were older or married to have sexual intercourse. The percentage of this group of students decreased significantly to 37.6% among 10th graders and 34.1% among 12th graders. Only 2.6% of the 8th graders reported their religious values were against having sexual intercourse. This percentage increased to 5.8% among 10th graders and 12.9% among 12th graders. The second most reason (about 28% for both 8th and 12th grades) for students for not having sexual intercourse was the risk of pregnancy or a disease.

See Table 2

Discussion

Summary of the findings

Results of this study indicates not only the prevalence of sexual risk behaviors among African American youth, but also changes in certain aspects of the behaviors as they mature from 8th grade to 12th grade. It is alarming to note that the rate of virginity dropped significantly from 59.3% among 8th graders to 27.4% among 12th graders. Among those students who reported being sexually active, about one fourth of them indicated having multiple sexual partners (2 or more partners in the past three months). It should also be noted that the condom use declined from 8th through 12th grades although this difference was not significant. The lack of knowledge in basic reproductive health and the attitudes towards sexual intercourse complicates the problems among the youth. Although the results indicated a significant increase in the knowledge levels of both male and female reproductive systems from 8th through 12th grades, the percentages are very low.

Another significant finding in this study was differences in attitudes towards sex. The percentage of students who would wait till getting married to have sexual intercourse declined from 8th grade to 12th grade. This change can be partly due to the fact that majority of the 12th graders were already sexually active. Very few students reported religious values as the reason for not having sexual intercourse. The above two findings regarding the attitudes and values towards sex poses a huge challenge for abstinence-only and faith based programs to deal with the issue of sexual risk behaviors among the youth.

Practical Implications

Previous studies have indicated that the rate of virginity decreases as youth mature (Schuster, 1996; Graham, 1992). An earlier study showed that while 19% of the 7th graders had sexual intercourse at least once, the rate increased to 64% among the 12th graders (Graham, 1992). Studies also indicate that factors significantly associated with condom use were past use and fear of HIV infection (Christ, 1998). Results of this study are consistent with previous findings and are specific to African American population.

Several findings of this study can be used in implementing interventions towards decreasing the sexual risk behaviors among African American Youth. Since most students failed to answer the knowledge-based question correctly, emphasis should be made to increase the awareness of basic sexual health among the youth. Basic sexual health education should be available to all middle school students as almost half of the middle school students (8th graders) reported having sexual intercourse at least once (non-virgins). About three-fourths of the students reported using condoms during their past sexual intercourse. Earlier studies have shown that majority of the students support the distribution of condoms in schools (Fanburg, 1995; Santelli, 2007). Studies have also shown that distribution of condoms will not influence the frequency of sexual activity among adolescents (Santelli, 2007). Based on the study results and previous studies, it would make sense to increase skills regarding appropriate use of condoms to the students to prevent teen pregnancies and minimize the transmission of sexually transmitted infections.

With regard to sexual attitudes, the percentage of students who would wait till getting married decreased significantly from middle school to high school. This can be attributed towards the majority of the high school students who were already sexually active. Further, only less than 10% of the students indicated that they were not emotionally ready for sex. This finding shows that abstinence only programs or those interventions that promote maintaining virginity until marriage would be very hard to implement

especially in schools with a significant predominantly African American population. Although emphasis should be made with regard to maintaining primary/secondary virginity, interventions should not ignore the aspects of safe sex practices.

Another key finding in this study was the very low percentages for religious values and parental values for not having sex. Although the religious values tend to increase with maturity, parental values seemed to decrease. This finding shows that either the students did not value their parent's values much or did not have a chance to talk to their parents regarding sex. Studies have shown that parental communication is one of the most important factors in reducing sexual risk behaviors. Emphasis should be made to increase the religious values and increase parental communication so that both would have synergistic effects on students.

Results from the study indicated significant differences in the way students perceive the sexual behaviors of their peers with regard to gender. For most questions (Table 3), it was found that boys consistently had lower percentages in scenarios that had some likelihood of having sex. These findings indicate that skill building and self-efficacy in "saying no" to sex should be highly emphasized, especially among boys. It would also make sense to increase the values of a healthy relationship among boys.

See Table 3

This study had several strengths such as: a large sample size; sample in predominantly African American schools; previously validated questionnaire; broad range of questions; and a mix of urban and sub-urban populations. Although the study had several strengths, a potential limitation would be generalizability of the sample. The study sample represents urban and sub-urban schools in South Carolina. Although the cultural aspects are very similar in the Southeastern United States, similar studies should be repeated elsewhere to get consistent results.

In conclusion, this study highlights the magnitude of sexual risk behaviors among African American youth. Results of this study can be used to tailor interventions in schools to reduce the sexual risk behaviors among middle and high school students.

References

- Centers for Disease Control and Prevention (2007). Youth Risk Behavior Survey 2007. Department of Health and Human Services. Available online at www.cdc.gov/yrbs. Retrieved on 11/12/2008.
- Christ, M.J., Raszka, W.V., Dillon, C. (1998). Prioritizing education about condom use among sexually active adolescent females. *Adolescence*, 33 (132): 735-44.
- Fanburg, J.T., et al (1995). Student Opinions of Condom Distribution at a Denver, Colorado, High School. *Journal of School Health*, 65 (5): 181-85.
- Fergus, S., Zimmerman, M., Caldwell, C. (2007). Growth trajectories of sexual risk behavior in adolescence and young adulthood. *American Journal of Public Health*, June 97 (6): 1096-1101.
- Graham, M.A. (1992). The effects of parent-adolescent communication on adolescent sexual behavior. Eric Publication. ED358380: 19 pp.
- Kolbe, L.J. (1990). An epidemiological surveillance system to monitor the prevalence of youth behaviors that affect health. *Journal of Health Education*, 21: 44-48.
- Leffert, N., Benson, P.L., Scales, P.C., Sharma, A.R., Drake, D. R., and Blyth, D.A. (1998). Developmental Assets: Measurement and prediction of risk behaviors among adolescents. *Applied Developmental Scienc.*, 2: 209-230.
- Locke, S.E. and Vincent, M.L. (1995). Sexual decision-making among rural adolescent females. *Health Values*. 19: 47-58.
- Reininger, B., Evans, A.E., Griffin, S.F., Valois, R.F., Vincent, M.L., Parra-Medina, D, Taylor, D.J., Zullig, K.J. (2003). Development of a youth survey to measure risk behaviors,

attitudes and assets: Examining multiple influences. *Health Education Research*, 18 (4): 461-476.

Santelli, J.S., et al. (2007). Exploring recent declines in adolescent pregnancy in the United States: The contribution of abstinence and increased contraceptive use. *American Journal of Public Health*, 97: 150-156.

Schuster, M.A., Bell, R.M., Kanouse, D.E. (1996). The sexual practices of adolescent virgins: Genital sexual activities of high school students who have never had vaginal intercourse. *American Journal of Public Health*, 86:1570-1576.

Table 1: Changes in Sexual Risk Behaviors by Grade Levels

Variable	8 th Grade			10 th Grade			12 th Grade		
	Boys (n=249)	Girls (n=299)	All (n=548)	Boys (n=188)	Girls (n=259)	All (n=447)	Boys (n=133)	Girls (n=249)	All (n=382)
Has never had sexual intercourse (virgin)*	47.4	69.2	59.3	31.4	44.8	39.3	18.0	34.4	27.4
Had sexual intercourse with 2 or more partners in the past three months	28.3	25.0	26.9	33.6	16.1	24.4	30.8	14.5	22.6
Used alcohol or other drugs during last sexual intercourse	12.4	10.4	11.6	13.7	13.7	13.7	13.6	6.8	10.1
Used condom during last sexual intercourse	77.4	76.5	77.1	77.7	66.9	72.0	76.1	60.7	68.1
Knows the time of monthly cycle when a female is most likely to get pregnant*	3.8	3.5	3.6	5.4	10.4	8.4	8.5	16.4	13.0
Knows the approximate time a male's sperm can live in female reproductive system*	16.0	13.7	14.7	23.0	23.7	23.4	35.1	45.2	41.0

Total Sample Size (N) = 1377; *p<0.05

Table 2: Reasons for Not Having Sexual Intercourse Among 8th, 10th and 12th Graders by Gender

Variable	8 th Grade			10 th Grade			12 th Grade		
	Boys (n=112)	Girls (n=197)	All (n=309)	Boys (n=59)	Girls (n=113)	All (n=172)	Boys (n=28)	Girls (n=57)	All (n=85)
Want to wait until I am older or married*	39.3	43.1	44.8	30.5	40.7	37.6	17.9	42.1	34.1
Not emotionally ready for it	6.3	7.1	6.8	3.3	14.2	10.4	10.7	7.0	8.2
Don't want the risk of pregnancy or disease	25.0	29.4	27.8	33.9	13.3	20.3	42.9	21.1	28.2
Haven't met anyone I want to do it with	7.1	9.6	8.7	13.6	14.2	13.9	10.7	10.5	10.6
Haven't had the chance to do it	10.7	4.6	6.8	10.2	9.7	9.8	7.1	1.8	3.5
Religious values are against it	3.6	2.0	2.6	6.8	5.3	5.8	10.7	14.0	12.9
Parents values are against it	8.0	3.6	5.2	1.7	2.7	2.2	0	3.5	2.4

Total Sample Size (N) = 566; * p<0.05

Table 3: Differences in Attitudes Regarding Sex by Gender and Grade Levels

	8 th Grade			10 th Grade			12 th Grade		
	Boys (n=243)	Girls (n=295)	All (n=538)	Boys (n=184)	Girls (n=259)	All (n=443)	Boys (n=129)	Girls (n=174)	All (n=303)
I think its ok for a <i>girl</i> to have sex:									
Only after marriage*	23.0	33.9	29.0	19.6	27.4	24.1	17.8	30.5	25.1
After a long relationship*	44.9	54.9	50.4	41.3	64.5	54.4	41.9	63.2	54.1
After dating for a few weeks*	20.2	7.5	13.2	18.5	5.4	10.8	21.7	4.6	12.0
To keep a boyfriend	2.7	6.8	1.7	5.4	0.7	2.7	2.3	0.0	1.0
On a first date if the boy agrees*	9.1	3.1	5.8	15.2	1.9	7.4	16.3	1.7	7.9
I think its ok for a <i>boy</i> to have sex:									
Only after marriage*	21.2	32.2	27.2	17.9	25.5	22.3	14.7	32.1	24.8
After a long relationship*	42.3	52.8	46.1	34.2	62.5	50.1	31.0	58.6	46.7
After dating for a few weeks*	15.8	9.1	12.1	18.5	6.9	11.7	23.3	5.1	12.9
To keep a boyfriend	1.7	0.7	1.1	2.2	0.4	1.1	3.1	0.0	1.3
On a first date if the boy agrees*	19.1	5.1	11.3	27.2	4.6	14.0	27.9	4.0	14.2

Total Sample Size (N) = 1284; *p<0.05