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Caregiver-Child Conversations about Sex in African American Women

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ABSTRACT

Using grounded theory methods, this study examines the experience of African American women during their caregiver-child conversations about sex and the impacts of the conversations on their sexual attitudes. The process of these conversations begins with an unplanned topic and progresses further to identify six essential themes of these conversations: gender differences, race and religion, protective/emphasis on protection, lack of knowledge, withholding knowledge, and sex negativity/shame. African American women's description of the process included feelings of shame and negativity towards their sexuality. Caregivers promoted positive messages about sex by having open conversations that advocated for equality between the genders, empower women to explore their sexuality, and provide a well-rounded education about all elements surrounding sexuality. The findings from this study will aid clinicians, educators, parents, and communities as a whole to better understand the parts of the conversations that often lead to feelings of shame and negativity surrounding sex and sexuality for African American women.

Caregiver-Child Conversations about Sex in African American Women

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I would like to dedicate this body of work to my family and friends who showed unwavering support, throughout this process and my academic career. Without your support and prayers, I know that this would not be possible. I am also eternally grateful to my mother for being a great example of a woman who goes after her dreams with resilience and grace. I am grateful for my dear grandmother's prayers and unwavering support. I am grateful for my partner's support during the late nights and early mornings. With all of their prayers and support, I have been able to go after my dreams and goals, with tenacity and great strength.

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CHAPTER I

INTRODUCTION

Parent-child conversations about sex are the communication between parents and their children about the issues related to sex (Flores & Barroso, 2017). These conversations can have a profound impact on the sexual attitudes that young adults develop as they mature and also influence future sexual behaviors. Developing the sexual attitudes of adolescents is a crucial part of their transition into adulthood. For example, teen pregnancy and sexually transmitted infection (STI) rates are related to young adults' attitudes towards sex. These rates are on the rise, especially in minority communities. Thus, these numbers give reason to look into how young adults are taught about sex and the elements of what they are taught need to be reexamined to promote healthier sexual attitudes and practices. Parent-child conversations, among other factors, influence sexual attitudes. However, it is unclear what parts of those conversations are essential to the development of healthy sexual attitudes in young adults.

Because parent-child conversations about sex are instrumental in the healthy development of the sexual attitudes of young adults. Given that teen pregnancy rates and sexually transmitted infection rates are especially high in minority communities, it is necessary to evaluate the uniqueness of parent-child conversations about sex (George et al., 2013; Whitten & Sethna, 2014). Moreover, cultural beliefs affect the manner in which parent-child conversations about sex are approached and are affected by other external factors. Thus, it is evident that in communities with high rates of pregnancy and STIs, it

is necessary to understand the ways family systems can accommodate the growing needs regarding what young people know about sex and sexuality that will influence sexual attitudes and possible future sexual practices. As such, the purpose of this study is to understand how parent-child conversations about sex influence young African American women's attitudes towards sex.

CHAPTER II

LITERATURE REVIEW

Parent-child conversations about sex are a crucial part of an adolescent's development and maturity (Flores & Barroso, 2017). It is also one of the most influential factors on the sexual attitudes of young adults. These conversations can have negative effects or positive effects on an adolescent's attitude toward sex, depending on the tone of the conversation, or if it even happens. The efficacy of parent-child conversations about sex depends on several factors, including the topics discussed, the number of conversations, the parent's comfort level, and the parent's self-disclosure (Bleakley et al., 2018). Parents often draw from the conversations about sex that their own parents had with them (Christensen et al., 2017).

Sexual Attitudes

Sexual attitudes are the beliefs and perceptions people hold towards sex and sexuality (Petersen & Hyde, 2011). Sexual attitudes can vary across genders, races, religious communities, and many other aspects of society. The attitudes people hold toward sex can greatly influence the decisions they make in their own sex practices (Norris-Brown et al., 2020). Because sexual attitudes influence decisions people make throughout their lives and likely shift depending on a person's lifelong experiences, sexual attitudes can have healthy and unhealthy implications on a person's sexual behaviors and practices. STIs, unplanned pregnancy, and other risky behaviors are indicative of unhealthy attitudes and practices. A healthy sexual attitude is the ability for

a person to explore sex and sexuality in a manner that is physically healthy, respectful of others' consent, and free of shame and guilt (Petersen & Hyde, 2011).

Cultural Differences in Adolescent Sexual Attitudes

A person's cultural values and norms impact almost every part of their lives, including their development and parenting habits. For a culture to endure, its teachings and ideals must be passed on from generation to generation. The transmission of values is also apparent in how parenting decisions and choices are made. Included in the cultural transmission of values is the information taught to adolescents, which in turn, will influence teens' attitudes towards sex and sexuality (Anderson et al., 2011). Because sexual attitudes are the values, thoughts, and perceptions a person holds towards sex and sexuality, they also form the foundation of sexual practices. For example, a person with an unhealthy sexual attitude will likely have more unhealthy sexual activities that can include, but are not limited to, a high number of sexual partners without use of condoms, not getting wellness exams to determine the emergence of STIs or other health-related concerns, unplanned pregnancies, or detrimental psychological effects related to a person's engagement in risky sexual behavior. Thus, inevitably, sexual attitudes, which are informed by cultural values, influence the choices people make when it comes to their sex lives.

Race and culture are not the only influences on sexual attitudes. A person's sexual attitude can be influenced by past experiences with sex, media, peer groups, and even past traumas related to sex (Norris-Brown et al., 2020). The emergence of social media applications within the last 20 years makes misinformation rampant and part of current culture and trends. For example, adolescents view social media influencers and

celebrities making it tempting for teens to model their lives according to what they see on social media or what gets the most likes or views. Teens see these influencers and want to look like them or emulate them in some form. If someone of influence with millions of followers promotes a lifestyle that potentially conveys high-risk behaviors, the likelihood that teens will want to do the same is significantly increased. Similarly, because adolescence is a time when young people are most influenced by peer groups, it makes it easier for teens to be impacted by the "everyone is doing it" mentality. Some teens may be susceptible to this type of thinking and engage in risky sexual behavior in order to fit in with peers.

Moreover, music is also another significant influence on adolescents, their behavior, and the decisions they make. Looking at trends of popular music, there is a noticeable use of sexually explicit music and perceptions of what makes a person desirable (e.g., rich, sexy, cool, a "player"), which in some form promotes uninhibited sexual practices. The music getting likes on Spotify and topping the music charts likely involves some form of message on sexuality. For example, Megan Thee Stallion, in her 2020 single, described herself as a "savage" and used descriptors like "nasty" and "ratchet" to illustrate the complex image that girls and women must personify to be considered sexy or desirable (Megan Thee Stallion, 2020.) Due to the popularity of the song on social media, the song rose to popularity on the charts. The same can be said about genres, other than hip-hop and rap. An example of this is Jimmie Allen's description of a night at a bar with a prospective partner. In his 2017 single "Make Me Want To," he talks about "stealin' kisses" and "sneakin'" out to a lady's car after

drinking alcohol (Allen, 2017.) This paints an idealized picture of how sex and dating works without visiting the real complexities of this process.

Sexual Attitudes That Increase Risk of Teen Pregnancy and STIs

There are commonly held sexual attitudes that are observable in the African American community. These commonly held sexual attitudes are generally misinformed and result in adverse effects for African American women. For example, within the last decade, researchers found that African American women still experience higher STI rates than other racial communities (Centers for Disease Control and Prevention, 2015). African American women are also more likely to experience teen pregnancy than White or Hispanic women (Wiltz, 2015). Moreover, there is a stereotype that African American women are more provocative and sexual and are seen this way at younger ages, despite sexual behaviors being encouraged or ignored (Crooks et al., 2019). Without proper guidance from loved ones or other protective factors, young people in this community risk making sexual behavior decisions that increase their risk for teen pregnancy and STIs.

Another commonly held sexual attitude and misconception is that if sex or sexuality is not discussed, youth will not explore the topic any further within their family system (Crooks et al., 2019). In other words, if families do not talk about sex, then it is assumed that sex will not emerge as an issue or that censorship will deter young people's curiosity from exploring sex further. Historically, as a result of these assumptions, some members of the African American community choose not to educate their youth about sex for fear of triggering their youth into sexual activity. Unfortunately, without proper education from reliable sources, African American youth often explore sex and sexuality

on their own by using unreliable and inaccurate resources (e.g., media, internet, peers, etc.).

Influence of Sexual Abuse History on Sexual Attitudes

The African American community mirrors the rates of child sexual abuse also seen in other communities. In addition, rates of reported instances of child sexual abuse continue to be defined by gender, with African American females reporting higher rates of child sexual abuse. Thus, the increased rates of reported instances of sexual abuse among the African American female community, combined with other trauma and hyper sexualization of their bodies, make a significant impact on practices involved with the conversations about sex with young people and are widely adopted by parents and other caregivers (Crooks et al., 2019). For instance, it is not unusual for women with a history of sexual abuse and trauma to heavily enforce ideas and strategies so their daughters protect themselves from similar assault experiences. Unfortunately, the tone in these conversations may include negative language and tone. Along with the possible negative connotations associated with these conversations with daughters, well-intentioned parents or caregivers may also instill fear, misinformation, and hesitations with regards to sex and men. The negative connotation and fearful attitudes regarding a basic human practice, like sex, encourages a culture of secrecy, fear, and shame around sex and sexuality that are detrimental to adolescents' perceptions. Moreover, another impactful factor that affects sex conversations among parents and caregivers is the unresolved trauma for parents who have experienced sexual trauma. Parents with a history of unresolved sexual abuse trauma may not be emotionally or physically prepared to discuss

anything related to sex that may trigger their own trauma and symptoms (Crooks et al., 2019).

However, regardless of conversations or lack of conversations at home regarding sex, with changing bodies and raging hormones, teens inevitably experience curiosity about sex and sexuality. To resolve the curiosity, some adolescents seek out information naively without consideration for the credibility of information sources which increases the potential to be influenced to engage in risky behavior. The accessibility of misinformation via technology makes learning about sex a concern in itself because many adolescents turn to resources like media, peers, and pornography. These resources not only increase distorted views about sex, consent and relationships but also increase misinformation about sexuality and safe sexual behaviors or gloss over safe sexual practices and protections.

Moreover, there is a noticeable difference in the literature regarding sexual abuse and trauma in the African American community. For example, a scan of the literature shows that there has been more focus on researching incidences and experiences of sexual abuse in African American women and much less, if at all, on men's experiences of abuse and trauma (Bleakley et al., 2018; Crooks et al., 2019; French, 2013). The gap in literature concerning African American men could be due to the perceived stigma or shame attached to sexual abuse in the African American male community. This is not to say that sexual abuse is not a concern for males a part of this community or men in general but instead speaks to the lack of reporting about sexual abuse experiences because of stigma and general secrecy regarding sexual abuse. Therefore, this in itself

allows for speculation about sexual attitudes regarding male vulnerability to abuse and trauma. Thus, men are less likely to respond and participate in research on this topic.

How Critical Race Theory (CRT) and Feminist Theory Inform Sexual Attitudes

The sexual attitudes of African Americans are also influenced by historical beliefs, events, and social standards. There is a long-standing history of mistreatment of African Americans in America. This is evident in many significant historical events involving abuse and murder towards African Americans. For example, the mistreatment and murder of Emmett Till highlights the double standards regarding the safety of black bodies. Mr. Till was a young African American teen who was accused of sexually assaulting an older White woman. Mr. Till allegedly whistled at the woman, but the charge was escalated to accuse him of sexually assaulting her. The climate of the Jim Crow-era south motivated White supremacists to take matters into their own hands and brutally murdered Mr. Till. This is an example of how a seemingly innocent gesture, like whistling, was taken out of context due to the color of his skin and the hyper sexualization of African Americans. Historical events like this prompted the emergence of social perspectives that challenged the cultural norm, like feminist theory and CRT. There are remnants of both CRT and feminist theory in the sexual attitudes of African Americans. For example, the role of women in relationships that many African Americans believe is related to feminist theory and its principles. African American women are often believed to be at the disposal of long-standing patriarchal standards seen from the rape of African American women by their slave owners, to the invisibility and lack of protection of African American women in our communities today. In his 1962 speech, civil rights activist Malcolm X described African American women as “the most

disrespected . . . the most unprotected . . . [and] the most neglected" woman in America (X, M., 1962). This is evident in the historical objectification and submissive tendencies of African American women (French, 2013). Feminist theory allocates autonomy and power to women and other under-privileged communities. Feminist theory continues to evolve; however, the ideas it tries to dismantle are still prominent in society, and African American women continue to be disrespected and unprotected (X, 1962). A consequence of this is that most African American women still feel that it is normal to be subservient to their male counterparts, though they may not agree with it.

CRT looks to highlight the disparities in communities of color and advocate for them to be changed. Thus, this theory is vital to the discussion of the emergence of sexual attitudes of historically marginalized communities like those of African American families. An example of CRT's influence on the sexual attitudes of African American is inadequate resources or lack of access to resources like contraception and appropriate medical care that are historically unavailable in communities of color. The scarcity of preventative planning resources is a contributing factor to how African American adolescents are taught more about abstinence than safe sex practices (Whitten, 2011). Without the proper resources to encourage and inform about safe sexual practices to spark conversations, caregivers in the African American community often avoid discussions of sex altogether under the assumption that if it is not discussed teens will avoid premature engagement in sexual activity. If discussions do occur in households, caregivers often rely on abstinence-informed education without any further discussions or education on sex and sexuality.

Along with the lack of access to resources, African Americans also live with daily endangerment of their black bodies from lack of societal protection. This looks like the inequality in the judgment of African Americans from stereotypes to the justice system. For example, African American women are viewed as more promiscuous than White women at younger ages. There is also an overwhelming lack of physical protection and due process for African Americans from larger social institutions like the justice system and law enforcement (French, 2013). The lack of protection and injustice is evident in the many instances of police brutality against African Americans like Sandra Bland, Breonna Taylor, and George Floyd among hundreds of other African Americans who died at the hands of law enforcement. Because of disparities like these, the African American community adapted how they interact with the rest of society, even in terms of sexual interactions. Because of these long-standing interactions, many African American adolescents are taught to take more precautions in their interactions with each other, but especially the White community. The safeguards taken by African Americans are a means of survival given the long history of inequality and injustice (Muhammad & McArthur, 2015). An example of safeguards is seen with young African American girls who may be scolded by their loved ones or others for wearing shorter or more revealing clothing. It is unclear whether this practice is used to protect the girls or to protect potential perpetrators. Another survival response to the systemic lack of protection, African Americans developed a distrust in law enforcement. In turn, this distrust results in a lack of reporting sexual perpetrators to law enforcement, especially if the perpetrator is African American. CRT looks to highlight existing practices like these in African Americans' experiences and advocate for appropriate changes to rectify systemic

oppression in marginalized communities. This makes CRT a relevant theoretical approach to this study in examining the factors involved in the emergence of sexual attitudes in households.

Influential Factors

Parent-child conversations about sex encompass many different topics concerning sex and sexuality. These include race, religious affiliation, gender, the topics covered in the conversation, the young adults' knowledge and confidence in their knowledge of instrumental sexual topics, and parent and adult child's relationship to common resources of information outside of the family and school (Norris-Brown et al., 2020; Sneed et al., 2013). Race influences parenting choices and styles. Along with race, religious affiliation is impactful due to the way western perspectives capitalize moral standards established by religious communities (Whitten & Sethna, 2014). Gender roles and biological sex are significant factors related to perceptions and discussions about sexuality; so much of what young adults are educated on depends on their gender roles associated to their biological sex. Thus, sex is a naturally occurring behavior that is influenced by gender roles (Anderson et al., 2011). For example, African American males are more likely to be educated on the use of contraception like condoms compared to their female counterparts, who are more educated on abstinence and contraceptives like birth control (Anderson et al., 2011). It is important to examine the topics parents in parent-child sex conversations because this ties into the range of depth of those conversations. Furthermore, different communities see each of the above-mentioned topics differently. For instance, caregivers from a religious denomination—for example, Catholicism, which outlines specific mandates about contraception—might choose to not educate their adolescent on the

different contraceptive options due to religious beliefs. It is important to evaluate the adolescent's knowledge and confidence in their knowledge about sexuality because this knowledge informs future decisions regarding sexual practices. If a young person lacks confidence about what they know about sex, their decisions are at risk for negative repercussions (Crooks et al., 2019). Their confidence regarding sexual knowledge also leads to the health of their attitudes toward sex. The family's access to common resources of information (e.g., sex education programs in schools, Planned Parenthood, healthcare, etc.) is essential to forming a healthy relationship between the parent and the child. If a parent relies solely on resources outside of the home to educate their children about sex, the child might have an inaccurate perspective of sex. Common resources outside of the home can include extended family members, media, and peer groups (Anderson et al., 2011). During formative years, having a strong relationship between the parent and the child can make the child feel more comfortable to discuss what they learn from those outside resources with their parents and get an accurate explanation.

Existing Differences in the African American Community and Their Importance

Historically, minority populations are more likely to experience teen pregnancy and some sexually transmitted infections than their White counterparts (Centers for Disease Control and Prevention, 2015). If there are cultural differences in sexual health statistics, there must be cultural differences in sexual attitudes. For example, African American young adults are more likely to rely on their peer groups, mothers, and media for sexual education, than White young adults (Norris-Brown et al., 2020). One interesting theme observed in the literature was the idea that women in the African American community are often responsible for educating children about sex, regardless

of gender roles or sex of the child (Sneed et al., 2013; Thompson et al., 2015). This is of note given the apprehensiveness of many mothers to speak with their sons about sex or sexuality (Flores & Barroso, 2017; Sneed et al., 2013). There was also a significant difference in the likelihood of White young adults depending on their parents as an educational resource than their counterparts of minority backgrounds (Bleakley et al., 2018). This is not to say that minority young adults only learn about sex from resources outside of their families. Instead, they often learn from a variety of family members in conjunction with school resources, media, and their peer groups (George et al., 2013).

Similarities and Differences in How Parents Discuss Sex and Sexuality

Parent-child conversations in families of color mirror the conversations that take place in the homes of their White counterparts, in the sense that these conversations are less likely to occur before the adolescent stage and usually primarily involve one parent (Norris-Brown et al., 2020). Parents across the spectrum experience anxiety about how to approach these conversations. However, there is still much to be learned regarding the parental involvement in parent-child relationships (e.g., who is involved, the efficacy, its direct influence on adolescent sexual behavior, etc.). The most obvious gap in research is evident when looking at the involvement of, or lack thereof, both parents in parent-child conversations regarding sex. The anxiety that most parents experience often leads to some delay in the occurrence of these conversations. This is often the cause of the lack of pre-adolescent parent-child conversations about sex (Christensen et al., 2017).

While parent-child conversations of families of color and their White counterparts mirror each other in many ways, they also differ in certain aspects. Across different cultural communities, the sexual attitudes of adolescents vary (Anderson et al., 2011).

The conversations vary in the topics included in the conversations and who is included in this process. For example, many African American families do not discuss the idea of sexual pleasure without referring to the morality of the act (Crooks et al., 2019.) This is especially true when speaking to adolescents. The topics included in a family's conversations about sex are usually influenced by the cultural norms and views the family values.

Cultural Differences in the Topics Covered by Parents

Inevitably, the topics discussed in parent-child conversations influence the sexual attitudes of young adults. The variety of topics covered can empower young adults to feel more confident in their knowledge about sex and sexuality. It also removes some of the mystery surrounding sexual topics. It is no longer a forbidden and stigmatized topic. In many families some cultural differences related to traditions may affect the conversations' topics or how the topic is discussed. Such topics can include: sexuality, contraception, sexually transmitted infection education, consent, and even the definitions of sex and sexual acts. Cultural differences extend to expectations and responsibilities regarding sex; is it a woman's duty to sexually please her partner or a duty to her faith to procreate; how are cultural perceptions communicated about female orgasm or sexual difficulties like pre-mature ejaculation? Whether these areas are discussed implies assumptions about a family's cultural values.

Caregivers' hesitation to discuss sex and sexuality with their children is another example of cultural values, and this is especially true in communities of color (George et. al., 2013). The belief and practice of not talking about certain topics pertaining sex and sexualities other than heterosexual. This is often observed in families where religious

beliefs are strong and in minority communities. When asked about their knowledge about contraceptives, White young adults felt more comfortable discussing the topic with their parents (Thompson et al., 2015). This speaks to the notion that White parents are more likely to discuss contraception because they often have better access to resources like healthcare and contraceptives. Of course, there are other possible explanations for the differences in contraceptive education. One possible explanation for the differences in contraceptive education is the variation of religious influence in different racial communities. Different racial communities place varying levels of value on their religious beliefs. In contrast to many conservative Christians, the African American community rarely discusses the varying sexual identities in a religious manner, if at all (French, 2013; George et al., 2013).

The cultural differences in the discussion of sexuality, specifically those other than heterosexual and cis-gender identities, may also be attributed to cultural beliefs. It is often found that minority communities stigmatize sexualities outside of heteronormative standards by not acknowledging them instead of persecuting or judging (Christensen et al., 2017; Norris-Brown et al., 2020). This does not normalize those groups of people but instead ostracizes them. Many minority communities believe that by not overtly judging the LGBTQ community, they are treating them better by not acknowledging this important part of a person's life. This supports the idea, presented above, about avoiding certain topics. By not acknowledging or discussing the topic of sexuality or acknowledging that there are other sexualities besides heterosexual, minority young adults receive indirect messages about what is appropriate and acceptable within

communities, which further perpetuates marginalization of people who identify as LGBTQ+.

Timing, Cultural Views on Gender Expectations, and Sex Education

Timing of discussions about sex or sexuality are generally tied to gender (Sneed et al., 2013; Thompson et al., 2015). Sex, sexuality, and gender are constructs normally tied together because gender typically dictates how the majority of sexual activities occur (Christensen et al., 2017). There are also differences in how adolescent boys and girls respond to conversations about sex. The adolescent's gender also dictates how early the conversation takes place. Girls are often having these conversations at any earlier age and at a more frequent rate than boys (Anderson et al., 2011). In a study of African American preadolescent children, Anderson and colleagues found that girls often feel more comfortable and knowledgeable about the process of puberty.

Gender also informs parental/caregiver decisions about who will lead the conversation about sex with their child—the male or female parent/caregiver. Gender also influences the approach each parent takes when having these conversations with their children. Historically, women have been responsible for the child-rearing process, which includes educating children about sex (Christensen et al., 2017). Fathers often prefer not to go into much detail while mothers tend to try to match their child's maturity (Christensen et al., 2017). Gender can also impact the topics covered in parent-child conversations. Girls are overwhelmingly educated more on the topic of abstinence than boys. Girls are also educated more on the topic of premarital sex than boys. Moreover, culture plays an important part in the discussion about gender and the parent-child conversations. This applies to African American families, too. Minority communities

often rely heavily on the women in their communities to educate the children. This also applies to sexual education. Both boys and girls in minority communities prefer talking about sex with their mothers and identify them as their primary parental source of sexual education (Sneed et al., 2013). However, there is limited research on the role of the father in parent-child conversations, in both White and minority communities.

CHAPTER III

METHODS

Purpose of the Study

The purpose of this grounded theory (GT) study was to examine the influence of parent-child conversations regarding sex and sexuality on the development of sexual attitudes of African American young adult women. By examining the influence of these discussions on sexual attitudes, the researcher hopes that this information will be used to support clinicians in facilitating sex education and discussions in efforts to reduce teen pregnancy and STIs. This is to assure that youth will be educated in a well-rounded manner. Since education is essential to lowering teen pregnancy and sexually transmitted infection rates (Thompson et al., 2015), it is important to understand how they are educated at home. This is especially true in minority communities, where those rates are significantly higher (Whitten & Sethna, 2014). This study also examined access to healthy sexual health resources in the African American community.

In this grounded theory study, two perspectives were used to examine the data: critical race theory and feminist theory. The overall aim of the study was to develop a theory of how the sexual attitudes of young African American women are affected by parent-child conversations about sex. Feminist theory calls for research focused on the problematic institutions that oppress women and illustrate how they relate to this research on the sexual attitudes of young African American women. Critical race theory calls for research focused on presenting stories from the minority perspective, advocating for

eradicating racial discrimination and inequities, and addressing areas for improvement in the lives of people of color. Learning about how parents/caregivers discussed sex and sexuality with young adults when they were younger gives direct access to how families navigate these conversations and utilize their ideas and narratives to facilitate sex education and discussions in ways that account for and elevate the voices from African Americans. Ultimately, the aim of this study was to contribute efforts to dismantle outdated patriarchal and systemic oppression by utilizing voices of African Americans to guide the revolution to reduce teen pregnancy rates and STIs in communities of color.

Constructivist Grounded Theory

Constructivist GT was developed by Kathy Charmaz, who studied under Glaser and Strauss, the developers of traditional GT. Constructivist GT focuses on the meanings that people assign to different constructs around them (Charmaz, 2014). Constructivist GT makes use of the basic principle of traditional GT, which is the concept of developing a theory or explanation of a phenomenon (Glaser & Strauss, 1967). Constructivist GT involves the same three-step system of data analysis as traditional GT. Constructivist GT also includes the researcher remaining curious about the participants and remaining non-judgmental throughout the interviewing process (Mills et al., 2006). Because constructivist GT focuses on the meaning assigned to the constructs of society, it provides an appropriate framework for this study since sex and sexual attitudes are developed through the use of societal constructs (Charmaz, 2014).

This study explored the meanings assigned to many of the topics and practices caregivers teach in their ongoing or previous conversations with their adult children. The study also explored the meanings assigned by young African American females to the

factors and processes that shape their sexual attitudes. Following procedures of constructivist GT, purposive sampling was used to target the desired group of participants. Constructivist GT collects data through use of surveys, interviews, or focus groups, and then codes three times via open, axial, and selective process of coding to arrive at the core concept of this process (Tie et al., 2019). In engaging in this process, I developed a theory of the phenomenon, which could be used for advocating, educating, or further research on the topic.

Theoretical Influences

Because this subject matter is tied so closely with social differences and disparities, this study was conducted through the theoretical lenses of feminist and critical race theory (Wiltz, 2015). Both of these theories call for examination of disparities in the social resources and advocacy for change of those disparities. Historically, feminist theory is used to examine the subject of sexual attitudes and habits. This is because of the historic events in the feminist movement that were geared towards the sexual liberation of women (Muhammad & MacArthur, 2015). With this movement toward sexual liberation came the need for more sexual education for all people. Similarly, critical race theory calls for the same examination of access to social resources and advocacy for change. The difference between those two lenses are the groups of people they advocate for and examine. Critical race theory emphasizes the evaluation of resources across racial groups and calls for each race's cultural norms and history to be accounted for (Graham et al., 2011). Critical race theory follows some of the same theoretical frameworks as other paradigm-based perspectives like feminist theory. Critical race theory has three basic foundational principles: (1) illustrate stories from the perspective of people of color

about discrimination, (2) recognize that race is a social construct while advocating for the need of this community to be treated fairly, and (3) advocate for other populations that might be experiencing similar experiences with discrimination (Graham et al., 2011). Thus, both theories are instrumental in examining the impacts parent-child conversations about sex with African American young adults.

Self of the Researcher

The data were gathered and analyzed according to the standards established in the grounded theory methods. I conducted the interviews and analysis according to Abilene Christian University's Institutional Review Board's (IRB) standards and protocol. I took all precautions to prevent personal biases from skewing the data in any way. This is important because I self-identify as an African American female with similar experiences in my personal life, which is why I am personally invested in the subject matter. My interest in this matter also stems from my experience of feeling sexually incompetent and wondering from where those feelings stemmed. I used open-ended questions and wrote memos about participants' reactions to the interview questions, including my own reactions to what participants shared. I approached each interview with the "not knowing" stance and remained curious during the interviews to reduce assumptions about participants' experiences.

Participants

Eligible participants included young female adults who identified as African American. Because young adults are defined as people ages 18 to 25 (McGoldrick et al., 2016), it seemed appropriate to use this age group because they were more likely to have experiences with parent-child conversations about sex and were more likely to have

autonomy to make their own sexual choices decisions. Participants were recruited via social media posts and flyers targeting the preferred population. Five participants submitted demographic information and completed interviews. Moreover, participants were informed about the voluntary nature of the study and that they could withdraw from the study at any time, even after interviews were complete. The participants received no compensation for their participation in the study.

Procedures

I recruited participants via social media flyers and a corresponding link. Interested participants followed the link that corresponded to an informed consent. After consent was signed, interested participants were directed to a screening survey to determine eligibility for the study. In the screening survey, they were provided information about the study, purpose of the study, and the overall process of the interview. If participants were eligible to participate and agreed to be interviewed, they indicated their desire to participate in the study at the end of the survey by providing their contact information and their preferred method of communication to schedule the interview. Participants were interviewed via Zoom or in person, and the interviews lasted approximately 60-90 minutes. Interviews were audio-digitally recorded. All chosen participants completed the demographic questionnaire form before the interview. In-person and Zoom interviews were conducted at the Marriage and Family Institute, in private confidential rooms.

Demographic Questionnaire

The demographic questionnaire gathered demographic information (i.e., race, gender, sexual orientation, SES, and religious affiliation) and was administered after participants agreed to participate in the study and provided informed consent. The

demographic questionnaires were administered before the interview or provided via email to complete before their scheduled interview. Sample questions related to demographics that were asked included: “What race do you identify as?”, “What was the biological sex assigned to you at birth?”, “What gender do you ascribe to?”, “What is your sexual orientation?”, “What is your family’s gross income?”, “Do you have a religious affiliation?”, and “If so, what is your religious affiliation?”. Demographic questions regarding age, level of education, couple or marital status, who their primary caregiver(s) were growing up, and income range were also asked. These questions were important in order to gather information regarding the influence of contextual elements influencing the process of caregiver and child conversations regarding sex and sexuality.

Semi-Structured Interview Questions

The interview questions focused on participants’ experiences with the parent-child conversations about sex. The interview protocol included the following questions to segue discussions regarding the influence of parent-child conversations on sexual attitudes: “How old were you when your parents talked to you about sex?”, “How many times did your parents have these conversations with you?”, “What topics did your parents focus on in their conversation with you?”, “How comfortable do you think your parents were during these conversations?”, “How comfortable were you with these conversations?”, “Are there any topics that you wanted your parents to discuss with you?”, “Who, outside of your parents, talked to you about sex?”, and “What are the biggest influences on your view of sex?”.

The interview protocol also included the following questions based on the two theoretical lenses, feminist theory and critical race theory: “How do you think your

parent's racial background influenced the conversations?" and "How do you think the conversation would have differed if you were of a different biological sex?" There will be questions that will explore the participants' views on sexual attitudes like: "How did these conversations influence your current sexual attitudes?", "What initiated the conversations on sexual attitudes or were these conversations a part of a routine?", "If there were conversations about sex, outside of your parents, how were they initiated?", "How did you discern the accuracy of the information you received?", "How did you feel after these conversations?", "How did you integrate this information in your dating preferences?", and "How have these conversations shaped how you talk about sex?". There were also follow-up questions asked based on the young adults' responses to the initial questions to ensure clarity or understanding of what participants described or to expand on the process. The interviews lasted approximately 60 to 90 minutes, and I took time to reflect on the interview, including questions and comments that stood out to me as well as my own insights or emerging theoretical ideas. Data were de-identified and stored at the Marriage and Family Institute in a locked cabinet, where confidential information is stored. Interview transcriptions were also de-identified, and I stored any identifiable information separately.

Data Analysis

GT involves the use of purposive sampling and data collection methods, such as surveys, interviews, or focus groups, followed by multiple rounds of analytic coding. In using the method of traditional grounded theory, I formed a theory about a pre-existing phenomenon that is grounded in the data (Glaser & Strauss, 1967). This theory allowed for a pattern of behavior that could be hindering for the populations involved, to be

explored. GT offered a structured process that allowed for flexibility, if needed (Tie et al., 2019).

Since all interviews conducted in person or via Zoom were audio recorded using a digital hand-held recording device, the interviews were transcribed into a Word document. I transcribed all the interviews and memoed during the transcription process. Once the transcription was complete, I coded, sometimes line-by-line and other times using phrases or whole paragraphs in the transcripts. I made note of emerging ideas grounded in the data. I intentionally devoted time to reflect after each interview and noted any outstanding ideas in memos. I revisited each memo to add additional thoughts/reflections regarding the most recent interview. I also used the memos to document the analytical decisions and thought process throughout the analysis part of the study. This helped me to monitor and reflect on personal biases. This is an instrumental part of constructivist GT analysis because in order for the data to be reflective of the population that is being studied, the researcher's biases must be acknowledged, addressed and documented (Tie et al., 2019).

Coding and analysis occurred simultaneously to extract initial categories. Examples of initial codes from the transcripts were *educating, not being prepared, dad being uncomfortable*. After the initial categories were identified and revisited to ensure I captured the process described, I engaged in axial coding to begin to connect the initial categories that emerged from early coding. I wanted to identify the core or most prominent categories. In this round of coding, I focus on the saturation of the previously identified categories, throughout the data from the interviews. Some codes that emerged from this round of coding included *religion, protection,* and *lack of knowledge*. I

reviewed the initial ideas about the story line with two committee members. I discussed ideas about the storyline and used their experience to visually begin to draft the storyline. With these identified core categories I engaged in selective coding to reveal a storyline or theoretical coding. This storyline is the basis of the theoretical findings and conclusions I drew from what participants shared in the interviews.

Validation Strategies

As there is trustworthiness of data in quantitative research, qualitative researchers also employ practices to ensure the "accuracy" of research (Creswell, 2007). I used techniques like peer debriefing and ensured transferability through detailed descriptions of the research process to increase accuracy of the study. I used "peer debriefing sessions," to check for accuracy with my thesis advisor who served as a "devil's advocate" to encourage transparency and to keep me honest. She asked questions about methods, meanings, and interpretations and processed my memos with me. In the memos I included reflexive notes on past experiences relevant to the inquiry, biases, prejudices, and assumptions that likely influenced the interpretation and approach to the research process. Moreover, in the methods section and general write-up, to enhance the transferability of the research and process I included comprehensive descriptions that allow readers to evaluate transferability (Erlandson et al., 1993; Lincoln & Guba, 1985; Merriam, 1988). When readers can transfer information from the current study to other settings and determine whether the findings can be transferred "because of shared characteristics" then I can rely on the richness of the descriptions (Erlandson et al., 1993, p. 32). Therefore, by ensuring thorough descriptions I feel confident that I enhanced the accuracy of the process of analyzing research data.

CHAPTER IV

RESULTS

Demographics

Five participants were recruited via social media and five participants reported being sexually active at one point in their lives. All participants also self-identified as African American. Moreover, all five of the participants identified as women but one specified that she, at times, identifies as non-binary. Four of the participants defined themselves as heterosexual, and the fifth identified themselves as queer. The participants ranged from 22 to 25 years of age. All five participants reported their religious affiliation as Christian. Three of the participants reported being raised in a two-parent household. One participant reported being raised in a divorced home with a single mother as the primary caregiver. One participant reported being raised in a divorced home with a single father as the primary caregiver. Table 1 illustrates demographic information provided by participants.

Table 1

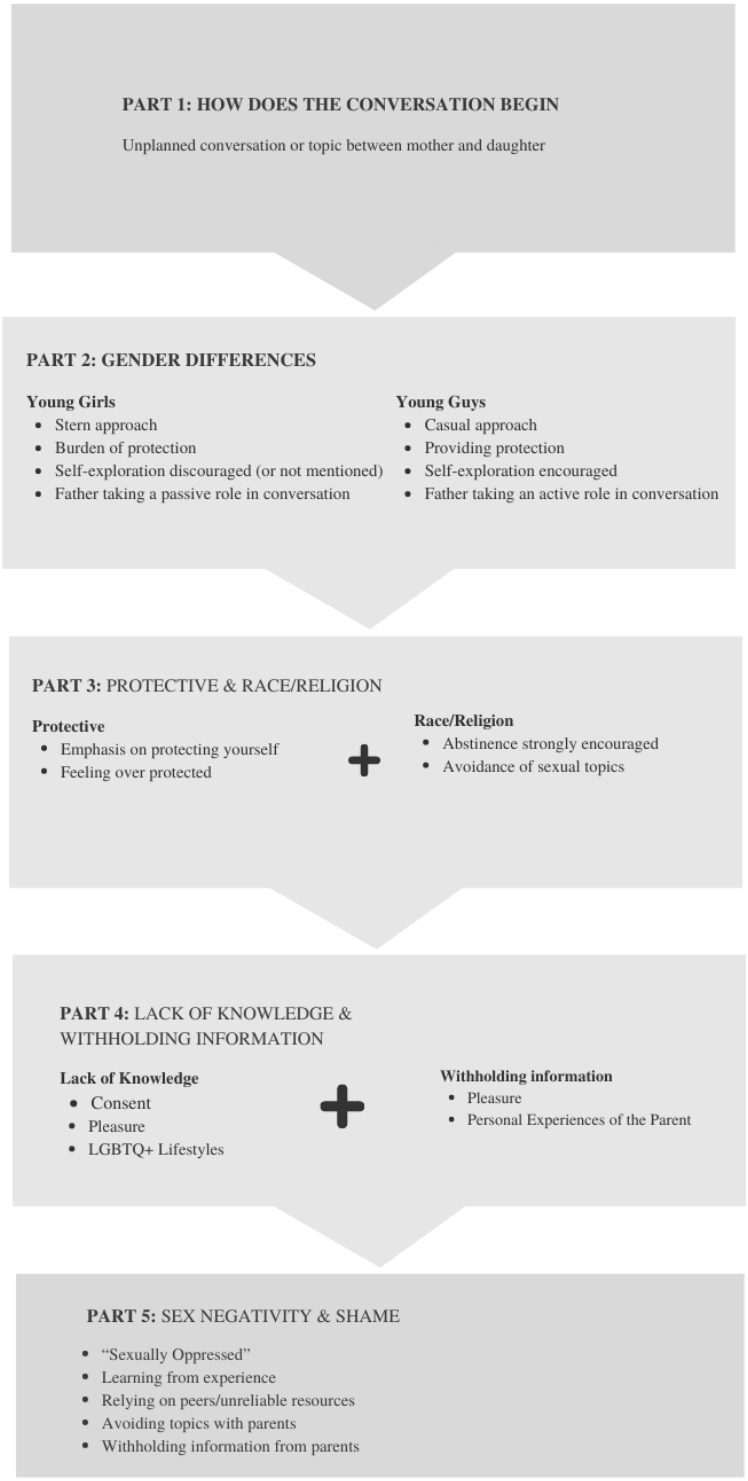
Participant Demographics

Participant	Age	Gender	Sexual Identity	Sexual Orientation	Religious Affiliation	Relationship Status
1	22	Female	Female	Heterosexual	Christian	Single
2	25	Female	Female	Heterosexual	Christian	Single
3	25	Female	Female	Queer	Christian	Committed Relationship
4	25	Female	Female	Heterosexual	Christian	Single
5	25	Female	Female	Heterosexual	Christian	Single

Participants' descriptions of the process of engaging in caregiver conversations about sex in African American women revealed six essential themes: *gender differences*, *race/religion, protective/emphasis on protection*, *withholding information*, *lack of knowledge*, and *sex negativity/shame*. Additionally, the data revealed that these conversations were unplanned and usually occurred between the participant and their mother or a maternal figure. These themes emerged from the collective descriptions shared by all participants. Figure 1 shows the general process of these conversations based on participants' descriptions of their experiences.

Figure 1

Caregiver-Child Conversation Model



The Process of the Conversation

Participants described that these conversations usually began with an unplanned and unexpected question or bid for information from a source other than the caregiver. Examples of these unplanned and unexpected questions would be information from media, peers, or their own exploration of their bodies. Participants then described that they noticed the caregivers' responses were determined by the gender of the child or adolescent, resulting in a stern conversation usually handled by the mother or a maternal figure without much participation from the father. Participants described noticing the influence of the intertwined relationship of religion and African American family values, in combination with the caregiver's desire to protect their daughter and educate her on the importance of protection. It seemed the caregiver would decide what information to withhold from the participant. The influence of the caregiver's protective instincts and the racial and religious values resulted in the caregiver withholding information like pleasure or their own personal experiences. I used the term "withhold" to illustrate the intentionality of the caregivers' efforts to protect their children. Although this is done with great intentions and with no harm in mind, they still made a conscious decision to keep certain information to themselves. The missing information often led to the participants feeling shame surrounding sex and even a negative view of sex.

Unplanned Mother-Daughter Conversations

Even though there were a variety of household arrangements reported, most of the participants reported their caregiver-child conversations usually occurred between them and their mother or a maternal figure. The same was reported by the participant who was raised by their father. She reported that her grandmother or the mothers of her friends

would usually have those conversations with her. When asked if the conversations were recurring or singular occurrences, most participants reported that the conversations were recurring, but they were usually initiated by the participant's curiosity and not the caregiver. For example, a participant would hear about something in a song and then ask their caregivers about its meaning.

Gender Differences

The participants all reported that they self-identify as women and experienced the stern conversations given by caregivers, but because four participants reported having brothers, it allowed participants to be witness to how their brothers received the conversation. This information is integral to their perspectives of how the genders are treated by caregivers and society due to their first-hand observation of the difference in how their caregivers handled these conversations. Participants reported they observed that their male counterparts were treated significantly different than they were, regarding sex and sexuality, as noted by one participant: "men can sleep around and they're praised for it." This gave way to the idea that women are not seen as equals when it comes to sexuality. They noticed that their parents took a seemingly more casual approach when they were talking to their sons. Participants described that the causal approach included encouraging self-exploration through the means of masturbation, providing protection by supplying condoms, and they noticed their fathers taking a more active role in the conversations with their sons, by being physically present in the conversation or facilitating the conversation. On the other hand, when it came to discussions regarding sex with them, participants noticed a different approach that involved the burden of protection being placed on them, abstinence being emphasized, self-exploration being

either discouraged or not mentioned, and fathers taking a passive role in the conversations or not participating at all. One participant reflected her experience and view of the gender differences in her own household:

> My dad has never been comfortable talking to me about sex. He's very much like why would you do that? It's like my brother was thrown condoms. And I was basically like, you need to abstain . . . you don't need to have sex . . . you don't need to talk about it. Like my brother was able to . . . like, go to prom and spend the night with his date do all that . . . [for him] there was like a talk like, Hey, here's some condoms . . . for your protection. For me it was like you need to abstain from sex, so you don't need to be having it at all.

With this experience, the participants felt like they were held to a higher standard of expectations than their male counterparts. This difference in experience also fueled an expectation that they were not allowed to experience sex, outside of the confines of marriage, and if they did, they were acting in a shameful and disrespectful way.

Protective/Emphasis on Protection

Participants used the words "protection" and "protect" often throughout their reflection of the conversations with their caregivers. Participants reported their caregivers placing significant emphasis on protecting themselves, whether it be physically, mentally, or emotionally. Their caregivers spoke about teen pregnancy and STI's and the importance of protecting themselves from those things. Another participant described her caregiver's advice like this: "respect your body . . . demand that others such as boys respect you . . . [and] If [you] do it, be careful [and] wear protection."

Participants also reported that their caregivers emphasized the importance of protecting their hearts and feelings. One participant noted that her mother reminded her of the importance of protecting her heart while they were discussing the emotional side of sex. She said: “like her [mother’s] whole thing is… like protect yourself at all costs].” Relating back to gender differences, there was no mention of this element of emotional protection in the participant’s reflection of their caregivers’ conversations with their male counterparts. Overall, participants reported feeling sheltered or over-protected by their caregivers, when it came to sex and sexuality.

Race/Religion

In terms of Christianity, all of the participants reported Christianity as their preferred religion. They all reported that they believed that their family’s race and religious beliefs impacted how they were educated about sex by their caregivers. As noted, Christianity impacted how they believed that their family’s race and religious beliefs impacted the attitudes about sex and conversations about sex within the African American community. Even further, most reported that they felt like the two (race and religion) were heavily intertwined, when it came to their upbringing. For example, the participants noticed that their caregivers focused on abstinence when they would approach them about sexual topics or questions which is a common value in households influenced by religious beliefs or culture. They also reported a noticeable discomfort with and/or avoidance of the discussion of sex and sexual topics. When asked if she felt that her caregiver’s race influenced these conversations, she replied with the following statement.

> Like both of my parents grew up in like, black Baptist Church, very much. So like, whatever the pastor says . . . like, that's what you do . . . like you do not question God. Um, I do feel like their experience may have contributed to how they raised me and my, my brother.

Another participant speaks of her experience as a Queer woman in a Christian church. "I attend a church where they say they're affirming of LGBT folks. Talk about it in silence." She elaborated and spoke of the lack of space for LGBTQ+ people in the leadership of churches and the microaggressions that are often observable. She also mentioned the lack of space for a Christian who aligns with the LGBTQ+ community. She describes feeling like she has to choose, according to her past experiences and what she was taught as a young child.

Lack of Knowledge

The theme of *lack of knowledge* emerged as participants repeatedly reported that they wished their caregivers had covered other topics, relating to sex and sexuality, more in depth. These topics included: consent, pleasure and non-heteronormative lifestyles. One participant who wanted to know more about pleasure and the mechanics of the act of intercourse, shared the following thought: "I think that they could have helped me understand what orgasm was, I didn't understand what that was. I don't understand how sex works." She wished she received guidance from such a vital person in her family system.

Most of the participants reported that they did not learn about some of these topics until later in life or even after they became sexually active. The same participant who was mentioned above also wished she had learned more about consent and sexual assault. She

disclosed that she was a survivor of sexual assault and believed that more education on the topic of consent and sexual assault could have been more helpful. She shared her story.

> I wish my parents would have talked to me more about consent, and what rape and sexual assault is . . . they just always ask me did anyone touch me . . . but like I went through a situation in 2019 where I was sexually assaulted. And I didn't understand that I was sexually assaulted until my friends were like that sexual assault.

She was not alone in her experience of not understanding what constituted consent and sexual assault at the time. Most of the other participants admitted not understanding much about this topic either. One participant reported that "I wish that [my mom] would have talked to me more about consent and what rape is . . . sexual assault . . . stuff like that because that just kind of hit me when I went to college." Some participants also reported that they wondered if their caregivers also lacked knowledge in those areas. One participant noted that "[the African American community is] learning more about the LGBT community, who were also black, that we never learned about. There's just so much [stuff] that we did not learn, and the things that are hidden from us as black folks." Evidently, participants later learned of the information they missed out when they encountered specific scenarios like sexual assault, actually engaging in a sexual relationship, or being exposed to different information while in other environments like college.

Withholding Information

When reflecting over their experiences with their caregivers, the participants reported feeling that some information was kept from them. Along with the topics they wish their caregivers had covered, they reported that it would have been helpful for their caregivers to have shared more about their personal experiences with sex and sexuality. One participant stated her desire for her caregiver's personal experiences: "I wish my mom would have shared her experiences growing up about sex, because it would have made me feel a bit more normal about it. . . . I wish they would have normalized sexuality." They also reported that they wished they had learned more about pleasure and sex instead of so much emphasis on protection and abstinence. This participant stated: "I didn't understand sex because my parents hadn't helped me understand the anatomy of the body and like how stuff like that works, but I just didn't want the prevention stuff." The participants felt as if their caregivers would have explained sex and the mechanics that go into sex, they would have seen sex as a normal part of life and not been as curious about it.

Sex Negativity/Shame

Participants reported often feeling a sense of shame after their conversations with their caregivers. They also reported feeling like sexuality was a negative thing, especially for them, as women. One participant described herself and her feelings towards sex in the following manner: "[I was] oppressed from my sexuality . . . like, I can't [or] don't I don't deserve to tap into this aspect of who I am."

These negative and shameful feelings resulted in the participants learning through their own experiences, relying on peers or other unreliable sources, avoiding sexual

topics with caregivers, and even withholding information from their caregivers about their own experiences with sex. Most of the participants reported that they either avoid talking about sex with their caregivers or withhold information about their own experiences from their caregivers. One participant shared her experience with these conversations with her caregiver.

> [There] really wasn't even a conversation. . . . It was more like a lecture. But it was out of anger. Like he wasn't even saying like . . . don't do it. He was just like, treating me as if I did the worst . . . and I hadn't.

Another participant shared that she never gave her caregiver details of her sex life by saying:

> I never told my mother the truth about any experience because I felt like it would break her heart. So I just did the tip of the iceberg. Yeah, like, I never really wanted to tell her because I felt like she would, it would always come back . . . to don't do this, don't do that.

Some of these effects are still holding true in their lives, presently. Another participant added, "I think it was a lot of shame and guilt in like, your identity becomes rooted in, you know." Participants also noted their feelings of shame being perpetuated by their caregivers and society. Another participant recalled feeling like her father celebrated her brother's sexual activity:

> with women . . . it's like you don't want to be you don't want to be a whore like you don't want people to see you as a slut. Um, and that's what it is . . . but it's like why are you giving my brother [inaudible] a conversation but it's like, it's like a term of endearment. Like once you start using condoms. It's like, well, you

know, you can have all that sex and it makes you a man. And it's like, if I do it, then there's something, there's something wrong with me, I'm disgusting. I don't value myself. I'm bad.

In this participant example, there was a clear distinction between how men and women are viewed and how these views for women ingrain in their identities and make them wonder about their value and worth.

CHAPTER V

DISCUSSION

This study explored the experiences of African American women with caregiver-child conversations about sex and the implications they had on their sexual attitudes. I found six essential themes that were influential parts of the process of the conversations as well as how these conversations impacted their beliefs and behaviors. For example, participants revealed these conversations were brought about by curiosity, on the part of the participant, that was unexpected by the caregiver and ended with the participants feeling a sense of shame and negativity surrounding sex.

Gender Differences

Given the question of how race influenced the process of caregiver-child conversations about sex in African American women, gender differences were organically bound to be a part of the conversation. For example, participants noticed the differences between their experiences and their perception of the experiences of their male siblings. Sex is a natural act that involves bodily organs, and there is a visible difference in how consequences of sex for women (i.e., pregnancy) cannot be hidden, unlike STIs that both men and women can contract. Thus, gender influences conversations about sex and sexuality expectations. The participants did not seem to be in denial of the obvious differences but instead they asked that their caregivers allow them to have the same casual conversation and the same freedoms as their male counterparts. They wanted to experience equality in sex conversations. The differences in the approach

of the conversation along with the celebratory, positive messages that males seemingly received, resulted in deep feelings of shame and lack of knowledge for the participants. The simple omission of the positive messages associated to sex and women ultimately impacted women to assume sexual pleasure is not intended for women and facilitated the misinformation about sex and shame. The multiple instances participants described of their observations of the differences in how conversations were approached for each gender explicitly describes the double standard that women experience.

The results of this study reaffirmed the notion that in society and in the African American community women feel like they cannot explore their sexuality and sexual preferences in the same manner that men are allowed to explore. As French (2013) also pointed out, there is a sense of judgement and a stigma attached with having a number of sexual partners that society deems as unacceptable. Muhammad and MacArthur (2015) related the societal beliefs that caregivers hold towards sex, to the way that media portrays African American women—objectified, hypersexualized, and disrespected. There is also a belief that sexual exploration, specifically masturbation, is not acceptable for women or it is not seen as normal for women as outlined by Christensen and colleagues (2017). These societal beliefs could be a part of why caregivers are more likely to teach their daughters more about abstinence and discourage sexual exploration.

These are just a few examples of the stigmas and shame that are being perpetuated in this community by caregivers. Knowing how society views women and sex, it is a natural concern of caregivers to want their daughters to be seen in a socially acceptable light because one assumes they want the best for their daughters. This is especially true in

the African American community because African Americans have historically been seen a hypersexual manner (Muhammad & McArthur, 2015).

Protective/Emphasis on Protection

Those historical beliefs on gender in the African American community have given way to a great emphasis on protection. This is true in multiple realms of the African American community, especially in discussions of sex. The African American community, like many other marginalized populations, have been primed to survive and abide by the societal rules or norms. If they did not abide by societal rules, their literal lives were at stake at the hands of slave owners. This thinking or social programming has been perpetuated by historical events beginning with slavery, the emergence of the Ku Klux Klan, and even the killing of Black and Brown bodies, where African Americans' lives are threatened. It was not until movements like the Civil Rights Movement and the movements in between to the current fight for social justice via the Black Lives Matter movement, that these threats became more visible for the world to witness. As a result of oppression and threats to their families, African American families teach their youth to protect themselves and carry themselves in a non-threatening manner, in order to keep peace and survive. This instinct of survival and protection inevitably transcends into how the community handles sex. African American women are taught to protect themselves in order to avoid physical or emotional danger and to possibly protect themselves from embarrassment and shame that can come from things like teen pregnancy and STIs. This recognizes these means of approaching sex conversations as survival tactics; thus, caregivers emphasized the importance of protection.

Race/Religion

With the emphasis on protection and the hypervigilance in the caregiver's approach, race and religious beliefs produced a strong message that encouraged abstinence and discouraged other options for protecting themselves. All participants identified themselves as Christian, which draws attention to religious influence on their views of sexuality. Moreover, participants found it difficult to discern whether race and/or religion had any impact on their experiences. Most spoke of the church as being an integral part of being African American. It is almost as if the two constructs cannot be separated and shows how the community has deep roots and ties to Christianity. Historically, the church is the epicenter of the African American community. They went to church for refuge, assistance, advice, education, and many other services. The churches' roles in serving in multiple roles shows the heavy reliance on the church, and how it is held in high regard by the African American community. Most if not all denominations of Christianity believe in abstinence until marriage. The 2001 English Standard Version of the Bible in Hebrews 13:4 reads: "Let marriage be held in honor among all, and let the marriage bed be undefiled, for God will judge the sexually immoral and adulterous." Sex is not widely discussed in the church unless it is about abstinence or the sin of premarital sex. Four out of the five participants recalled abstinence being highly encouraged by their caregivers. Two of the participants also reported feeling like their caregiver's religious beliefs were why they were not educated on topics like non-heteronormative lifestyles and pleasure in sex. Sex is historically seen as a taboo topic in churches.

Withholding Information

Many of the participants felt as if their caregivers withheld information from them. They felt like their caregivers did not mention the positive aspects of sex, like pleasure. The participants described wanting more information about their caregiver's personal sexual experiences. Most participants felt like those two things would have helped to take away some of the mystery of sex and normalize the acts and journey of sex. The omission of pleasure with sexuality was a clear indication that caregivers either purposely withheld the pleasure part of discussions or perhaps, they themselves were uninformed regarding pleasure and sex. Seeing as these conversations were not always planned or expected, caregivers likely relied on the protective parental extinct to take an authoritative approach to protect their child. This approach to parenting in general likely was also used in discussions regarding sex and sexuality. It is possible there was no malicious intent on withholding information. Again, this may be all that caregivers knew. It seemed that caregivers withheld information in hopes of not revealing too much, too soon. Parenting is often a balance of educating your children and doing it in an age-appropriate manner. This can result in some information being withheld from the child. The other side to this withheld information is that it can also be due to the caregiver's discomfort (Christensen et. al, 2017). Caregiver discomfort may be associated with caregiver's own shame and experiences of negativity regarding the topic. They may not have the words or knowledge to express beyond what they discuss. This could come from the intergenerational practices of this community. Practices like not acknowledging pleasure for women as a normal and important part of sexuality or "othering" people who

identify as LGBTQ+. Practices like these have gone on for many generations and because of that some knowledge may be lost or avoided.

Lack of Knowledge

The *lack of knowledge* theme is also linked to the *withholding information* theme. In the midst of the withheld information, there were some topics that the participants wished that their caregivers had discussed more in depth. These included consent, pleasure, and non-heteronormative lifestyles. Two of these also align with the theme of race and religion, pleasure and non-heteronormative lifestyles. Some churches have an explicit standing regarding non-heteronormative lifestyles. These lifestyles are viewed as deviating from scripture. Because of this community's heavy alignment with the church, caregivers could be more likely to not discuss these topics with their children or be more critical of the conversations. Most if not all of the participants have connections in the LGBTQ+ community and noticed the lack of conversation around this sector of the community. Some noted their caregiver's religious beliefs while others wondered if their caregivers had the knowledge to educate them on that topic. The latter is significant because for generations, in some African American families there is a pattern of avoidance regarding discussion topics that are uncomfortable. This avoidance culture often leads to lack of exploration and knowledge for preceding generations. It is also not uncommon to see some African American households avoid acknowledging the LGBTQ+ community instead of criticizing or treating them badly in an overt manner.

Participants also wanted to know about and recognize the positive and pleasure aspects of sex. Most of the participants, out of curiosity, searched for more information about sex and how it works. Some cited resources like pornography, the internet, peers,

music, and their own experience to fulfill this curiosity about sex and pleasure. Unfortunately, many of those resources are not reliable and/or need to be used in addition to more reliable resources. Many participants reported feeling lost or alone when exploring sex. Some even felt that if their caregivers had taught them about more than the protection side of sex, they would not have been as curious and maybe not take part in risky behaviors. Another topic that participants identified that they wanted to know about at a younger age was consent. Most of the participants were unable to recollect any knowledge of consent before late high school or college. In these settings consent was discussed in large group settings that were largely required and ignored by the adolescents in attendance. A lot of these settings include the more dramatic instances of sexual assault and violation of consent instead of the covert instances that many victims of sexual assault often face.

Sex Negativity/Shame

Some of the participants reported either feeling shame or being shamed by their caregivers regarding an experience with sexuality. Many recalled feeling like they would get in trouble for asking about sex or felt like their caregivers would assume that they were sexually active. As I mentioned before, the participants noticed how their male counterparts were either celebrated for having sex or how they were sheltered from the topic of sex. They felt like their sexuality was stifled. There was a lot of mystery surrounding sex and what it would be like to engage in sex. Moreover, the mechanics of intercourse were not discussed in a positive manner. Rather, the conversations usually led to preventing pregnancy and prevention of STIs. Most of the participants recalled the use of scare tactics like extremely graphic pictures of STIs and moral judgment such as

shame. Women and sex are normally connected to terms like “whore,” “slut,” or “promiscuous,” all of which hold negative connotations. Some participants explicitly heard these terms directly or via observation. This caused some of the participants to feel a sense of shame that remains with them as adults. Furthermore, participants described that they had at least been sexually active once or are currently sexually active. Some women waited until adulthood while others became active in high school. Even with the diversity in initial sexual experiences, most women reported they still felt lost and shameful about their sexual experiences. It seemed that most participants also left those sexual encounters without any knowledge or experience of sexual pleasure. Sexual pleasure remains a mystery for them as they could not relate to what pleasure could look like for them. In fact, most participants still consider themselves to be exploring their sexuality and what sex means for them, in their early 20s. The participants most likely arrived at this place of exploration after they began to process their own views of sexuality and meeting other people who challenge the views they may have previously held.

Participants’ reflections of shame and sex negativity, illustrated their insights and feelings. Unanimously, it seems that all women in the study are learning from experience. Participants’ insight gives indication that while sex is an experiential process, there can be a lot of education and normalization that can be fostered by the caregivers to make this less of a shameful mystery for women. Without this education and normalization, most of the participants resorted to exploring via unreliable resources like their equally inexperienced peers, porn, or their own imagination. In a way it seems that having to navigate this independently because of the aforementioned reasons and process, it left

women in this study to their own devices to explore and make sense of sexual experiences. Given the burden of this at such a pivotal age when one is going through developmental and life cycle changes, compounded with shame and negativity, it is apparent how challenging these conversations remain for caregivers and how devasting it can be for women missing out on this information that informs their sexual practices and attitudes.

Theoretical Lenses

This study utilized two theoretical lenses: Critical Race Theory and feminist theory. These lenses call for disparities in the disadvantaged communities to be highlighted and possibly resolved. CRT and feminist theory perspectives were used in the recruitment of African American women and the questions regarding their experiences with such a pivotal topic like sexuality in the midst of living with multiple social locations that have historically been oppressed. These two lenses were also at the forefront of how interviews were interpreted.

When looking at CRT, it is important to highlight the lived experiences of the marginalized, recognize that race is a social construct while advocating for the needs of that community, and look for ways to advocate for the needs of other marginalized communities who are being treated unfairly (Graham et al., 2011). The themes of race/religion and protection are closely related to the systemic oppression that the African American community has historically experienced. The seemingly innate need to teach African American youth more about protecting themselves rather than the possible pleasure of sex is part of a generational survival need. Race and religion are so intertwined because of the history of the African American experience in America. For a

long time, religion was the only avenue for true social freedom for many African Americans. Although Christianity was imposed on the African American community during slavery, this community used it as a means of unity and community. Religion continues to be the backbone of current values that are held today by African American households. Like some White families, religion is a big part of how the African American community decides what is socially acceptable. Religion offers an outline of what is acceptable or sinful. CRT is evident in the observable ties to historical systemic oppression of this community that the participants illustrated in their experiences. For example, the participants reflected over the possible root of their caregivers' emphasis on protection being linked to sexual traumas in the family. This is tied to the widely held belief that African Americans must protect themselves and the community.

The themes of *gender differences* and *sex negativity* are closely tied to the foundational principles of feminist theory. One foundational principle of feminist theory is the call for the sexual liberation of women (Muhammad & MacArthur, 2015). Participants' reflections, insights, and wishes regarding how sex was discussed with them is a directly related to the call for sexual liberation of women. Participants' experiences with these conversations and how they inform their current sexual views and attitudes, show the continued persecution of their sexuality via shame, negativity, double standards, and de-sexualization in sex conversations, but objectification in media and culture. These women's stories highlight the need for better education of women and families in general. Because of intergenerational stigma regarding sex and sexuality for women, the lack of discussions or information on sex alludes to the lack of experience caregivers likely experienced from their own caregivers. This is perhaps also related to the focus on

survival rather than sexual pleasure. Enslaved women were the targets of rape by White owners. The experience of having a basic human need associated with a brutal and painful experience of rape is evidence of how trauma could be related to African American women distancing themselves from conversations on pleasure. The phenomenon goes back several generations of women and caregivers, even though slavery "ended" legally via the 13th Amendment, systemic oppression remains a prominent experience by women of color (Whitten & Sethna, 2014). Thus, it is inevitable to separate the two when thinking about sexual pleasure for women. Moreover, feminist theory calls for equality between genders and includes social equality in the treatment of women. While men are encouraged to explore their sexuality, have multiple sexual partners, and be supplied with protection at early ages clearly illuminates the differences and inequality that women experience. Until the double standards end, the progress to empower women's experience of sexual pleasure will continue to limit the sexual attitudes of African American women and other women. Participants voices highlighted the experience of conversations regarding sex and sexuality for African American women and highlights the areas of need that continue to oppress women's sexual attitudes. This information is critical, not only to ensure young people have accurate, progressive, and accessible information that is reflective of minority communities, but also emphasizes wellness and safety for families. Findings from the study will be useful to a variety of professionals in multiple settings like clinicians, educators, and policy makers in that the impact of these conversations is evident in the rates of teen pregnancies and STIs. Both teen pregnancy and STI's are a public health issue that affects all communities and needs to be addressed. This study is the first to examine the process of these caregiver-child

conversations and the effect on sexual attitudes of women utilizing the critical race theory and feminist theory.

Limitations and Conclusion

While careful measures to ensure careful methodological procedures, there are some limitations. First, the data collection methods may limit the findings of this study. Interviews were gathered before the analysis could take place, which limited my ability to constantly comparative analysis and the opportunity to ask more follow-up questions. Time constraints did not allow for all of the initial respondents to be interviewed. Demographics may also limit this study. For example, only one of the five participants identified as anything other than heterosexual and only one participant reported being in a committed relationship. This study's number of participants were further limited by the qualitative research style of the study. Despite these limitations, this study furthers my understanding of African American women's experiences with caregiver child conversations about sex and how the conversations impact their sexual attitudes by providing insight into the process of these conversations. More importantly, it identifies sex negativity and shame as the result of these conversations. Hopefully, this will educate clinicians, parents, and educators to take steps to better educate African American adolescents about sex in a more effective way, without shaming them or perpetuating negative ideas surrounding sexuality.

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APPENDIX

Institutional Review Board Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

November 12, 2021

Hannah King
Department of Marriage and Family Therapy
ACU Box 29444
Abilene Christian University

Dear Hannah,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled
"Caregiver-child Conversations about Sex in African American Families",

(IRB# 21-152)is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs