

Bowie State University

AFRICAN AMERICAN FAMILY COMMUNICATION AND ITS EFFECTS ON
HIV/AIDS PREVENTION

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By

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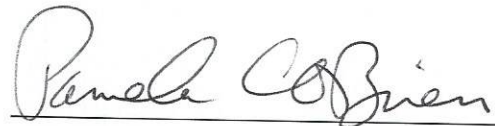
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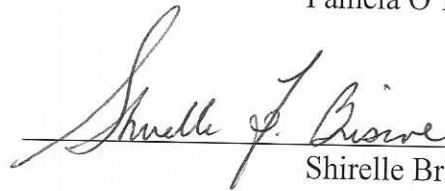
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Abstract

Open and sincere communication produces an atmosphere that allows family members to articulate love and respect for one another. Results make it obvious that family communication is an important untapped resource when discussing increasing rates of HIV/AIDS infections. This study examines family communication, African Americans and HIV/AIDS prevention.

With 32% of the reported cases of AIDS are African Americans and only 12 % of American population is African American. It is essential to find new preventative measure to suppress HIV rates in African American communities. By assessing the communication orientation(s) that work best when providing sex education to teenagers it can establish a foundation for further research on communication about sex education, HIV and STD prevention. With the findings of what communication style(s) work best it can alter the stigmas of homosexuality tied to HIV in the African American community, delineating the discouragement of homosexual sex education lowering the rate of HIV and STD transmission.

Using semi-structured interviewing with open-ended questions made interviews more informal and easy for participants to divulge specific information. Participants were African American men and women, between the age of 18-25, residing in Southern Maryland and had a younger sibling. With the use of spiral of silence theory the study found that mass opinion given by the black church of abstinence and the lack of education on HIV/AIDS prevention due to biblical text has created a moral divide for those within the congregation that would like to speak out for preventative provisions.

Dedication

This master's thesis is dedicated to my parents, Garrett M. Mays Sr. and Donna M. Mays and my brother Garrett M. Mays Jr.

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TABLE OF CONTENTS

CHAPTER I: INTRODUCTION.....	1
Statement of Problem.....	2
Purpose of Study.....	5
Theoretical Framework.....	6
Significance of Study.....	8
Variable Definitions.....	8
Scope of Study.....	10
CHAPTER II: LITERATURE REVIEW	12
Introduction.....	12
Family Communications.....	13
African American Cultural Identities.....	14
Black English and the Church.....	15
Black Families	18
Black Sexuality.....	22
Hypothesis.....	24
HIV/AIDS and African Americans.....	24
Hypothesis.....	25
CHAPTER III: METHODOLOGY	26
Introduction.....	27
Research Method	27
Instrumentation.....	29
Sampling.....	30
Data collection	30
Conclusion	30
CHAPTER VI: FINDINGS	32
Introduction.....	32
Demographic Descriptions.....	32
Findings.....	35
CHAPTER V: INTERPRETATIONS AND RECOMMENDATIONS.....	41
Introduction.....	41
Interpretations	41
Limitations to Study Findings.....	42
Recommendations.....	43
Conclusion	43

APPENDICIES

Appendix A: Participant Consent Form

Appendix B: Interview questionnaire

Appendix C: Transcript of female participant A

Appendix D: Transcript of female participant B

Appendix E: Transcript of male participant A

Appendix F: Transcript of male participant B

List of Tables

Table 1.0 Demographics of participants

Chapter 1

Introduction

Family values have been fundamental in African American households with the epidemic of HIV/AIDS. But there is still room for improvement with sex education and contraception awareness since AIDS cases for African Americans is virtually 10 times that of whites (CDC, 2011). The HIV rate is eight times greater amongst African Americans than whites and the survival rate for African Americans are lower than any other racial group (CDC, 2011). When communicating with African American teenagers, it is evident that safe sex education is not being addressed when discussing sex education. Open communication is the best way to build trust within families and change family dynamics. Open family communication builds trust, can increase safe sex practice and lower the contraction of HIV/AIDS (Icard,1995). The African American family is a valuable resource in the fight against HIV/AIDS. By providing emotional support, continual socialization and conveying information amongst the African American community (Icard,1995) .

Communication within the family is tremendously significant because it enables members to articulate their requirements, desires, and concerns to each other. Open and sincere communication produces an atmosphere that allows family members to articulate love and respect for one another. "Studies of community-based interventions show that informal social networks such as family, peers, and friends are important for reducing seroprevalence among IV drug users (Icard,1995)." By communicating with family members, teenagers are able to resolve the inevitable troubles that occur in all families. But with the results today it is obvious that family

communication is an important untapped resource when referring to increasing rates of HIV/AIDS infections. This study will examine family communication, African Americans and HIV/AIDS prevention.

Statement of Problem

While examining family communication in African American households and discovering the disproportionate amount of African Americans with HIV, research has turned to social and economic rational to justify why African Americans contract HIV(Icard, 1995). Although no research can accurately determine the disproportionate rate that African Americans contract HIV/AIDS and STI's, education and open communication can help as a deterrent (Icard,1995). Does family communication in African American households act as a preventative measure for HIV and STD prevention? Does family communication in African American households overpower the social and economic adversity for safe sex?

The data on the involvement of African American families are limited to parenting; concentrated on how parents teach their African American children to survive in a White dominated culture (Reis, 1991). There are only a few studies on family focused HIV/AIDS prevention programs (Icard, 1995). African American women living with HIV/AIDS are disproportionate to any other minority, race and gender; spawning the largest population diagnosed via heterosexual sex transmission. But studies consistently agree that family communication is the most logical method of HIV/AIDS prevention. Much of what is known about HIV/AIDS and STI prevention has developed from previous health promotion models. "These models show that family involvement has captured considerable attention as a strategy for

reducing drug and alcohol abuse and use of tobacco . . . demonstrating that family influence plays an important role in the use of tobacco among adolescents. (Icard,1995)”.

Studies examine social and economic adversity that shapes the communication, socialization, and values that in turn enable the lack of education for preventative measures against HIV/AIDS and STI's within African American households. Social adversities that hinder African American family communication are the stigmas of male homosexuality and lack of safe sex education. Poverty and the lack of proper healthcare contribute to the economical adversities that African American endures.

Another contributor to HIV/AIDS climbing in the African American community is an act coined as “On the Down Low” (King & Hunter, 2004). Male homosexuality is highly besmirched in Black communities and also criticized by Black churches. Homosexuality is seen as an abomination that is unforgivable by God (King & Hunter, 2004). “You shall not lie with a male as with a woman. It is an abomination (Leviticus, 1995). In turn, many Black men keep their sexuality a secret and date or marry women as well, leaving the female partner unaware of the male's same sex relationship practices and the women are unable to obtain the preventative measures against HIV/AIDS and STI's. From 2001-2006 African American gay/bisexual men between the ages of 13-24 years old were reported to be the largest racial same sex group infected with 93%, in comparison to the 12% of all other racial same sex age groups in the African American community. These young men are least likely to know that they are infected, furthermore demonstrating safe sex practices to prevent

sexually transmitted diseases. It has also been determined that African American men sleeping with men do not engage in more high risk sexual behavior in comparison to Latino and White men sleeping with men, making it hard to understand the disproportionate gap in HIV/AIDS diagnoses among other racial groups (CDC, 2011).

Lack of safe sex education is a key issue in the African American community that is tied to social and economic difficulties. "For many African Americans, particularly those who have low incomes, such day to day struggles as paying rent and obtaining and maintaining employment reduce the perceived importance of HIV/AIDS (Icard, 1995)." Sometime finances do not allot for them to take time to educate themselves or their children on sexual education even when it is offered by free clinics in programs such as Planned Parenthood. Free clinics like Planned Parenthood are available in all fifty states and provide healthcare services such as HIV/STI testing, birth control, physicals, vasectomies, abortions, sex education and body image consultations for little to no cost. Some birth control methods are taken by young African American women, 15-19 years old after their first sexual experience without using effective contraception. But considering the economic constrains transportation can become another hurdle in gaining knowledge of safe sex awareness. As a consequence African American teenagers are more likely to become teen parents and contract an STI. (Dixon, Schoonmaker, & Philliber, 2000).

It is imperative that safe sex education be offered in schools to students. Unfortunately, only forty four states acknowledge a form of sex education in the curriculum. Of the forty four states only twenty two states offer sex education and STD prevention, seventeen require HIV/AIDS and STI awareness but not sex

education, one state requires sex education but no HIV/AIDS and STI prevention (Foundation, 2002). But no school district requires that teachers address homosexuality and the health risk that comes with that lifestyle. Also, 77% of teachers would not encourage class discussion on homosexuality and 85% oppose integrating gay and lesbian themes into their existing curriculums (Lee, 2005). With education systems only providing students with some of the facts teenagers are not prepared for safe sexual intercourse. Family communication, when pertaining to sex education, is vital and some family orientation styles can cultivate family communication or hinder open communication between adults and teenagers. Such orientation styles are Consensual, Pluralistic, Protective, and Laissez-faire (Brent & Stewart, 2006). By gaining knowledge and strengthening communication about sex in African American households it can ultimately change the rate HIV/AIDS and STI's are transmitted within the African American community.

Purpose of Study

This study seeks to determine if there is a correlation between communication and African Americans with high HIV/AIDS and STI's. The first intention is to study family orientation and observe how it affects family communication in African American households pertaining to sex education and HIV prevention. African Americans that received safe sex education and contraception instruction before their first sexual encounter were more likely to use contraception, decreasing the number of sexual partners and increasing the number of condom usage (Dixon, Schoonmaker, & Philliber, 2000). The second intention is to investigate African American families struggling or prospering within social and economic adversity constraints while

observing family communication in reference to HIV prevention. The third intention lies in acknowledging existence or lack of status, power, and authority in African American households promoting morals and ethics which are essential in influencing how probable it is that information basis or meaning will be chosen and acted on (Jewell, 2003). The overall intent is to assess the family dynamic to determine group and interpersonal communication within African American families with HIV/AIDS.

This study is intended to examine family communication within a race that has social and economical dilemma enabling spiraling silence theory to aid an epidemic that is crippling the African American community. The parents not being as forthright with all forms of safe sex education, their teenagers continue to mature without the proper awareness. The lack of sex education being share will clarify if social and economic hardships are insufficient factors for the steady rise in HIV/AIDS and STI transmission, showing that spiraling silence theory has a larger aspect of HIV/AIDS transmission within the African American community.

Theoretical Framework

Studies have found parents to be the most logical member to inform their families. Involving African American family members as agents to channel HIV/AIDS prevention programs into African American communities can reduce costs by lessening the demand for AIDS education professionals (Icard, 1995). African American parents have a responsibility to educate and socialize their children about safe sex. Although parents have power, withholding the information about safe sex encourages their teenagers to turn to media as an educational tool to learn about sex without proper facts. Many African American teenagers begin their sex life lacking

knowledge about safe sex and which is an ethical obligation of adults to provide knowledge to their children. African American adults have more influence in safe sex awareness, resulting in safe sex being not only adult bias but heterosexually bias, due to the stigma of homosexuality in the African American community (Ardener, 1975).

Teenagers in the African American community are not thoroughly educated about homosexuality for fear that they might find this unaccepted lifestyle an acceptable practice (Foundation, 2002). This is drawn for the religious beliefs that homosexuality is wrong in the eyes of God (Moses, 1995). With African American homosexual men contracting HIV at such high rates, public school systems are still discouraged to tackle homosexual relationships and safe sex practices for same sex relationships. Spiral of Silence Theory developed by Elisabeth Noell-Neuman in 1946 gives mass media more influence than any other theories and quarrels that mass media does have controlling effects on public opinion also that these effects have been miscalculate or unobserved in the past because of the limitations of research (Severin & Tankard, 1988).

The assumptions are as follow:

- 1 *“Threat of Isolation: in the social collective cohesion must be constantly ensured by sufficient level of agreement on values and goals.*
- 2 *Fear of Isolation: the formation of individual opinion and action is characterized by individuals’ fear of becoming social isolates.*
- 3 *Quasi-statistical Sense: As a result of fear of isolation, individuals constantly monitor their environment to check on the distribution of opinion as well as the future trend of opinion. (Scheufele & Moy, 2000)”*

After finding the majority opinion one must assess their opinion to the majority. Spiral of Science suggest that no one wants to be in the minority, a desire for social inclusion. "Therefore, if someone believes he or she is in the minority, not only for current opinion trend, then that person will be inhibited from speaking out and expressing the minority viewpoint, feeling the weights of potential isolation (Baldwin, Perry, & Moffitt, 2004). To disagree or speak out against public opinion may have the consequence of continual solitary confinement and public ridicule as cruel punishments. Those who favor the majority position are willing to express their views than those of minority views. This theory usual used for mass media, specifically television will be used for any prevalent forum where African Americans obtain mass opinions that are thought undisputable (Griffin, 1991).

Significance of Study

This study is important because 32% of the reported cases of AIDS are African Americans and only 12 % of American population is African American. It is essential to find new preventative measure to suppress HIV rates in African American communities. With family communication and socialization having positive results in studies with drug and alcohol use it is not difficult to say the same methods should be applied in the case of HIV and STD prevention. By assessing the communication orientation(s) that work best when providing sex education to teenagers it can establish a foundation for further research on communication about sex education, HIV and STD prevention. With the findings of what communication style(s) work best it can alter the stigmas of homosexuality tied to HIV in the African American

community, delineating the discouragement of homosexual sex education lowering the rate of HIV and STD transmission.

Variable Definitions

The dependant variables used in this study are the African American families and their communications. Each family and family member's communication and perception regarding sex will be different. **Communication** "is the process through which individuals in relationships, groups, organizations and societies create and use information to relate to the environment and one another (Ruben & Stewart, 2006)." **African Americans** are the descents of Africans that can trace their ancestry back to Africa. **Family** is defined as "a group united by marriage or cohabitation, blood, and/or adoption in order to satisfy intimacy needs and/or bear and socialize children (Lauer & Lauer, 2007)." The independent variables are **HIV (Human Immunodeficiency Virus)** which attacks the body's immune system so it cannot fight off infections, which can develop into full blown AIDS (Icard, 1995). **STI's (Sexual Transmitted Infections)** are infections transmitted sexually through the exchange of bodily fluids (Lee, 2005). **Marginalization** "when a dominant group determines that their ideologies of political, cultural, economic power structures will prevail over others. This ideology tends to ignore or negate the knowledge, claims, and contributions of those who are subordinate to the dominate culture (Sheared, 1988)". The four types of orientation referred to in the statement of problem: Consensual, Pluralistic, Protective, and Laissez-faire. **Consensual Families** are involved in open communication and discovering new ideas as well as a yearning to safeguard the existing hierarchy within the family. **Pluralistic Families** are more likely to employ in open, unrestrained

conversation among all family members about a variety of topics. **Protective families** are more likely to emphasize parental authority with parents believing they should make all the decision for their children. **Laissez-faire families** adults do not demonstration interest in their children and do not appear to value communication with them (Brent & Stewart, 2006). **Co Culture** “the set of citizen groups who cohabitate within cultures (Hecht, Jackson II, & Ribeau, 2003)”. Using these family orientation models will assist in assessing the family orientation ideals/values that work best with each family dynamic which in turn will be a preventative measure against HIV/AIDs.

Scope of Study

The scope of the study is to evaluate family communication in African American households in Prince Georges County, which includes two families both with adults 18-25 years old. Interviewing will include one dual family household with a mother/father and an adult child. The other family will be a one single parent household, mother or father with one adult child from two local Prince Georges County families. The interviews will examine the parents and their adult offspring to assess what safe sex awareness methods were introduced to the offspring as teenagers, the parent knowledge of HIV prevention and how the parents were educated about sex. Question during the interviews will include income, dual/single family household, availability to healthcare and homosexual safe sex awareness. All to examine what could have been done differently to inform on sex education/safe sex awareness. This study will use a qualitative analysis to study family communication within African American households and its effects on HIV prevention. The qualitative approach of

the research will consist of interviews, with two adults (male and female) and three parenting adults (a mother and father) dual parenting household (mother or father) single parenting household. The interview will be used to open the lines of communication by asking essential HIV preventative question to see what is known by either party, how they were educated, what is most effective, and if social and economic adversity is a factor in their education or lack of education of HIV prevention. Using the interview for open communication allows further probing about safe sex, HIV prevention to observe orientation and family dynamics to distinguish what communication methods work best when educating teenagers about HIV prevention a prolonged safe sex life.

Chapter II

Literature Review

Introduction

Communication is an essential tool in maintaining any interpersonal relationship, whether verbal or nonverbal they establish a shared meaning between two or more people (Ruben & Stewart, 2006) “It is used in many jobs and is consistently reaffirmed important of specific communication competencies in the workplace among the most critical to success.” Interpretation and understanding of people is relative which makes communication a multifaceted science, with communication being complex, it is without surprise that communication models date back to Aristotle. But as we all know, communication works without words; Non-verbal communication today is most widely used, by communicating via text message, email, tactile, and visual methods (Brent & Stewart, 2006).

“Much of the satisfaction and dissatisfaction of marriage and family life is rooted in the way that people communicate (Lauer & Lauer, 2007).” One component that this paper will discuss is how “essential communication is to the outcome we desire ” pertaining to “children survival” in essence “depends on relations with adults (Ruben & Stewart, 2006)” and the role that family communication should play in relation to HIV/AIDS prevention within African American households.

This chapter will cover Family communication, Black Cultural Identity, Black English and The Church, Black Family and Black Sexuality. By delving into family communication to provide clarity difference in African American culture and what affects communication within the African American household.

Family Communications

Traditional nuclear families consist of a heterosexual couple involving two parents and their biological children. “Traditional” not consisting of extended family members or family friends living in or out of the household. It has been found that families across cultures perform four primary functions that enable the family structure. The four primary functions: “families act to socialize the young, represent the economic cooperation of members, fulfill the sexual needs of the adults and result in the reproduction of offspring (Arnold, 2008).” The four primary functions are usually found within nuclear family. When communicating conformity orientation refers to how much family members’ communication indicates that they share the same beliefs and values. Conversation orientation is how much the climate of family encourages or discourages members to participate in communication about many different topics. Consensual Families are involved in open communication and discovering new ideas as well as a yearning to safeguard the existing hierarchy within the family. Pluralistic Families are more likely to employ open, unrestrained conversation among all family members about a variety of topics. Protective families are more likely to emphasize parental authority with parents believing they should make all the decision for their children. Laissez-faire families adults do not demonstration interest in their children and do not appear to value communication with them (Brent & Stewart, 2006).

Family roles are a large part of family communication. It is non verbal but taught by behavior and patterns that recur within families. Gender role pattern are the most prevalent in traditional heterosexual nuclear. With these roles come expectations

that are considered norms to be carried out by the person whom has chosen or that has been made responsible for the role (Arnold, 2008). When children see and understand the role of gender they are engaged in role making and once they find a way to fulfill the role they have chosen; this process is role acquisition. As we grow and learn we experience new and exciting things that may not fit into the role that we have chosen or been chosen for us causing role conflict (Arnold, 2008). Role conflict is an internal conflict that a person struggles with because they obtain certain attributes that is not a characteristic of their role.

African American Cultural Identities

Since communication is defined by “relation to the environment and one another (Ruben & Stewart, 2006)” it is important to examine “African American cultural values, norms, mores and beliefs that inform communicative behavior (Hecht, Jackson II, & Ribeau, 2003)”. African American culture was borne from the African diaspora dating back to 600 A.D., classified by the forcible removal of Africans from their various countries, all speaking different languages, created a hybrid culture and a way of life for themselves in America. By 1840, the population of African American slaves had reached 2,800,000 in southern states of America (Brown, et al., 1989). Evidence of African American families today exhibit the patriarchal nature of traditional African families submerged during slavery which in turn is a perspective of intergenerational economic and social adversity that African American families face today (Jewell, 2003). Two theoretical formulations have been proffered. One suggests slavery destroyed African families shattering the normative nuclear family arrangement. The second theory is African American families nuclear family arrangement is varied due

to insensitive economic and social conditions. (Jewell, 2003). The comparison of white and African American families have been studied examining economic factors and misapprehension of African Americans family structure, the commonality being African American families are unique and don't obey the rules of conventional nuclear models.

Black English and the Church

Black English (Urban Vernacular, Ebonics) is a language code that is distinct within the African American community. Black English is now recognized as a language form with a unique and logical grammar, semantic system, and sentence structure but differs depending on which African language gave influence and where in the United States the language was developed which pulls into question; how justifiable is language?

Since Black English was not regularly recorded there is evidence that African culture did and continues to contribute to Black English by means of structure and semantics but sentence structure was most influenced by African languages (Hecht, Jackson II, & Ribeau, 2003). With African American oral tradition brought forth orators to speak and give encouragement using communication patterns. Most orating as they called it was conducted in church accompanied by gospel music which later inspired R&B and Rock and Roll (Hecht, Jackson II, & Ribeau, 2003). Several scholars have contended that African-derived communications patterns are apparent among present day African Americans.

The pattern is as follows: (a) Unity between spiritual and material; (b) Centrality of religion;(c) Harmony in nature and the universe, even among opposites; (d)

Interdependence of “I” and “We” as touched stoned of community building; (e) Respect for time and age; and (f) Call and Response as a means of interactively among communicators (Hecht, Jackson II, & Ribeau, 2003).

What will be focused on are the “I and We” and “Call and Response” to provide clarification to the relation of African American culture and African culture. To provide correlation for African American and African culture clarification of cultural structure will be provided.

The community building that “I and We” comes from is the saying “I am, because we are and since we are, therefore, I am.” When something happens to one person it affects the community and what happens to the community affects all individuals within it (Jackson II, 2004). Marriage in African culture is an expectation that is not delineated from or is seen as “under human” and illegal and shares the same attitude as “I am We” (Jackson II, 2004).

Centrality of religion is credited for providing the resources for a pre arranged and controlled social life among African Americans, giving moral fiber and organizational networking for leadership preparation. Numerous studies have shown that religion plays a vital role in the lives of blacks more so than whites. Research has link religion to upward mobility within the African American community and provides an “escape” from social and economic adversity and “achieve positive outcome” (Hill, 2003). Membership figures suggested that church affiliation has matured in the last 50 years. From 1940s to 1988, the National Baptist Convention, the leading denomination, has amplified its rolls from 4,022,000 to 6,300,000 and the Church of God in Christ has developed 200,000 to 3,710,000. Present membership of

African American churches fund African American organization in America. The church, through its outreach programs, continues to feed the homeless, provide youth support groups, and advocate for the community (Hecht, Jackson II, & Ribeau, 2003). The black church is populated by low income working class African Americans; unskilled. Usually having less than a high school education “who haven’t been assimilated into the elusive American mainstream creating much of their reality. The traditional Black Church is both a sacred and secular community with special characteristic, according to Joseph R. Washington” (Jackson II, 2004).

...not its content but its intent, for the cult is a synthesis of Western Christianity beliefs, practices, ceremonies, rituals and theologies, with the African tradition of religion as permeating all dimensions of life, without final distinction between the sacred and the secular. The intent of the black cult is that of the power of the spirit of God in all times, places, and things because without that power man is powerless (Jackson II, 2004).

Washington goes on to state the demographic of the Traditional Black Church makes it “more than a church, more than a community. . . It is a human phenomenon responding to social and economic upheavals.” Communication within the black church is known as “call and response” which is reflective of “African heritage, undiminished, unbroken. (Jackson II, 2004).” Since African American communication is rooted in the Black Church it is an institution that holds as much clout monetarily as NAACP, Congress of Racial Equality, or the Urban League.

“Language acquisition and the identification of significant group symbols are essentials” (Hecht, Jackson II, & Ribeau, 2003) for African American children to

understand their world. African American Cultural aspects are “expressed in Black English or Ebonics, contemporary music, and other expressive forms . . . where cultural identity for this group becomes an amalgamation of cultural traditions and social realities that are fused by racial isolation and class distinctions (Hecht, Jackson II, & Ribeau, 2003).” African Americans, like most cultural populations in America, keep cultural specific traditions while adapting to mainstream society.

Black Families

“Any discussion on African American life and culture is incomplete without consideration of family (Hecht, Jackson II, & Ribeau, 2003)”. Black families consist of many relatives playing many roles. In African American families that role expectation is always changing. “Mothers often perform many traditional roles of fathers, fathers often assume customary female roles, and children often perform some parental function for younger siblings (Hill, 2003).” Black single mothers take the role of breadwinner, but also have crucial responsibility of raising and caring for their children (Hill, 2003). Throughout the 1970’s the women’s movement set forth a evolution for new gender role definitions making a large portion of white women independent but leaving the white-middle class family ideas dissolving with the nuclear family model. “With the role confusion increasing it caused high rates of African American male unemployment, underemployment, lack of success for African American businesses, and lack of progress for African American families (Jewell, 2003)”.

When researching African American family’s two perspectives called Africanist and Empiricist were discussed in depth. “W.E.B DuBois studied African

American families in relation to its African roots and assumed that Africans brought with them societal codes that governed family life in Africa.” Whereas “Empiricist view focused on the experience of the African American Family during slavery and since reconstruction, emphasizing the role of poverty and social adaptation in determining family values and structure (Hecht, Jackson II, & Ribeau, 2003).”

Poverty

Changing economy seemed to affect African Americans hardest from 1960-1980, unemployment rates to peak to 10.2% in 1960. Doubling white's unemployment rates of 4.9% and affected teenagers as well. African American teenage unemployment rates climbed to 48.9% in comparison only 20.4% of white teenagers unemployed. By gender African American female teens had a slight advantage of 47.1% unemployment to 48.9% African American male teen's unemployment rates.

Poverty rates of African American families with low incomes are below poverty lines fluctuated from 1960 to 1980. Roughly 48.1% of African Americans were below the poverty line in 1960, declined in 1975 to 27.1 % and increase to 27.6% in 1980. Although Hill (2003) states “there was no change in proportion of all black families who were below poverty from 1969 and 1989, since it remained at 29 percent.” Of these families below the poverty line an increasing amount were single mothers. During 1971, there was a sharp decline in poverty among female-head black families with children. “The proportion of black families headed by women in poverty dropped from 60 percent to 54 percent between 1971 and 1989 and fell more steeply to 46 percent by 1999 (Hill, 2003).” Considering this data was document 30 years ago during a previous economic crisis that did not provide African American families with

the necessities to prevail in the social and economic crisis of the time, sending African American families into a downward spiral of adversity but even today social scientists have concentrated their attention towards poverty because it magnifies the problems associated with poverty in general: joblessness, crime, delinquency, drug trafficking, broken families, and dysfunctional schools. “Neighborhoods or highly concentrated poverty are seen as dangerous, and therefore they become isolated, socially and economically, as people go out of their way to avoid them (Wilson, 2009).” Elliot Liebow’s *Tally’s Corner: a Study of Street Corner Men in Washington D.C. during the mid-1960s*. Liebow’s study observed low skilled African American men and their search for employment resulting in menial jobs or unemployment. The menial employment would consequently provide little pay, physically demanding, and no room for advancement. This “discouragement of looking for or keeping a job (Wilson, 2009)” so the men could support is family is continuous today

Single parent households

“Female headed families were the fastest growing segment of the poor population (Jewell, 2003)” and “31% of persistently poor households were headed by nonelderly black women (Wilson, 2009).” This amount is astonishing since African Americans only account for 12.4% of the population. In 1982, 70% of all African American poor families were headed by women and the pressure on African American families maintained by women was not just financial. In 2005 black children born out of marriage was 69% in comparison to the 70% in 1996 (Wilson, 2009).

African American single mothers were more likely to become victims of physical and mental illness than married African American mothers (Jewell, 2003). A

large percentage of female-headed households were due to separations and divorce that had increased from 1960. "The official numbers on black families headed by single women are very misleading" since they "differ in their structure and functioning depending on such characteristics as age or marital status or the parent and composition of the household (Hill, 2003)." The increasing numbers of single parent black families are headed by separated, divorced or widowed grandmothers who are raising them on their social security pension. In 1960, 12.4 of women were separated and 75 per 1,000 married women were divorced. By 1980, 18.7 percent of African American woman were separated and 257 per every 1,000 married women were divorced. White women had increased divorce rates from 38 per 1,000 in 1960, compared to 110 for every 1,000 in 1980. In two decades the number of divorces grew to 300 percent for white couples and 400 percent for African American couples (Jewell, 2003).

Misconduct

Crime being another factor affecting African American families with African American males between the ages of 15-24 being the most likely to be victims of homicides and incarceration. African American males were six times as likely to be victims of homicides as white males and African American women ten times more likely to be a victim of homicide than white females. Deaths from crimes committed are not the only component of female-headed households but incarceration (Jewell, 2003). While "African American men and fathers are being incarcerated so are African American women and mothers. Black women are being taken into the criminal justice system more quickly than men (Hill, 2003)." Black men accounted for

54% in state and federal jails of 1991 and 1997. During that time African American women in prison had peaked 74%, “three fourths were mothers and two thirds had children under age 18. (Hill, 2003)” African American children are nine times more likely to have parents incarcerated than white children. 80% of children that have incarcerated mothers are being raised by relatives and the other 10% were placed in foster care (Hill, 2003).

The following research is crucial to understanding the African American family but two factors are most important in study of “contemporary African American family (1) enslaved Africans utilized their cultural backgrounds and experiences in creating family life in America; (2) Economic, geographic, and public policy changes affected the development of family traditions (Hecht, Jackson II, & Ribeau, 2003).”

Black Sexuality

“White fear of black sexuality is a basic ingredient of white racism (Collins, 2005).” When researching sexuality and the how it has been manipulated in the defense of racism by coupling “white fear of black sexuality” creating racism. “Black feminist analyses pay more attention to women’s sexuality;” agree that “sexual exploitation of women has been a basic ingredient of racism (Collins, 2005).” Looking to the sexual victimization of African American female slaves is one example of how one form of oppression rest upon the other. When studying the sex practices of Africans the word animals comes to play and has been linked to Black promiscuity. By linking African people and animals the characterization of animals are defined by Collins (2005) as promiscuous because they lack intellect, culture, and civilization.

“They merely fuck and reproduce Collins (2005).” Collins (2005) goes on to say “animals could be slaughtered, sold, and domesticated as pets because within capitalist political economies, animals were commodities that were owned as private property.” Africans were labeled to possess a wildness the animals were known to have and were advertised as “bucks, jezebels, and breeder women” (Collins, 2005) symbolizing the chattel that African American slaves were classified.

The social belief of African American male promiscuity was slavery controlled the sexual urges of black slaves by focusing that energy to their chores assigned by their slave owner (Collins, 2005). The fear of rape was greater after emancipation for Southern Whites could no longer control African American promiscuity with manual labor. White women coined themselves the keeper of the purity of the White race and white men the guardians of their pure race (Collins, 2005). Unlike men African American women were sought after by slave owner for the ideologies of African animal fucking. By law enslaved African women were “sexual property” and could engage in sexual acts. “Since it was lawful to have sex with a slave it was impossible to rape a Black women because they were already promiscuous, masking the sexual exploitation of enslaved black women by their owners (Collins, 2005).” With the various links of animals, bucks, and rapist the black man’s promiscuous legacy is exploded. High fertility during slavery was a positive, meaning the woman was more valuable and the slave owner wealthier. Today high fertility in black families is looked down upon since big families are expensive. Since more black families are single parent female headed household below the poverty line the children are consider to

contribute less to society than they acquire; by means of social assistance (Collins, 2005).

HIV/AIDS and African Americans

AIDS is now the leading cause of the death for African American men from thirty-five to forty-four years of age and is the second leading cause of death among African American women between the ages of twenty-five and thirty-four. African American women living with HIV/AIDS are disproportionate to any other minority, race and gender; spawning the largest population diagnosed via heterosexual sex transmission. African Americans constitute only 13 percent of the U.S. population but account for over 44 percent of newly reported cases of HIV infections in 2010. African American women represent 63 percent of AIDS cases among women and researches estimate that about one in 16 African American men and one in 32 African American women will be infected with HIV. Injected drug use has accounted for 42 percent of African American women AIDS case reports since the epidemic began, with 38 percent due to heterosexual contact with infected male partners, primarily male injection drug users. African American men with AIDS make up two categories, sex with men 37 percent and injected drug use of 34 percent heterosexual sex makes up 8percent. Since the initial HIV/AIDS outbreak than 260,800 black with AIDS diagnosis have died including an estimated 7,678 in 2010 (Gilbert & Wright, 2003).

Hypothesis

The data on the involvement of African American families are limited to parenting, concentrated on how parents teach their African American children to survive in a white dominated culture (Reis, 1991). With African Americans enduring

social and economic adversity it is difficult to study African American communication considering that African American family structure does not have the same structure dating back sexual ideologies placed of African American enslave men and women. Today the African American family suffer from a considerable amount of difficulties such as incarceration of parents, homicide rates, social and economic advances that African Americans could not keep up throughout American history. Data also suggest that the African American loyalty to the church is a large part of African American culture which would give root to the stigma of homosexuality in the African American community. (Edgar, Noar, & Freimuth, 2008) (Collins, 2005) (Hill,2003).

Research Question 1: Can family communication in African American households act as a preventative measure for HIV/AIDS prevention?

Research Question 2: How can family communication in African American households overpower the social and economic adversity for safe sex?

Chapter III

METHODOLOGY

Introduction

The methodology was designed to investigate and evaluate social and economic adversities effects on family communication within African American families pertaining to educating on HIV/AIDS prevention. By analyzing African Americans and their experience with marginalization the methodology aims to understand if adversity affects African Americans communication. This study examines adverse contributing factors of HIV/AIDS in the African American community, which include marginalization, single parent households, incarceration, drug epidemic, stigmas of African American male homosexuality and assessed if the originally positive intuitions of the black church and community unison (i.e. I and We) have continued to be positive for African American communication. In addition this study will explore the ideologies of African Americans that have been in American society since slavery and if African Americans are socialized or fulfilling prophecies by lack of communication about HIV/ AIDS prevention. These intentions are rooted from the unexplained disproportionate rates of HIV/AIDS in the African American community along with the disproportionate rates of poverty, crime, drugs, incarceration, and single family households.

In addition, this study has examined if a particular forum has provided a mass opinion for African American children's sex education and its effect on HIV/AIDS prevention communication within African American households. This chapter examines specifics research methods, instrumentation, and reliability to unraveling

what affects Spiraling Silence Theory, social/economic adversity affects have on African American family communication in relation to HIV/AIDS prevention, in-depth interviews have been the best process to assemble data and disclosing effects of adversity faced by African Americans causing a communication lapse and “Silence” within the African American family.

Research Method

“There has been much debate in communication research about whether quantitative or qualitative measurement is more persuasive (Frey, Botan, & Kreps, 2000).” Each measurement is used to seek different type of data. “Quality refers to what kind, to the essential character of something. Quantity refers to how much, how large, the amount of something (Kvale, 1996).” Quantitative approach allows for generalizations, doesn’t consider variables, and is used in cases with large numbers making research quicker to conduct. Qualitative approach is used to explore the causes and consequences of the facts, making it slightly more difficult to conduct research with generalizations (Bernard, 2013). Considering the overwhelming amount of quantitative data regarding HIV/AIDS in the African American community the best way to move forward is to use qualitative approach to gain an intimate understanding of the data.

“It has often been claimed that the qualitative research interview lacks objectivity, due to particular human interaction inherent in the interview situation (Kvale, 1996).” Interviews are exchanges in which people provide information orally are also common in communication research and are employed in many of the same research situations as questionnaires. Respondents are asked to provide information

about their own and/or other peoples' beliefs, attitudes and behaviors (Frey, Botan, & Kreps, 2000). Interviews will be semi-structured interviewing, each interview will not have to be done more than once and will have a list of sequenced questions that will allow for probing if leads present themselves.

By using semi-structured interviewing it gave a more informal interview and easy for participants to divulge specific information. Open-ended question were more time consuming for the researcher but provided more verbal data about the particular perspectives of individual respondents and thereby, allowed the participants to respond, which can be more difficult to categorize and analyze because respondents' answers can vary. Open questions are normally used with small samples with topics that require a great deal of knowledge. Open questions were more useful when exploring a little-understood issue, wanted unanticipated answers, and preferred when asking about sensitive topics. These open-ended questions were used in the semi-structured format so basic question could be answered and gave freedom to ask probing follow-up questions to gather specific details, delving into complex phenomena and more complete answers (Frey, Botan, & Kreps, 2000).

Using Qualitative method with the topic of HIV/AIDS prevention in African American households was an advantage since each participant came from different cities, family structures, educational and socio economical backgrounds. Quantitative approach could have provided similar data but not perceptive or the contextual influences, which is essential to understanding if Mass Media had a strong influence on HIV/AIDS preventative communication in African American households, where the break in communication lied, gave as prolific data due to the sensitive nature of the

topic and the probing that occurred. Kerlinger states "Scientists are not and cannot be concerned with the individual case. They seek laws, systematic relations, explanations of phenomena and their results are always statistical. (Kvale, 1996)" Modern social science should hold scientific knowledge when concerning quantitative research but in the case of communication, it is the process through which individuals in relationships, groups, organizations and societies create and use information to relate to the environment and one another (Ruben & Stewart, 2006)." Qualitative approach allowed for more information to be gathered concerning the sexual communication, sexual habits, safe sex practices and sexual ideology within the African American family. To assemble such information interviewing was the paramount instrument for the study.

Instrumentation

The interviews were approximately 15-20 minutes and were semi-structured and open-ended. The young adults ranged in age from 18-25 and had a younger sibling. This allowed for more honesty and probing follow up questions. Some questions were eliminated pertaining to the individuals answers to the previous questions. Using open-ended questions and semi-structured interviews gave each participant the opportunity to explain specifically their perception of where their family communication barriers begins or if there is a communication barrier within their family, what enabled a lack of safe sex communication, if mass media has had a strong influence concerning sex education during their teenager years permitted that the participants to further identify the social sexual ideologies of African Americans.

Sampling

Due to the sensitive nature of the topic, participants were difficult to come by and caused the researcher to use an available sample from Southern Maryland. Participant criteria included African American men and women, between the ages of 18-25, residing in Southern Maryland with a younger sibling. Participants were selected from Christian funded organizations. Life Church, located in Upper Marlboro, Maryland and the Y. M. C. A. (Young Men's Christian Association) in Fort Washington, MD. These organizations were not singled out but were the only places that participants were willing and fit the criteria.

Data Collection

Interviews were recorded via Evernote using interceding reliability and transcriptions were reviewed by researcher and researcher assistant for precision and the individual's vocabulary and the significance, verifying the accuracy of the transcripts. Accuracy of the recorded data will be done by giving the individuals the opportunity to examine their own transcripts. Each participant was invited to review his/her transcript and make changes that they deemed necessary to make their answers clear. When all changes were made and submitted, the transcripts were analyzed by the researcher and researcher assistant.

Conclusion

This chapter has covered the different research methods that were used to ensure the study has concise results on African American family communications, mass media social influences, social sexual ideologies of African Americans to determine if it was a deterrent to HIV/AIDS in the African American community.

Looking to the research method, instrumental, sampling, data analysis helped recognize parental guidance backgrounds gave some insight to the previous objectives but helped solidify the effects of Spiraling Silence Theory had on young African American teenagers and their understanding when it comes to HIV/AIDS preventative measures.

Chapter IV

FINDINGS

Introduction

This chapter will discuss contributing factors of HIV/AIDS in the African American community, which include marginalization, single parent households, stigmas of African American male homosexuality and assessed if the originally positive institutions of the black church and community unison (i.e. I and We) have continued to be positive for African American communication. Theorist suggests slavery destroyed African families shattering the normative nuclear family arrangement or the African American family's nuclear family arrangement is varied due to insensitive economic and social conditions (Jewell, 2003). In order to determine the validity of the two theories, examining the family's communication methods is essential. To help with the defining family communication styles the use of consensual, pluralistic, protective, and laissez-faire will be the terms used (Brent & Stewart, 2006). An open-ended, semi-structured interview of four participants will be analyzed to accurately assess if safe sex education is being addressed with African Americans during their adolescents.

Demographic Descriptions

The researcher divided the questionnaire into the pertinent sections; demographic, family, and sex education. The demographic section asked participants where they reside, education, current relationship status, availability to healthcare and age. The family portion of the questionnaire focused on the participant's family structure, if their parents are married, how long, birth order, father or mother present in adolescent years, communication style when referring to sex. The sex education portion of the questionnaire asked questions pertaining to when sex introduced, how sex was

introduced, who provided the sex education talk, was the safe sex education inclusive to the talk, and was HIV/AIDS included in the sex talk. The questionnaire was used to understand what was included or excluded in the sex education discussion with African American parents and their children with in Southern Maryland.

Demographic data collected seen in Table 1.0 displays four participants including age, ethnicity religious affiliation, family structure, education, and current residence. All participants residing in Southern Maryland were between the ages of 18-25, and had a younger sibling and African American. Table 1.1 has some quick facts regarding the residential county where three participants live; Prince Georges County

Education, Age, and Ethic Table		Male	Female	Cumulative
Question 2: Age				
	18-20		1	1
	21-23			
	24-25	2	1	3
Question 3: Religion				
	Catholic	1		1
	Muslim			
	Christian	1	2	3
Question 5: Education				
	High School	1	1	2
	2 years College Degree			
	4 years College Degree	1	1	2
	Graduate Degree			
	Doctorate			
Questions 19 & 20: Dual Family Household				
	Mother present	2	2	4
	Father present	2	1	3
Question 27: Age Received Sex Education in School				
	11-13 years	2		2
	14-16		2	2
	17-18			
Question 4: Currently married				
	Yes	1		1
	No	1	2	3
Question 7: Faith in Western Medicine				
	Yes	1	2	3
	No			
	Sometimes	1		1
Questions 3b: Parents currently married				
	Yes	2	2	4
	No			
Questions 4: Parents first marriage				
	Yes	2	1	3
	No		1	1
Question 6: Availability to healthcare				
	Yes	2	2	4
	No			
Question 1d: Family size				
	1-2 children			
	3-4 children			
	5+ children	2	2	4
Question 1: Parents age				
	31-46		2	2
	47-52	1		1
	53-58	1		1

Table 1.0 Demographics of Participants

FINDINGS

Referring back to our first hypothesis that family communication can act as a preventative measure for HIV/AIDS, was addressed with questions 10, 14 a-f, 15, 16 and 17. Question 10 addressed the communication style that the family used during sex education to evaluate if the communication between parent and adolescent was consensual, pluralistic, protective, and laissez-faire. Three participants, female A and B and male participant B, considered their family communication to be pluralistic, considered it “open”. But female participants A and male participant B had similar answers concerning the communication with their parent(s) about sex. Male participant A, first generation Nigerian American didn’t receive any sex education at home. He stated “*in my house hold it was kind of taboo as far as sex, there was no communication. But as far as having girlfriends and things of that nature, it was focus on your studies. It is a taboo*”. He continued to explain his family communication as closed; exemplifying a protective family structure.

Male participant B stated “*open to the extent of like, they explained to me what sex was for and who it was suppose to be with . . . sex before marriage is a sin.*” While female participant A responded “*They were really open about that. The thing about them is like when we went through sex ed in school, elementary school they opted out of us doing it because they felt like they would rather teach us then have somebody else that’s not a believer teach you things we rather teach you ourselves.*” The researcher in return asked “And when you say a believer, can you say more about that?” Female participant A responded “*A Christian . . .*” Male participant A responded “*The actual talk, I got it from my sex education teacher.*” The researcher asked “Do you remember anything specific about the talk?” male A responded “*Umm, Yes well I did, I went to a private school so*

they kind of framed the talk around the type of religion, Catholicism, so with that said it was kind of, you know, save sex for after your married. They really stressed abortion, the right to life type of deal. Yea, so when it came to that it was kind of sex after marriage, if you do have a child it is not in the religion. The Catholic religion says not to abort children, so you know.” Female participant B “*My mother*” referring to who gave her the sex education talk. The follow up question was do you remember something specific about this talk? She replied “*No, she said (her mother). . . the main thing that she said was come to her when I think I’m ready or when I think I’m ready to have the extended talk because I was so young.*”

Questions 14 a-f pertained to the amount of safe sex education given to the adolescents. These questions focused on the STI education, STI preventative measures, HIV/AIDS education, and HIV/AIDS preventative measures. The foundational question “Do you remember something specific about that talk?” received several different answers but the answers to the follow up questions were the same “Did that talk include STI education? Did the talk include STI prevention? Did the talk include HIV/AIDS education? Did the talk included HIV/AIDS prevention?” Three participants responded “No” to their parents including the STI and HIV/AIDS into the sex education they received. Female participant A stated “*We talked about it but I was more so the best preventative method was abstinence.*” Male participant B said “. . . *the safest sex is abstinence.*” Female B responded “Yes” to receiving HIV/AIDS prevention methods. Male A respond “Yes” but received safe sex education from school.

Question 15 “Did “the talk” also include safe sex awareness for homosexual safe sex?” All participants respond “No”. Female participant B responded

“I would say, well I’m a female one and then we don’t really know a lot of homosexuals or she didn’t think to speak about it.” Female participant A *“Maybe they just assumed that hopefully we never participate in it so we would never really have to encounter those things. They never had experience with those type of things. Well that I know of so maybe that’s probably why they didn’t bother to mention it. I’m not sure.”* Male participant responded *“Because I’m heterosexual.”* Male A responded *“I went to a Catholic school so umm and being that the person that was conveying the information to me was Caucasian and I guess the environment was predominately Caucasian they felt that it was necessary being that it something that was very, I guess for their race, there it’s not taboo in talking about the issue so umm I see definitely why they conveyed the message and especially with the religion aspect taking part in the sex education talk.”*

Question 16 referred to the influence of having sex for the first time and the four participants stated that “love” or what they thought was love influenced their choice. Female participant B responded **“Love”** researcher stated “the participant used air quotes when referring to love”. When asked question 17 **“Did the sex education you received at home help you stay safe?”** Her response was *“No . . . because the first time I had sex it was unprotected. I was 14 and I ended up getting pregnant with twins.”* Male participant B strongly stated that **“LOVE”** influenced his choice to have sex with his wife. He also responded *“Yes”* the safe sex education he received at home helped him stay safe. Male A stated *“Umm, I was in love and then also umm, I guess also kind of peer pressure. Cause I guess you would say I had sex later on in life so it was kind of for my peers asking what’s going on? What you waiting for? Things of that nature.”*

The second hypothesis refers to family communication in African American households overpowering the social and economic adversities of safe sex. Of the four participants we see two that maintain a strong conviction to the Lord and savior Jesus Christ; female participant A and male participant B. Question 16 asked "What was your influence in having sex for the first time or not to have sex?" Female participant A responded "*Well of course my parents and then my own personal faith and values. Like being a Christian and wanting to honor making a promise to God to honor his word and my purity until marriage.*" Male participant B responded to question 14d "*For more reason than it just being a sin that's reason enough but I wanted to give that to my wife . . .*" Both participants decisions to maintain their "purity" was strongly influence by their relationship with God.

Female participant B response was different to question 18 "Did you find anything that was discussed helpful for the sex education for your younger sibling(s)?" In response "*Umm in the future I really feel that actually the talk is not enough as a child you think that you are super woman or superman and nothing can affect you its more on the child/teen/adults part if they're going to really take that step and have sex protectedly, unprotectedly however, they do it.*" Male participant B response "*Umm . . . just for them to understand how God viewed sex it helped me to put it in the right perspective so that helped me to have safe sex. That's the best safe sex in my opinion, just one person, you know and marriage. Yes, I will definitely pass that on to my children.*" Male A responded "*Umm... I guess yes. Like I said I wish it would have come from someone that looks like me. Umm... maybe someone from my family, or we could have had more you know... I could understand more where they were coming from being that*

they understood where I was coming from so I wish it had come from someone of my own race or maybe even family or close friends that were a litter older than me.” The researcher asked “Do you think the talk being held with your father could have made a difference?” Male A responded “*Absolutely*”.

Question 8, referred to father figure presents during the participants childhood. Of the four participants two, male A and female B didn't have a male presents consistently. Female participant B “*My mom was a single mother maybe three years and then she met my dad . . . stepfather.*” Male participant A responded “*No. My father was working.*” Male B and female A both had their father figures present and replied with a simple “Yes.”

Question 7 made reference to the participant's faith in western medicine but participant male B was the only participant who didn't “*feel it always works. It doesn't always work you know. Yes, I do; to a certain extent.*” Other participants replied with a quick “Yes” or needed more clarification on modern medicine.

This chapter presented the procedures followed in order to examine the date and outcome of the hypotheses. The following chapter offers the conclusions and discussion of the results, along with an overview of the contributions of the study, limitations and directions for future research.

biblically and shares the same attitude as “I am We” (Jackson II, 2004). Also male B and female A had dual family homes with both parents during their adolescent years and receive sex education with their parents.

Male A had protective family communication style leaving him unaware of the importance of safe sex awareness. What continued to spawn his unconsciousness was the lack of reliability with his sex education teacher being a white older man. Female B had a pluralist communication model within her family but only received sex education. Since these participants were not given safe sex education or prevention by their parents. Faith was entrusted to the children to practice abstinence.

Questions 14 a-f all focused on STI and HIV/AIDS awareness and prevention. All participant were aware of the possibility with contracting an infection but didn't understand the significance of STI and HIV/AIDS prevention or how to practice safe sex except for participant male A. Whom receive his safe sex prevention from a predominately white catholic school teacher.

Homosexual safe sex was referred to during question 15 and three participants responded “No”. Male A received homosexual safe sex education while attending a Catholic middle school and in his opinion was a norm with “Caucasians” society. His statement suggests what was already suspected of homosexuality being a taboo topic in the African American community.

The second hypothesis refers to family communication in African American households overpowering the social and economic adversities of safe sex. Maintaining strong religious conviction helped male B and female A stay safe and uphold their abstinence. For male A and female B the outcome was different since they both sex

Chapter V

INTERPRETATION AND RECOMMENDATIONS

Introduction

The data results from the analysis of the two hypotheses have been used in attempt to answer the research questions that guided this study. A discussion of the analyzed data on African American family communication and HIV prevention includes interpretations of the results and is compared to previous research of African American culture. These findings are then critiqued and evaluated with applicable theories. The studies limitations will address major weaknesses in the study and attempt to overcome them are deliberate, mainly sampling and methodology scarcities. Then recommendations for further study are suggested, precisely due to the strength of the parallels and other possible approaches that could be exploited.

Interpretations

The first hypothesis states that family communication in African American households can act as a preventative measure for HIV/AIDS prevention. There were specific questions during the interview that both openly and incidentally addressed the issue. Assessing the quality of communication is relative to each individual due to experience with safe sex prevention or lack of. Directing our attention to the finding for question 10 we have a conclusive answer that family communication can act as a preventative measure for unprotected sex leading to HIV/AIDS. The understanding the female A and male B both had a pluralist family communication style and received sex education at home along with spiritual/religious guidance that has kept them safe. These two participants are members of the Black church and marriage is expected, defined

before marriage. Male A said “peer pressure” and “love” were his reasons for having sex but female B was caught in the heat of the moment and said nothing could have been said to keep her safe. Which is unlikely; female B didn’t receive safe sex education until 16, after she had terminated the pregnancy. If safe sex education was previewed to her before her first sexual encounter it is a strong possibility she would have stated safe.

In regards to question 18 “Did you find anything that was discussed helpful for the sex education for your younger sibling(s)?” Each participant gave great feedback on future safe sex education methods that could be used. Participants suggested to continue to stress abstinence, have a sex educator that is relatable to the audience and more than a sex talk should be had due invincibility that teenagers feel.

The researcher asked “Do you think the talk being held with your father could have made a difference?” Male A responded “*Absolutely*”.

Finally question 8, referred to father figure presents during the participants childhood. Of the four participants two, male A and female B didn’t have a male presents consistently.

Limitations

When researching African American family communication and HIV prevention there were several factors to consider that limited results. Finding participants for the study was difficult and required an available sampling of young adults whose parents, specifically fathers who were reluctant to participate. Mothers were open and enthusiastic about participation. Due to lack of parents, the research is bias to young adults and HIV/AIDS negative African Americans. Since the research was not previewed for a full analysis of African American family communication. Limitations that became major

weaknesses were the small amount of participants. A larger pool with more diversity that included homosexual, lesbian, heterosexual, married, single, male single parent and HIV/AIDS positive participants would make findings more conclusive and notable. Also the lack of participants with other religious beliefs than followers of Jesus Christ has given skewed results.

Recommendation

Out of the four participants none of them disclosed their STI and HIV/AIDS status nor were they asked. In the future mixed methodology, comprised of quantitative survey would give more understanding of the participants regarding information they are not comfortable disclosing. To gain a full understanding of family communication, conducting interviews with parents and young adult participants would give an opportunity for the parents to justify their reasoning for providing safe sex education or not. The parents can articulate how much the parent know about safe sex education, the influence of the black church and hopefully consider what could be done differently for the younger sibling. Also, a diverse pool of participant including homosexual, lesbian, heterosexual, married, single, male single parent, African Americans of all religions and HIV/AIDS positive participants will yield stronger results. For stated reasons this research cannot be used as generalization for African Americans in Southern Maryland.

Conclusion

This research fills the gap between adversities, African American community, parental sex education and the application, giving a well-rounded view of the black community. The disempowerment of African Americans continues with African Americans not addressing the issues of HIV/AIDS in the black community. The epidemic

evokes segregation, panic, denial and guilt. The societal beliefs of African American promiscuity, criminal activity, poverty, and institutionalized racism are due to the marginalization Blacks face. These adversities that African Americans have yet to tackle permit HIV/AIDS to flourish in the community. Research on communication within the black family doesn't include HIV/AIDS education or prevention but one must direct their attention to the black church and wonder why there is not guidance to handling the spread of HIV/AIDS since "I and We (Jackson II, 2004)." The idea that something that happens to one person in the black community affects everyone in the community has shown not to be as affective, for the proof is the staggering amount of African Americans diagnosed with HIV/AIDS. The black church not speaking on HIV/AIDS prevention is a contributor of Spiral of Silence within the African American community. The mass opinion given by the black church of abstinence and the lack of education on HIV/AIDS prevention due to biblical text has created a moral divide for those within the congregation that would like to speak out for preventative provisions.

The black church is responsible for upward mobility within the African American community and provides an "escape" from social and economic adversity to "achieve positive an outcome" (Hill, 2003). Through the churches outreach programs such as providing youth support groups, and advocated for the community (Hecht, Jackson II, & Ribeau, 2003) HIV/AIDS prevention must be a incorporated. Call and response still functions, the black church has a duty to respond by protecting and supporting itself and the congregation; I am We. In order to provider support the church has to admit there is a problem and address the high risk behavior of African Americans; drug use,

incarceration, black homosexuality, promiscuity and poverty. Until the church admits it is community issue HIV/AIDS will continue to cultivate.

Appendix A: PARTICIPANT CONSENT FORM

A: PARTICIPANT INTERVIEWS

RESEARCHER'S STATEMENT

The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. A copy of this form will provided for your records as well.

PURPOSE OF THE STUDY

The study that you have been selected to be a part of deals with the topics family communication, family structure, stereotypes and HIV/AIDS prevention within the African American community and the conversations, experiences and observations that have occurred within African American family on these topics. These topics are discussed to establish the framework of adversity within the African American community referring to HIV/AIDS prevention.

As a participant of this study, you will be asked to participate in a family interview and "one-on-one" voice recorded interview with the researcher.

PARTICIPANT INFORMATION

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AS IT CONCERNS YOUR RIGHTS AS A PARTICIPANT IN THIS STUDY:

By being a participant in this study, you are acknowledging that you have not been paid, forced, bribed or coerced in any way to be a participant in this study and that you are a willful volunteer participating in this study.

By being a participant in this study, you are acknowledging that you have the right at any time to **END** your participation in this study and if you choose to do so, you should inform the researcher of this decision immediately.

By being a participant in this study, you are acknowledging that you do understand that the researcher will keep all of your information confidential and will provide you with a fictitious name to protect your identity. The researcher will explain the "coding system" procedure at the beginning of the interview and will give you your fictitious name at that time.

By being a participant in this study you are acknowledging that you do understand that this study is not publishing and is intended to be used as an academic resource for the researcher, but if this study is published, your identity and confidentiality will continue to be protected .

STUDY PROCEDURES

This portion of the study that you have been selected to be a participant in is for a family interview which can only be done *face to face*, with the researcher, Chelsea G. Mays.

The researcher will be asking the questions verbally and will recording the questions being asked as well as the responses by voice recorder. The researcher will also take notes on paper or computer in accordance with the responses that you are providing. The interview can last for an estimated 15-30 minutes.

AT THE BEGINNING OF THE INTERVIEW

At the beginning of the interview, the researcher will say the following:

Hello. Thank you for agreeing to be a part of this interview for the study being conducted by Chelsea G. Mays for her master's thesis research at Bowie State University. You have agreed prior to this recording that you accept and understand the following as it relates to this study:

1. You have acknowledged on a consent form and do acknowledge now through recording that you are a willing participant in the study through interview with researcher Chelsea G. Mays who will be recording this interview via voice recorder and will be taking notes via computer or through the use of pen and paper.
2. You have acknowledged on a consent form and do acknowledge now through recording that you have been made aware that this interview could take anywhere from 15-30 minutes.
3. You have acknowledged on a consent form and do acknowledge now through recording that the researcher has provided you with all information regarding your options to respond or **NOT** respond to any of the questions being asked.
4. You have acknowledged on a consent form and do acknowledge now through recording that you are aware that in order to protect your identity, the researcher will give you a fictitious name (.i.e. code name) when referring to you in this study.
5. You have acknowledged on a consent form and do acknowledge now through recording that the findings from this study that you are a participant of are not for publishing and are strictly for research, but in the event that the findings are published, your confidentiality will be protected and your identity will be protected.
6. You have acknowledged on a consent form and do acknowledge now through recording that that you have not been paid, forced, bribed or coerced in any way to be a participant in this study and that you are a willful volunteer participating in this study.
7. You have acknowledged on a consent form and do acknowledge now through recording that you have been made aware of your rights as a participant in this study and at any time, if you would like to end your participation that you can tell the researcher immediately

DURING THE INTERVIEW

During the interview, the researcher will ask 30-35 questions, all of which you may choose to answer or choose not to answer.

If you choose to **NOT** provide a response to one of the 30-35 questions that will be asked during the interview, you can say to the researcher: ***“I do not want to answer this question”***.

If you choose to **NOT** respond to one of the questions that the researcher is asking, the researcher will respond by saying: ***“The participant has chosen not answer the question (stating the question and the question number)”*** The researcher will then move on the next question that you choose to provide a response for. **Your choice to not answer a question does not affect your ability to participate in the study.**

AT THE END OF THE INTERVIEW

At the end of the interview, the research will say:

“Thank you. This concludes our interview. Do you have any questions comments or concerns?”

At this time, if there are any questions, comments or concerns that you would like to mention, the researcher will go over those with you while the voice recorder is still on.

If you have any questions, comments or concerns, the researcher will also notate those down on paper or computer once the questions, comments or concerns have been addressed.

If you do not have any questions, comments or concerns, the researcher will say:

“Now that we are at the end of the interview, I would like to go back through and provide a ‘Member Check’ for all of the information that you have given me

(A “Member Check is a procedure where the researcher checks all of the interview responses provided by the participant with the participant, to make sure that the information is correct).”

Once the “Member Check” is completed and all of the information is completed, the interviewer will say to the participant over voice recorder or through typed chat that:

“The ‘Member Check’ has been completed with the participant and all of the information is correct.”

Participant’s Statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, I can ask the researcher listed above. If I have questions about my rights as a research participant, I can call the researcher at; (240) 839-8050. I will receive a copy of this consent form.

Printed name of participant

Signature of participant

Researcher's Statement

As the researcher for this study, I, Chelsea G. Mays have agreed to do the following as it relates to this research and the rights of the participants involved:

I am acknowledging on this consent form that I have made the participant aware of all of their rights as a willful participant of this study. I have provided all information as it regards to the "one-on-one" interview expectations and procedures. I have provided all necessary information as it applies to the participant's understanding of their privacy and confidentiality rights as it corresponds with this research.

If the participant has any questions about their rights as a research participant, they can all call me at: (240) 839-8050.

Printed name of researcher

Signature of researcher

Date

Appendix B: Interview Questions

Where do you live?

1. How old are you/ your?
 - a. Interviewee
 - b. Parents:
 - c. Youngest sibling:
2. What is your family size?
3. Are you currently married?
 - a. How long have you been married?
 - b. how long have your parents been married?
4. Is this your parents first marriage?
5. Are you the oldest child?
6. Do you have availability to healthcare?
7. Do you have faith in Western medicine?
8. Was a father figure present in your adolescent years?
9. Was a mother figure present in your adolescent years?
10. How would you describe your families' style of communications when you were at the age learning of about sex education.
11. How were you first introduced to sex?
12. What age were you first introduced to sex?
13. Who gave you the sex education talk?
14. Do you remember something specific about that talk?
 - a. Was the talk affective?
 - b. What did you find most informative?
 - c. What didn't you find effective?
 - d. Was safe sex including the sex education?
 - f. Did the talk include STI prevention?

- g. Did the talk include HIV/AIDS education?
 - f. Did the talk include HIV/AIDS prevention?
15. Did “the talk” also include sex safe awareness for homosexual safe sex?
- a. Why do you think they deem it necessary?
 - b. Why didn’t you think they deem it necessary?
16. What was an influence in you deciding to have sex for the first time?
17. Did the sex education that you received at home help you stay safe?
18. Could anything have been said that could have helped you with the safety aspects in your sex life?
19. Did you find anything that was discussed helpful in for the sex education of your youngest sibling or your future children?
20. Would you include or eliminate something from “The Talk” for future?

Appendix C: Transcript of Female participant A

You have acknowledged on the consent form and do acknowledge now through recording that you are a willing participant in this study through interview with researcher Chelsea G. Mays, who will be recording this interview via voice recorder and will be taking notes via computer or through use of pen and paper.

You do acknowledge on the consent form and do acknowledge now through recording that you have been made aware that this interview could take anywhere from an hour to two hours.

You have acknowledged on the consent form and do acknowledge now through recording that the researcher has provided you with all information regarding your options to respond or not respond to any questions being asked.

You have acknowledged on the consent form and do acknowledge now through recording that you are aware in order to protect your identity that research will give you a fictitious name i.e. code name when referring to you in this study.

You do acknowledge on the consent form and do acknowledge now through recording that the findings of this study that you are a participant of are not for publishing and are strictly for research but in the event that the findings are published your confidentiality will be protected and your identity will be protected.

You do acknowledge on the consent form and do acknowledge now through recording that you have not been paid, forced or bribed or coerced in any way to be a participant in this study and that you are a willing volunteer in this study.

You do acknowledge on the consent form and do acknowledge now through recording that you have been made aware of your rights as a participant in this study and that at any time that you can end your participation immediately.

Researcher: Do you acknowledge?

Female Participant A: Yes

Q. Where do you live?

A. Brandywine

Q How old are you?

A. 25

Q. How old are your parents?

A. 45

Q. Both of your parents?

A. Yes

Q. What is the age of your youngest sibling?

A. 22

Q. what is your family size?

A. We have 5

Q. Are you currently married?

- A. No
- Q. How long have your parents been married?
- A. 16 years
- Q. Is this your parent's first marriage?
- A. No
- Q. Can you please elaborate?
- A. They both been previously married
- Q. Can you speak up a little louder?
- A. Oh okay
- Q. Are you the oldest child?
- A. No
- Q. Do you have availability to health care?
- A. Yes
- Q. Where do you fall in the sibling order?
- A. I am the middle child
- Q. And who is above you? Is it a male or female?
- A. Male
- Q. And you have a younger sibling which is a?
- A. Male
- Q. Do you have faith in western medicine?
- A. Yes
- Q. Did you have a father figure present in your adolescent years?
- A. Yes
- Q. Was there a mother figure present in your childhood adolescent years?
- A. Yes
- Q. How would you describe your families' style of communication when you were at the age of learning about sex education?
- A. They were really open about that. The thing about them is like when we went through sex ed in school, elementary school they opted out of us doing it because they felt like they would rather teach you then have somebody else that's not a believer teach you things we rather teach you ourselves.
- Q. And when you say a believer, can you say more about that?
- A. A Christian. That didn't share in the same value and safe systems as we did so they prefer to teach us about it so they opted out of allowing us to participate sex ed. But they were very open about when they were teaching us that subject they were open about sharing their previous experiences and so.
- Q. How were you first introduced to sex?
- A. You mean by my parents?
- Q. No just generally.
- A. Umm, I guess my cousins. I don't know
- Q. How old were your cousins?
- A. Like 6 & 7
- Q. And how old were you?
- A. I was like 6 or 7
- Q. Okay, What age? How were you introduced to sex? Was it in conversation?
- A. Yes

- Q. It was in basic conversation? Do you remember exactly about what?
- A. I think. I want to say like I had an older cousin that was a female like she was 13. She was older than us. I want to say like she was sexually active with her boyfriend or something like that is when we started getting introduced to that I do remember 100% exactly. Through a female older cousin.
- Q. Who specifically gave you the sex education talk was it your mother or your father or both?
- A. Both
- Q. Do you remember something specific about that talk?
- A. To wait until marriage
- Q. Was safe sex involved, was it condoms or just straight abstinence
- A. Abstinence
- Q. It was abstinence so condoms and things of that nature were not spoken of?
- A. We talked about but it was more so the best preventative method was abstinence.
- Q. Was the talk effective?
- A. Yes
- Q. Why do you think it was effective?
- A. Because I'm still waiting until marriage.
- Q. What did you find most informative?
- A. About our talk?
- Q. Yes
- A. I think the most powerful for me was just hearing their experiences dealing with that area and the negative results of their decisions in that area.
- Q. What didn't you find effective?
- A. Umm...I don't think there was anything I didn't find effective. I would say there are things we didn't talk about maybe.
- Q. And what would those things be?
- A. Extra stuff. We talked about the basics of sex and stuff but I learned about other things like oral sex. I didn't learn that from my parents. We didn't talk about that kind of stuff. That kind of stuff I learned from my peers.
- Q. Did you talk about STI education?
- A. No
- Q. Sexually Transmitted Infections?
- A. We learned that in school. In middle school we had sex ed. I could have sworn we had it again in high school. So in high school I participated but in middle school when we were being first introduced to that subject my parents were like we want to be the ones to talk about it first.
- Q. So was that a reproductive sex education?
- A. The one in High school?
- Q. The one with your parents. Was that more sex education or did it also include safe sex education?
- A. That was more sex education. Then the safe part came thru school.
- Q. Did the talk include HIV/AIDS education?
- A. With my parents?
- Q. Yes
- A. No

Q. Did the talk include HIV/AIDS prevention?

A. No I don't think so

Q. Did the talk also include safe sex awareness and homosexual safe sex?

A. No

Q. Why do you think they deemed it unnecessary?

A. Umm...I guess they didn't feel it was relevant at the time, maybe.

Q. Can you speak more to that?

A. Umm...Maybe they just assumed that hopefully we never participate in it so we would never really have to encounter those things. They never had experience with those type of things. Well that I know of so maybe that's probably why they didn't bother to mention it. I'm not sure.

Q. Was an influence in you deciding to have sex for the first time? Or in your case, not to have sex for the first time?

A. What was my influence?

Q. Yes

A. Well of course my parents and then my own personal faith and values. Like being a Christian and wanting to honor making a promise to God to honor his word and my purity until marriage.

Q. Did the safe sex education that you received help you stay safe and help you further your chose to not have sex?

A. Umm... Well yes and no. I think that maybe the things that I learned I guess in some areas. I don't know. I don't know.

Q. Could anything have been said that could help you with the safety aspect in your sex life?

A. Could you repeat that?

Q. Could anything have been said, from your parents that could in the future help you with the safety aspect in your sex life?

A. I don't think so

Q. Did you find anything that was discussed helpful for you for the sex education of your younger sibling or your future children?

A. I mean it's probably helpful for them because they are sexually active. Umm...so yea it's very beneficial for them to know about sex education. For my two brothers because they are sexually active.

Q. Did they have a more elaborate talk with your parents about safe sex? Since you did not receive safe sex from your parents?

A. I mean we talked about it at the same time but honestly I think that maybe they had their own separate talk with my dad as a man they probably had more elaborate talks but I wasn't present.

Participant Code Name: Female participant A

Q. Will you use the information that you learned from your parent and your brother for further safe sex knowledge to get marriage go out into the world

A. Yes

Q. Would you include or eliminate something from the talk for the future with your children?

A. No

Q. Do you have any questions?

A. No.

Q. Now that we have ended the interview, I would like to go back to the provided member check that you have given me I will definitely email you after I have transcribe. We are ending the interview.

Appendix D: Transcript of Female Participant B

You have acknowledged on the consent form and do acknowledge now through recording that you are a willing participant in this study through interview with researcher Chelsea G. Mays, who will be recording this interview via voice recorder and will be taking notes via computer or through use of pen and paper.

You do acknowledge on the consent form and do acknowledge now through recording that you have been made aware that this interview could take anywhere from an hour to two hours.

You have acknowledged on the consent form and do acknowledge now through recording that the researcher has provided you with all information regarding your options to respond or not respond to any questions being asked.

You have acknowledged on the consent form and do acknowledge now through recording that you are aware in order to protect your identity that research will give you a fictitious name i.e. code name when referring to you in this study.

You do acknowledge on the consent form and do acknowledge now through recording that the findings of this study that you are a participant of are not for publishing and are strictly for research but in the event that the findings are published your confidentiality will be protected and your identity will be protected.

You do acknowledge on the consent form and do acknowledge now through recording that you have not been paid, forced or bribed or coerced in any way to be a participant in this study and that you are a willing volunteer in this study.

You do acknowledge on the consent form and do acknowledge now through recording that you have been made aware of your rights as a participant in this study and that at any time that you can end your participation immediately.

Researcher: Do you acknowledge?

Female Participant B: yes

Q. Where do you live Female participant B?

A. White Plains, MD

Q. How old are you?

A. 18

Q. How old are your parents?

A. 38 and 46

Q. And your youngest sibling?

A. 8

Q. What is your family size?

A. 5

Q. Are you currently married?

A. No

Q. How long have your parents been married?

A. 8 years

Q. Is this your parent's first marriage?

A. Yes

Q. Are you the oldest child?

A. Yes

Q. Do you have availability to health care?

A. Yes

Q. Do you have faith in Western Medicine?

A. Yes

Q. Do you know what Western Medicine is?

A. No

Q. Do you have faith in Modern Medicine?

A. Yes

Q. Did you have a father figure present in your childhood adolescent years?

A. Yes & No

Q. Can you elaborate?

A. My mom was a single mother maybe three years...My mother was a single parent for three years and then she met my dad...my stepfather.

Q. Did you have a mother figure present in your adolescent years?

A. Yes

Q. How would you describe your families' style of communication when you were at the age of learning about sex education?

A. Open

Q. How were you first introduced to sex?

A. When I started my cycle, my mother went through the whole spiel about what sex is and why you have a cycle and the birds and the bees.

Q. So when you say cycle, you mean menstrual cycle?

A. Yes

Q. What age was this when you were first introduced to sex?

A. 9

Q. Who gave you the sex education talk?

A. My mother

Q. Do you remember something specific about this talk?

A. No she said... The main thing that she said was come to her when I think I'm ready or when I think I'm ready to have that extended talk because I was so young.

Q. Was the talk effective?

A. Yes and no

Q. Can you elaborate?

A. Umm at 9 you're like so far away from being an adult that has nothing to do with what I'm going through now. But okay umm so it wasn't as effective at the young age but when I got older we never really talked about it.

Q. Did you find the talk informative?

A. Yes

Q. What did you find most informative?

A. You know, what is was because it's natural when your little your like oh that's how you have babies but you don't really know what it turns into until you get older

Q. What didn't you find effective?

A. More parent talks aren't as effective as school is with the education for me at least school was like this is why you don't want to have unprotected sex this is why you don't want to have sex until your married, things of that nature.

Q. What did your conversation with your mother cover in comparison to school?

A. Umm just what it was. Why you should wait, why you do do it, why you don't. Things of that nature.

Q. Was the talk you received with your mother... was safe sex education included in the talk you had with your mother?

A. Yes at a later age. At around 16 that when she really started pushing if you're going to have sex be safe you never know with all these sexually transmitted diseases out here you can't really trust everybody.

Q. Did the talk include STI Education?

A. No

Q. It did not include Sexually Transmitted Infection education?

A. No

Q. Did the talk include STI prevention?

A. As in using condoms, yes

Q. Did the talk include HIV/AIDS education?

A. Not to the extent of what it can do to you but that it is around

Q. Did the talk include HIV/AIDS prevention?

A. Yes

Q. Did the talk also include safe sex awareness for homosexual safe sex?

A. No

Q. Why do you think she didn't deem it necessary?

A. I would say, well I'm a female one and then we don't really know a lot of homosexuals or she did think to speak about it.

Q. What was the influence for you to have sex for the first time?

A. Love

The participant put fingers quotation (air quotes) around love. I just had to put that in there.

Q. Did the sex education you received at home help you stay safe?

A. No

Q. Can you tell me why?

A. Umm because the first time I had sex it was unprotected.

Q. Could anything have been said that could have helped you with the safety aspects in your sex life?

A. At the time no because you are not really going through the motions of I have to do this first, I have to do this first, it kind of happens in the moment. It really depends on what kind of person you are.

Q. And what do you mean what kind of person you are?

A. Like if you're really thinking through what you're doing or rushing through the motions.

Q. Do you find anything that we discussed helpful in the sex education of youngest siblings or your future children?

A. Yes there is a lot of STD's STI's that a lot of people may not know about and I feel like this interview or the research will go a long way for my sibling and my children and hopefully preventing the spread of anything.

Q. Would you include or eliminate anything from talk in the future?

A. If anything I would add some things

Q. So you would include?

A. Yes

Q. What would you include?

A. STI's, STD's, breakdown of what HIV and AIDs are what they can do to you not necessarily to scare my kids but let them know that there are things out there you should be aware of and you shouldn't trust everyone because it's your body you should be protect it.

Q. Do you think safe sex education would be included...safe sex education or just the information?

A. No. Definitely, safe sex education

Q. Restated question: What was the influence for you to have sex for the first time?

A. Love. My first time having sex was unprotected. I was 14 and I ended up getting pregnant with twins. It taught me a great lesson in life and how safe sex is important. Umm in the future I really feel that actually the talk is not enough as a child you think that you are super woman or superman and nothing can affect you its more on the child/teen/adults part if they're going to really take that step and have sex protectedly, unprotectedly however, they do it.

Q. So do you think that regardless of the sex education/sex prevention you received at home the lack of maturity definitely played a part in the lack of prevention?

A. Yes

Q. Do you have any questions?

A. No.

Q. Now that we have ended the interview, I would like to go back to the provided member check that you have given me I will definitely email you after I have transcribe. We are ending the interview.

Appendix E: Transcript of Male Participant A

You have acknowledged on the consent form and do acknowledge now through recording that you are a willing participant in this study through interview with researcher Chelsea G. Mays, who will be recording this interview via voice recorder and will be taking notes via computer or through use of pen and paper.

You do acknowledge on the consent form and do acknowledge now through recording that you have been made aware that this interview could take anywhere from an hour to two hours.

You have acknowledged on the consent form and do acknowledge now through recording that the researcher has provided you with all information regarding your options to respond or not respond to any questions being asked.

You have acknowledged on the consent form and do acknowledge now through recording that you are aware in order to protect your identity that research will give you a fictitious name i.e. code name when referring to you in this study.

You do acknowledge on the consent form and do acknowledge now through recording that the findings of this study that you are a participant of are not for publishing and are strictly for research but in the event that the findings are published your confidentiality will be protected and your identity will be protected.

You do acknowledge on the consent form and do acknowledge now through recording that you have not been paid, forced or bribed or coerced in any way to be a participant in this study and that you are a willing volunteer in this study.

You do acknowledge on the consent form and do acknowledge now through recording that you have been made aware of your rights as a participant in this study and that at any time that you can end your participation immediately.

Researcher: Do you acknowledge?

Male Participant A: Yes

Q. Where do you live?

A. Ft. Washington, MD

Q. Your Age?

A. 24

Q. How old are your parents?

A. My dad is 56. My mom is 51

- Q. Your youngest sibling?
A. 15
- Q. What is your family size?
A. 6
- Q. Are you currently married?
A. No
- Q. How long have your parents been married?
A. 24 years
- Q. Is this your parents' first marriage?
A. Yes
- Q. Are you the oldest child?
A. Yes
- Q. Do you have availability to health care?
A. Yes
- Q. Do you have faith in Western medicine?
A. Yes
- Q. Was a father figure present in your adolescent years?
A. No
- Q. Was a mother figure present in your adolescent years?
A. Yes
- Q. How would you describe your family style of communication when you were at the age of learning about sex?
A. There was no communication.
- Q. Can you elaborate on that?
A. Absolutely, in my house hold it was kind of taboo as far as sex, there was no communication. But as far as having girlfriends and things of that nature, it was focus on your studies.
- Q. How were you first introduced to sex?
A. Through friends and peers at school
- Q. What age were you first introduces to sex?
A. I believe 12, 13 years old.
- Q. Who gave you the sex education talk?
A. The actual talk, I got it from my sex education teacher.
- Q. Do you remember anything specific about the talk?
A. Umm, Yes well I did, I went to a private school so they kind of framed the talk around the type of religion, Catholicism, so with that said it was kind of, you know, save sex for after your married. They really stressed abortion, the right to life type of deal. Yea, so when it came to that it was kind of sex after marriage, if you do have a child it is not in the religion. The Catholic religion says not to abort children, so you know.
- Q. Was the talk effective?
A. At the time no. Oh why? Oh at the time no because of the fact of where the information was coming from. My health teacher was an older white man and of course I'm young black man so it was kind of I heard what he said it was kind of...during your adolescent year everything is kind of a joke, something that couldn't happen to me. I was too far gone from that situation so.
- Q. What did you find most informative?

A. Well the thing that was most informative was the negative things that could happen from having sex, umm, such as AIDS, HIV, STD's things of that nature.

Q. What didn't you find effective?

A. Umm, I guess It was the kind of setting in which it took place, I mean where it was coming from, like I said I couldn't internalize what I was being told being that the person who was conveying the information to me was of a different race than I was so I kind of found that not effective.

Q. Was safe sex included in the sex education?

A. Absolutely

Q. Did the talk include STI prevention?

A. Yes

Q. Did the talk include HIV/AIDS education?

A. Yes

Q. Did the talk include HIV/AIDS prevention?

A. Yes

Q. Did the talk also include safe sex awareness for homosexual safe sex?

A. Yes

Q. Why do you think they deemed it necessary?

A. Like I said, I went to a Catholic school so umm and being that the person that was conveying the information to me was Caucasian and I guess the environment was predominately Caucasian they felt that it was necessary being that it something that was very, I guess from their race there is no taboo in talking about the issue so umm I feel definitely why they conveyed the message and especially with the religion aspect taking part in the sex education talk.

Q. What was an influence in you deciding to have sex for the first time?

A. Umm the girl I was with

Q. Can you speak more about that?

A. Umm, I was in love and then also umm, I guess also kind of peer pressure. Cause I guess you would say I had sex later on in life so it was kind of for my peers asking what's going on? What you waiting for? Things of that nature.

Q. Did the sex education you received at school help you stay safe?

A. No, I kind of stood safe on my own.

Q. Can anything have been said have helped you with the safety aspects in your sex life?

A. Umm... I guess yes. Like I said I wish it would have come from someone that looks like me. Umm... maybe someone from my family, or we could have had more you know... I could understand more where they were coming from being that they understood where I was coming from so I wish it had come from someone of my own race or maybe even family or close friends that were a litter older than me.

Q. Do you think the talk being held with your father could have made a difference?

A. Absolutely

Q. Did you find anything that was being discussed helpful in the sex education for your younger siblings or future children?

A. Umm...yes I guess being that one thing I remember distinct is the thing I was talking about earlier... is sex and the Catholic religion so I guess in the future if something was to happen such as having a child prior to getting married, I would understand my responsibilities and also in my religion that plays a factor to having a child. Take care of my responsibility instead of taking the easy way out and doing some things such as aborting the child... so

Q. Would you include or eliminate something from this talk in the future?

A. I would definitely include not just one teacher but I would include multiple teachers... and I'm not just saying necessarily for me but my class was very diverse at that time so you know, we had Hispanics, we had Asian, we had multiple different cultures intermixed within my class so with that said, I wish, I would include multiple different teachers, and not just teachers, you know, when it comes to race but also sexes both male and female so you can kind of get both perspectives of sex education.

Q. Do you have any questions?

A. No.

Q. Now that we have ended the interview, I would like to go back to the provided member check that you have given me I will definitely email you after I have transcribe. We are ending the interview.

Appendix F: Transcript of Male participant B

Male subject B

You have acknowledged on the consent form and do acknowledge now through recording that you are a willing participant in this study through interview with researcher Chelsea G. Mays, who will be recording this interview via voice recorder and will be taking notes via computer or through use of pen and paper.

You do acknowledge on the consent form and do acknowledge now through recording that you have been made aware that this interview could take anywhere from an hour to two hours.

You have acknowledged on the consent form and do acknowledge now through recording that the researcher has provided you with all information regarding your options to respond or not respond to any questions being asked.

You have acknowledged on the consent form and do acknowledge now through recording that you are aware in order to protect your identity that research will give you a fictitious name i.e. code name when referring to you in this study.

You do acknowledge on the consent form and do acknowledge now through recording that the findings of this study that you are a participant of are not for publishing and are strictly for research but in the event that the findings are published your confidentiality will be protected and your identity will be protected.

You do acknowledge on the consent form and do acknowledge now through recording that you have not been paid, forced or bribed or coerced in any way to be a participant in this study and that you are a willing volunteer in this study.

You do acknowledge on the consent form and do acknowledge now through recording that you have been made aware of your rights as a participant in this study and that at any time that you can end your participation immediately.

Researcher: Do you acknowledge?

Males Subject B: Yes

Q. How old are you?

A. 25

Q. How old are your parents?

A. Umm... 53 my dad passed but he would have been 55.

Q. And your youngest sibling?

A. My youngest sibling is 22.

Q. Ok what is your family size?

A. Right Now? Like my immediate family? 5

Q. Are you married?

- A. Yes
- Q. How long have you been married?
- A. Two weeks
- Q. How long were your parents married?
- A. 25 years
- Q. And how old were you when your father passed?
- A. I was 22
- Q. Was that your parents' first marriage?
- A. Yes
- Q. Are you the oldest child?
- A. No
- Q. Where do you fall in the birth order?
- A. 3
- Q. Do you have availability to health care?
- A. Yes
- Q. Do you have faith in western medicine? As in the sense of medical attention, surgery, your primary care doctor?
- A. Yes
- Q. Did you have something else to add?
- A. I have faith in medicine. But I don't feel it always works. It doesn't always work you know. Yes, I do to a certain extent.
- Q. Was there a father figure present in your adolescent years?
- A. Yes
- Q. Was there a mother figure present in you adolescent years?
- A. Yes
- Q. How would you describe your family style of communication when you were of age of learning about sex education?
- A. What do you mean?
- Q. Was it a very open style of communication? Was it more closed and you had to learn by yourself or was it...
- A. It was open but not... It was open to the extent of like they explained to me what sex was for and who it was supposed to be with and things like that but I've never gotten the details of like what to do and how it works or the physical, you know.
- Q. Can you elaborate on the Who it's with?
- A. Oh, well basically my parents told me that umm, well you know, I was brought up as a Christian, So I was taught to save myself for my wife and umm that was the way I was brought up. The Who is my wife so... does that answer the question?
- Q. Yes. And what exactly was explained to you when referring to sex?
- A. Sex before marriage is a sin.
- Q. How were you first introduced to sex?
- A. Seeing it?
- Q. No, How did you first general hear about sex?
- A. Oh, from like school, like friends.
- Q. What age were you first introduced to sex?
- A. I don't remember, probably 12.
- Q. Who gave you the sex education talk?

A. the sex education came from middle school. When I was in Middle school I had sex education. That was a class.

Q. And that was around 12?

A. No yes no wait. 12 and 13 the ages in middle school. Yea around 12.

Q. And when you were in Middle school, was it a Christian school, Public school?

A. Public

Q. What kind of education did they give you?

A. They talked about wet dreams; they talked about masturbation that its natural and umm just it wasn't. I don't remember them going in depth about a man and woman. I remember them talking about wet dreams and masturbation and it being natural like when you wake up in the morning and you get your first arousal not to be afraid and things like that. It was more about understanding your body then it was between a man and a woman like how the whole process of sex works.

Q. Was safe sex awareness a part of this sex education?

A. No

Q. Do you remember something specific about this talk?

A. At my school?

Q. Did you have another talk with your father or mother?

A. About safe sex?

Q. About sex in general?

A. Yes, but yes, yes.

Q. Do you remember anything specific about that talk?

A. That he always stayed on me and told me to be careful, not to, basically to guard myself because he did not want me to partake in it before it was time.

Q. He would be your father?

A. Yes, yes.

Q. What was effective about this talk?

A. It was effective because he told me why. What was effective was I understood why he didn't want me to do it. At that point I had the chose to say this resonates within my heart so I'm going to listen to what he is saying in my own personal life or I could do it, you know, anyway. The way I feel my parent kept me out of you know...well yea, my parents kept me occupied, a lot so I was playing football, I was going to camps and different thing all the time so that kind of high lied or stayed away from, I never had that much idol time, you know. So yea, the conversation that we had we've never had an in depth conversation of like how to do this and that it was explained from a godly perspective. Sex is something that is for marriage only and with your wife and it shouldn't be done before then.

Q. What did you find informative?

A. What do you mean?

Q. What did you find that stood out, something that you carry with you today.

A. The fact that it's a sin.

Q. What didn't you find effective?

A. Rules. Like, do not do this and I don't know why. If somebody was telling me to do something and they couldn't tell me why I shouldn't do it then that wouldn't help me at all and I probably would do it anyway.

Q. Was sex education included in the sex education you received with your father?

- A. Yea, He said, you know to a certain extent. He said the safest sex is abstinence. So the older I got we never had to have the talk because he never had to give me condoms or anything like that because he always had this thing, you know, like hey, you are not having sex so we don't have to worry about condoms right? I'd go, yea your right you know, I was with him. As I got older I began to understand and I took it in for myself. Okay, this is something that I do want to do because I understand it. For more reason than it just being a sin that reason enough but I wanted to give that to my wife and I also at that point I did learn about people having diseases and being able to catch different things. I don't remember how, how that came about but I know about just rumors and things, you know, about sexually transmitted diseases you know, and me being a germ-a-phob it became a thing of like I didn't want to share myself. I mean for a long time I didn't even want to kiss. I thought that was nasty. I couldn't see myself kissing anyone. So yea with that umm...I guess that's it.
- Q. Did the talk include STI prevention?
- A. STI what is that?
- Q. Sexually Transmitted Infections
- A. No
- Q. Did the talk include HIV/AIDS education?
- A. No
- Q. Did the talk include HIV/AIDS prevention?
- A. No
- Q. Did the talk also include safe sex awareness for homosexual safe sex?
- A. Say that again
- Q. Did the talk also include safe sex awareness for homosexual safe sex?
- A. No
- Q. Why didn't you think they deemed it necessary?
- A. Because they trusted me. They didn't think I would have sex. We had an agreement and they didn't feel it was necessary to, you know, go through that. They didn't think I was going to do it.
- Q. Let me repeat the question one more time. The first question was, Did the talk also include safe sex awareness for homosexual safe sex? And the follow up questions was, Why do you think that the homosexual safe sex awareness was not necessary?
- A. OH, because I'm heterosexual.
- Q. What was an influence in you deciding to have sex for the first time?
- A. Love
- Q. Can you say it a little louder?
- A. LOVE
- Q. How old were you?
- A. 25
- Q. Did the safe sex education you received at home help you stay safe?
- A. Yes
- Q. Could anything have been said to help you with the safety aspects in your sex life?
- A. No
- Q. Did you find anything that was said helpful for the sex education for your younger siblings or you future child?
- A. Say that again.

Q. Did you find anything that was discussed helpful for the safe sex education for your younger siblings or for your future child?

A. Yes

Q. What would that be?

A. Umm...just for me to understand how God viewed sex it helped me to put it in the right perspective so that helped me to have safe sex. That's the best safe sex in my opinion, just one person, you know, and marriage. Yea, I will definitely pass that on to my children.

Q. Would you include or eliminate something from the talk for the future?

A. I will include, I will definitely include more details. You know, as far as like, about sex and disease as well.

Okay, Thank you male subject B. This concludes our interview.

Q. Do you have any questions or comment or concerns?

A. No

Now that we have ended the interview, I would like to go back to the provided member check that you have given me I will definitely email you after I have transcribe. We are ending the interview.

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