

THE IMPACT OF BLACK MASCULINITY ON IDENTITY DEVELOPMENT AND  
SEXUAL ATTITUDES OF INNER-CITY BLACK ADOLESCENTS:  
AN ETHNOGRAPHIC ANALYSIS

By

RACHEL L. MCMAHAN THOMAS

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By

Rachel McMahan Thomas

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Inner-city Black adolescent males face several social and health challenges. They compose one of the highest risk groups for sexually transmitted diseases (STD) and generally lack adult Black male role models, according to recent literature published in sociological journals. Additionally, they contend with social stigmatization, failures in school and work, as well as negative class and racial dynamics in their communities. All of these problems combined served as the impetus for this study, especially since there is a general lack of knowledge about the broader socio-cultural factors influencing the lives and decision-making processes of Black adolescent males. This ethnographic study specifically focused on how health risks related to Black youths' identities as future men and beliefs about "ideal" forms of masculinity. Additionally, there was a focus on ways in which Black male adolescents in inner-cities formed identities and perceived themselves as future Black men. Through structured ethnography, this research supported the idea that identity development and social contexts are major influential factors in the lives of Black male youths, and both have broad reaching effects. This understanding is necessary to provide a more appropriate context for social and public health intervention programs geared toward this population.

## CHAPTER 1 INTRODUCTION

### **Background and Significance**

#### **Scope of Sexually Transmitted Disease in Adolescence**

Sexually transmitted disease (STD) surveillance data focused on adolescent populations reveal some startling and concerning trends. In a 2000 publication by the Centers for Disease Control and Prevention (CDC), “STDs in Adolescents and Young Adults,” the authors noted that compared to older adults, adolescents are at an exceedingly high risk for acquiring STDs for a number of reasons: they may be more likely to have multiple (sequential or concurrent) sexual partners rather than a single, long-term relationship; they may be more likely to engage in unprotected intercourse; and they may select partners at higher risk (Centers for Disease Control and Prevention, 2000). As a result, adolescents between 15-19 years of age consistently represent the highest risk group for most STDs, including gonorrhea, chlamydia, and human papilloma virus, all of which are associated with serious long-term sequelae for both males and females, including cervical cancer, infertility, and contraction of human immunodeficiency virus (HIV) and syphilis (Centers for Disease Control and Prevention, 2000).

Surprisingly, although rates among female adolescents have steadily risen over the past decade, rates of STD among adolescent males in similar age categories have been relatively stable when most STDs are considered, with the exception of syphilis and HIV, which have been detected primarily among men who have sex with other men (MSM) (Centers for Disease Control and Prevention, 2000). These are confounding data, since females presumably usually contract STDs from infected males. These data present an important question and suggest a need to identify beliefs and patterns of behaviors among adolescent male populations. Other researchers have noted a need to perform a more in-depth analysis of attitudes and perceptions of



Black males, describing a general tendency in the extant research toward the “overshadowing of males’ voices” (Marsiglio & Hutchinson, 2004).

Despite some encouraging trends in male STD incidence rates, findings from the 2004 National STD Prevention Conference suggest that rates of asymptomatic STDs, predominantly gonorrhea and chlamydia, and sexual risk behaviors continue to be high among both male and female adolescents (Centers for Disease Control and Prevention, 2004). Moreover, the apparent stabilization of STD rates among males may not be as encouraging as earlier data suggest. In a longitudinal study conducted at the Minnesota Department of Public Health, researchers found that approximately one in 10 of more than 1,300 adolescent males had chlamydia, which was nearly as high as prevalence among young women, who suffer disproportionately from the disease’s effects (i.e., pelvic inflammatory disease, infertility) and are more likely to receive routine screening for STDs (Centers for Disease Control and Prevention, 2004).

An additional concerning trend among Black males includes vastly higher STD rates than their White male counterparts. An epidemiological analysis of 15- to 19-year old males indicated that rates of syphilis, gonorrhea, and HIV ranged from 11.6 to 51.3 times higher among Blacks than among White males in the same age group in a national sample. In the same sample, the highest incidence of STD among this population occurred in the Southeastern United States, particularly in inner-city segments. Subsequent STD infection among Black males is also a common problem, and is positively associated with age at first intercourse, perception of STD risk, the number of children fathered, and the exchange of sex for drugs (Wagstaff, Delamater & Havens, 1999). The prevalence of STD among Blacks as compared with Whites, Asian/Pacific-Islanders, Native Americans and Latinos is up to 30% higher, depending on STD type. Prevalence of HIV, an infectious disease that is devastating increasingly large populations of

young Blacks, among Blacks is twice that of Latinos, and *eight times* that of Whites (Bakken & Winter, 2002).

The HIV/AIDS disparity among Blacks in North America is particularly disturbing, since long-term AIDS morbidity and mortality rates have significantly improved over the past 2 decades due to improved drug therapies. However, despite these treatment advances, AIDS continues to be the leading cause of death for young adult Black men between the ages of 25 and 44 (Vancouver Report, 1996). This is an alarming trend since young adult men with AIDS likely acquired the disease during their adolescent years. Therefore, it is crucial to the survival of Black communities to better our understanding of influential factors on STD disparities in high-risk populations, such as inner-cities, by using a variety of research approaches.

### **Knowledge Gaps and Contributing Factors**

Although STD trends have been widely studied among female adolescent populations, relatively little is known about the reasons for these trends among adolescent male populations. For example, why are the rates of STDs among female adolescents climbing while rates among male adolescents appear to be relatively stable? These trends are confounding, especially when one considers that male-to-female STD transmission is a likely mechanism for the spread of STDs in female populations. Why then do the data not support rising rates of STDs among *both* male and female adolescent populations? Perhaps female adolescents are screened for STDs more frequently and reporting rates by health care providers are higher, thereby falsely skewing the STD positivity rates among females compared with males. This trend may also result from the assumption that sexual health and reproduction are predominantly viewed as a female domain (Courtenay, 2000), so that males are less likely to seek services, especially those obtained from a “Women’s Health” or “Family Planning” clinic. Another explanation may be that males in socially stigmatized groups may feel the need to appear sexually precocious in an

attempt to prove their masculinity or machismo. This dynamic is discussed in greater detail in the section of Chapter 2 entitled, “The Development of Black Masculine Identity.”

Another contributor to this knowledge gap is that the relatively few published studies on sexual behaviors and attitudes of adolescent males have been limited in scope, often focusing on behavioral aspects of sexuality, such as condom use (Wagstaff, Delamater & Havens, 2000). These research studies often result in behavior modification initiatives, which overlook the macro-level social dynamics that are major contributors to health behaviors. Unfortunately, the unique processes by which adolescent Black males develop sexual/male identities, establish relationships and family roles, or adopt certain sexual behaviors, have been frequently overlooked (Marsiglio & Hutchinson, 2004), perhaps because health behaviors are easier to quantify than complex social dynamics. Among the few existing studies on male adolescent sexual behaviors, most have often produced inconsistent findings and have not accounted for the potential influence of normative beliefs about “ideal” masculinity on adolescent male sexual behaviors (Gohel, Diamond & Chambers, 1997). For example, inner-city Black males are expected to exhibit more sexual prowess and to engage in more risk-taking behaviors to prove their masculinity, primarily to themselves and other males (Courtenay, 2000). This may be explained by the relatively limited mechanisms by which Black males can assert their masculinity.

Taken together, these gaps highlight the fact that current information is generally lacking on the ways inner-city Black male adolescents are negotiating their roles and relationships in ever-changing and increasingly complex social situations. To begin to understand and appropriately contextualize these trends, the first-hand perspective of insiders who live and work in high-risk communities is vital. New insights can be gained through the intentional

involvement of males' perspectives, especially if broad approaches are used to gain their input. From a research standpoint, the use of a qualitative design in a previous study with adolescent male participants allowed for intimate, and often frank, discussions about a variety of issues surrounding procreation, including dating relationships, sex, birth control methods, and fathering visions. Moreover, new information on the importance of masculinity in shaping how young males responded to their procreative potential was obtained (Marsiglio & Hutchinson, 2004). Innovative sexual responsibility programs that are intentionally inclusive of males, such as the Philadelphia Man2Man initiative, have recognized the importance of male involvement to develop viable family planning and STD prevention interventions (Sherrow, Ruby, Braverman, Bartle, et al., 2003). Thus, current trends in research and programmatic initiatives support the need for a broader, qualitative research approach that hinges on the input of adolescent males themselves and other community key informants to address extant knowledge gaps.

### **Purpose, Aims and Study Design**

The purpose of this research was to explore broadly how a group of Black male adolescents developed identities, negotiated family roles, dating relationships and sexual behaviors, and how their roles were influenced by socio-cultural dynamics, such as neighborhood environments (i.e., schools and exposure to violence), family structures, cultural values, and community norms. I examined how this population conceptualized and derived meaning from their first dating relationships and sexual experiences in light of perceptions of their own masculinity. The aim was to gain new knowledge about the multiplicity of factors that may influence developing Black males' perceptions of their identities as future men and sexual partners, as well as their STD risk. These issues were explored qualitatively by allowing Black adolescent males to tell their stories about their lives, their families, and their environments, as well as their experiences with dating, relationships, and sex through in-depth interviews.

Interviews were guided by theoretical issues and sensitizing concepts briefly discussed in this chapter and detailed in Chapter 3. The analytical process of narrative analysis, used by researchers in the fields of sociology and anthropology (Labov & Waletzky, 1972; Bailey & Tilley, 2002; Marsiglio, 2003), was used to examine themes in the personal stories of Black male adolescents. An additional element of this research utilized the same concepts of in-depth interviewing to gain insight from community leaders in the targeted area of Duval County, which was considered to be high risk due to rates of crime, school failure, STDs and unplanned pregnancy. Chapter 4 discusses the results of interviews with community leaders and the community analysis, while Chapter 5 details the results from adolescent interview participants.

### **Research Questions**

Pertinent questions included the following: Who are these young men? For example, how do they define their self-concepts? How does their self-concept impact dating and relationships? What kinds of family support do they have? What kinds of social activities do they participate in? How do they cultivate friendships? How do they meet and choose sexual partners? How do they negotiate these relationships with their sexual partners? What are the perceived risks of sexual relationships (if any)? Interview guides used with the nine adolescent participants and six community leaders are included as appendices A and B.

### **Rationale for Focus on Inner-City Black Males**

Recent reports from the CDC and the Guttmacher Institute highlighted the ongoing problem of disproportionate rates of both curable and life-threatening STDs among Black adolescents (Guttmacher Institute, 2003; Centers for Disease Control and Prevention, 2004). Unfortunately, a common racially prejudiced assumption for this endemic crisis in poverty-stricken Black communities is that Blacks are participating in more irresponsible or promiscuous behaviors. This kind of assumption also blames already powerless victims, especially when the

subject involves children and/or adolescents who have little control over their external circumstances. Much of this bias has adversely affected Blacks' perceptions of health care institutions, and some studies suggest that a perceived institutional racism among Blacks may, in fact, adversely influence their health status (Carlson, 2004). For example, some Blacks may defer treatment until they are severely ill to avoid accessing White-dominant health care institutions. There is also a prevalent myth among some Blacks that HIV is a government conspiracy designed to eradicate the Black population (Bates, 1990; Gamble, 2002).

Unfortunately, Blacks' perceptions of institutionalized racism in health care may not be entirely misdirected. For example, in one disturbing meta-analysis of drug treatment for HIV, Blacks were up to 73% less likely than Whites to receive necessary drug agents for the disease, although these drug regimens were the standard of care. Differences in HIV treatment could not be accounted for by differences in disease status, insurance, or educational levels (Mayberry, Mili & Ofili, 2002). This difference may be related to the assumption that Blacks are less likely to be compliant with complex antiretroviral treatment regimes, although more study is needed to discover the underlying causes of disparate treatment in the health care system, which is now a national research priority (Carlson, 2004).

### **Research Frameworks: Critical Social Theory and Multiple Masculinities**

Critical Social Theory (CST), developed by classic theorists including Karl Marx and the Frankfurt School members, was the underlying philosophical perspective supporting this study. It was appropriate due to its focus on, and ability to identify and articulate the power dynamics influencing marginalized groups. Patricia Hill-Collins, a contemporary Black Critical Theorist, asserted that scholars and academicians should challenge existing power dynamics, since marginalized individuals are not adequately empowered, either socially or politically, to challenge hegemonic institutions (Hill Collins, 1998). Thus, the focus of this framework is for

policy makers, social scientists, and researchers to critically examine existing social dynamics and defend those who are voiceless and suffering as a result. The result of research based on CST is the stimulation of emancipatory changes in marginalized communities (Hill Collins, 1998). Some contemporary scholars argue that the CST approach should be the foundation for all social science research, since the focus on social theories should be on developing studies with, “practical political input” (Fay, 2000), in order to uncover hidden oppressive features of society to bring about liberation of those who are either knowingly, or unknowingly, oppressed.

The CST perspective was particularly relevant to this study, especially since Black adolescents in lower socioeconomic areas carry the heaviest social and health burdens compared to Whites (Guttmacher Institute, 2003; Centers for Disease Control and Prevention, 2004). Although reasons for this disparity are not entirely understood, it would be overly simplistic to assume that differences are merely a result of different health behaviors in these communities. However, a preponderance of empirical studies on STD disparities among Blacks has been limited to the examination of health behaviors, which at best holds the victims responsible for failing to protect themselves adequately from STDs (i.e., through inconsistent condom use, multiple sexual partners), or at worst blames the victim for sexually promiscuity or ignorance based on racial stereotyping. Therefore, CST was the most appropriate philosophical approach because of the recognition that this disparity may be largely influenced by imbalances in social power through various mechanisms, such as limited health resources in Black communities, institutional racism, marginalization, and stigmatization of Black who have STDs.

Another important theoretical framework for this work was derived from studies in the field of masculinities research. There is currently a wealth of knowledge about how males are socialized to construct their self-images. These self-images are largely influenced by social

expectations placed upon males throughout their development. Such expectations result in certain rules of behavior being adopted by males on conscious and subconscious levels (Kimmell, 1995). Social Constructionism is a perspective from grounded theory often used to describe this process of behaving based on societal expectations and complex interpersonal dynamics, and adolescent males seem to be particularly sensitive to this kind of influence, especially when interacting with other males (Connell, 1995).

Societal expectations influence every aspect of development, particularly how males view and use their bodies (i.e., through types of employment, physical fitness, pursuit of health care, risk-taking behaviors), how they behave in familial relationships (i.e., fathers and siblings), and the roles they assume (Messner, 2004; McKay, Mikosza & Hutchins, 2004). The influence of social forces, including race and social class dynamics, on masculine role performance cannot be overstated and often leads to the need to assert an alternative form of masculinity.

Since we now know that gender practice is socially-situated, “culturally entangled” (Archer & Yamashita, 2003, p. 115), and highly variable based on context, masculine identities cannot be fully understood without first accounting for a myriad of influential factors, including social dynamics (i.e., hegemony, socioeconomic factors), as well as an individual’s developmental level, race and social class at a minimum. Thus, the framework of multiple masculinities was vital for understanding the underlying dynamics at work in the lives of the adolescent participants in this study. This framework is briefly explored in the subsequent section.

Masculinity is a social construct learned and conveyed through social interaction. It is continually shaped by social values, expected role performance and behavioral norms that are in constant complex interactions with one’s race, class, family structure and community. Current



scientific thought about the construct of masculinity is that it is not derived from biological differences between males and females (Messner, 2004), although semiotic approaches have attempted to define masculinity as anything “not female” (Connell, 1995). Simply defining masculinity according to what it is not, however, offers little theoretical or practical value. Furthermore, prior studies attempting to differentiate males biologically from females have consistently found greater variability within male populations than between male-female populations (Messner, 2004). Thus, masculinity is a fluid state of being that is highly variable depending on context. A singular form of masculinity does not exist. For these reasons, Connell describes masculinity as “inherently relational” involving how men act in comparison to women, and how men act with one another. Contextual factors have a great impact on “masculine” behaviors. For example, men engaged with other men in a sports competition will behave differently than those interacting with a mixed group of men and women in a company boardroom (Messner, 2004). Similarly, males who live in an inner-city environment may have different rules of masculine behavior based on their environments or “street codes.” This may necessitate certain behaviors in order to be perceived by other males as masculine, or even to ensure one’s daily survival through not appearing weak or vulnerable. Several phrases have been used to describe this phenomenon, including “gender practice” and multiple masculinities (Connell, 1995).

Each of these research frameworks is revisited throughout the following chapters and their utility in explaining the findings of this study is discussed in Chapter 6.

### **Conclusion**

This chapter has provided an overview of the STD crisis in Black adolescent communities and discussed an expanded approach for qualitatively exploring not only this problem, but the broader dynamics at work in the lives of inner-city Black adolescent males. The following

chapter provides an in-depth analysis of the current literature on male adolescent relationships, male sexuality, developmental factors among adolescents, procreative consciousness, or the recognition of one's ability to reproduce, and current research on Black masculinities. Chapter 3 details the research design and methods I used in this study, including a description of ethnographic data collection techniques, the research setting, and techniques for data collection and analysis. Finally, ethical issues associated with the use of adolescent subjects who disclosed sensitive information are examined. Chapters 4 and 5 describe the results of the community analysis and interviews conducted in the research setting, which were collected over a 1-year research period. The final chapter concludes with a discussion of the research findings, as well as future policy and research implications.

## CHAPTER 2 REVIEW OF LITERATURE

### **Overview of Adolescent Sexual Issues**

Both the scholarly literature and mass media are replete with evidence that adolescent populations are regularly faced with sexual situations warranting social concern and attention. These situations are increasingly complex, and as many teenagers and their parents often aptly observe, dating and sexual relationships have changed dramatically over the past several decades. Examples of the complex situations facing adolescents today include changes in dating relationships, increased intensity of peer pressure, and the more widespread availability of drug use and other high-risk behaviors during dating and sexual activities (Centers for Disease Control, 1997; Wagstaff, Delamater & Havens, 1999; Guttmacher Institute, 2003). Aside from the potential social problems associated with increasing rates of unprotected sex among teens, such as unplanned pregnancies, inadequately prepared adolescent parents, and the abundance of single-mother families, rapidly increasing rates of sexually transmitted disease (STD) are also concerning from a public health standpoint.

A basic understanding of the changing landscape of modern adolescent dating and sexual relationships is necessary to provide important background information for this study. This chapter reviews the current literature on current issues that may influence males' attitudes, identities and negotiation of sexual situations.

### **Sexual Education and Current Programming**

In response to these issues, a variety of public health initiatives and social programs have been designed to address sexual responsibility through community and school-based educational programs covering a variety of topics from abstinence to "safe sex" (Guttmacher Institute, 1994), although abstinence programs predominate in the South. According to the National Institutes of

Health (NIH), “ the abstinence-only approach to sexuality education places policy in direct conflict with science and ignores overwhelming evidence that other programs (are) effective” (Nolind, 1997). Despite this strong position of the NIH, public schools in southern United States refuse to adopt safe sex curricula, which may be a factor in the disproportionately high rates of STD among southern adolescents (Centers for Disease Control and Prevention, 2004).

Disproportionate STD rates in the south likely cannot be entirely explained by the type of educational programs there. A more complex issue may lie in the fact that current behaviorally-focused programs fail to address influential effects of contextual and psychosocial factors on dating behaviors, sexual relationships, and reproductive health promotion activities among adolescents (Hood, 2003).

### **Influences on Sexual Behaviors among Adolescents**

Decision-making about dating relationships, including when to begin sexual activities and what types of sexual activities are permissible, is an extremely complicated process for adolescents. The process is influenced by a number of contextual factors, such as current changes in adolescent dating relationships and earlier ages of sexual activity among adolescents leading to increased peer pressure. Social factors may include, but are not limited to, type and quality of family support, family income and neighborhood factors. Psychological factors may also include peer pressure, self-identity, beliefs about STD risk, prevention, transmission and the perceived implications of a diagnosis. Additional factors including developmental level, family structure, neighborhood environment may all contribute to problems with negotiation of sexual relationships and sexual decision-making, especially if adolescents are not provided with supportive environments to assist with attainment of normal developmental tasks (Cubbin, Santeli, Brindis, & Braveman, 2005). These multiple issues illustrate the complexity of adolescent relationships and the related challenge of understanding the reasons for certain sexual

risk-taking behaviors among teens. This information is a critical first step in order to design appropriately targeted prevention and intervention programs.

### **Changes in Adolescent Dating Relationships**

Information in the media and anecdotally relayed by adolescents during the course of this study has revealed surprising changes in the ways they conceptualize ideal dating relationships. Although there is a relative lack of research on these changes, having a basic understanding of adolescents' perspectives on sex and dating serves as an important context for understanding their sexual activity and sexual risk-taking behaviors. One example that appeared in a striking 2004 New York Times article (Denizet-Lewis, 2004) involved semi-structured interviews conducted by a journalist with several teen informants. These teens discussed their preference for casual sex with "no strings attached" over a "steady," monogamous sexual partner. Teens often referred to this practice as "hooking up" or having "friends with benefits," which they described as a typical practice among modern-day teens. In fact, those who decided to pursue monogamous relationships were viewed as atypical non-conformists. According to one 15-year-old adolescent female, a major benefit of sex without strings attached is a lack of emotional attachment, which theoretically protected her from later disappointment: "We basically became friends with benefits. Since then, I've become really good at keeping my emotions in check...I can hook up with a guy and not fall for him" (Denizet-Lewis, 2004). Male adolescents also had a preference for "hooking up" and did not view it as taking advantage of the females, who were often initiators of the sexual encounters.

Advances in communications technology, such as cell phones, text messaging, Internet chat rooms, and "blogs" (web-logs), have further enhanced teens' abilities to discreetly establish connections with other teens looking for a "hook-up," or an unattached sexual encounter. This has, at least in part, resulted in increasing numbers of high-school students who report having sex

outside of romantic relationships, especially since these relationships can be largely pursued without the knowledge of their parents. According to a national study of adolescent sexual behavior sponsored by the National Institute of Child Health and Human Development, 43% of suburban 12<sup>th</sup> graders and 39% of urban 12<sup>th</sup> graders reported having sex outside of a romantic relationship (National Institute of Child Health and Human Development, 1997).

### **Earlier Ages of Sexual Activity**

An additional issue increasing the complexity of adolescent dating relationships is earlier ages of first intercourse among many preadolescents. As a result, unintended pregnancies are occurring in greater numbers than in previous decades. According to one recent report, the birth rate to unmarried adolescents has been rising steadily for the last 30 years, which is reflective of a larger societal trend toward single parenthood (American Academy of Pediatrics, 2003).

Although some sources, such as the National Campaign to Prevent Teen Pregnancy, report a slow decline in birth rates among single adolescents, over one-third of young women in all racial categories are reported to become pregnant at least once before they reach 20 years of age. Rates are much higher among Black females (National Campaign to Prevent Teen Pregnancy, 2005). Moreover, whereas the majority of young women under 20 who became pregnant in the 1980s were married, 79% of young women under 20 who are currently pregnant are unmarried, many of whom are Black females. The current birth rate for Black adolescents aged 15-19 is approximately 42 percent (National Campaign to Prevent Teen Pregnancy, 2005).

### **Social and Familial Influences**

Current research suggests that a major influence on sexual risk behaviors relates directly the type and quality of family structure and support available to an adolescent. In a recent ethnographic study conducted at the University of Florida, researchers qualitatively explored female adolescent sexual behaviors, including STD risk-taking behaviors and discovered that the

lack of family structure and parental role modeling, specifically male role models, was a determining factor in the way adolescent females negotiated sexual relationships. This was particularly evident in regard to their sexual risk behaviors and risk for sexual violence (McGhan, 2005).

Since the McGhan study focused on experiences of adolescent females, the impact of the lack of family structure and male role models on adolescent males' sexual behaviors was not well studied prior to this current ethnographic study. Not surprisingly, themes of family structure and the absence of male role models was a major focal point identified by both adult and adolescent participants in this current study, and indeed, had a major influence on both family and sexual relationships (See description of Results in Chapters 4 and 5).

A variety of studies indicate that adolescents in lower-income communities have higher risks for STD and overall morbidity (Williams & Collins, 2002; Lichtenstein, 2003). Poverty has consistently been correlated with a variety of health indicators, ranging from markedly higher infant mortality rates to the increased incidence of untreated gonorrhea and syphilis in low-income minority communities. Causal mechanisms accounting for these trends have not been fully explained, but hypotheses include the relative lack of health promotion clinics in lower socioeconomic areas, as well as lack of transportation and health insurance among economically disadvantaged populations. Moreover, clinics that do exist in these areas often have greater degrees of community visibility, which may trigger psychological fears of stigmatization (Lichtenstein, 2003).

### **Psychological Factors: Peer Pressure, Stigmatization Fears and Self-Identity**

Some salient social issues that are important contextual considerations when exploring adolescent decision-making about dating, relationships and sex include peer pressure (i.e., fear of not “fitting in”), low self-esteem, and fear of stigmatization, especially when faced with an STD

diagnosis. Interestingly, research suggests that peer pressure to become a mother, even during early adolescence, is an influential factor among Black inner-city adolescent females, due to the higher social status associated with motherhood (McGhan, 2005). Thus, peer pressure is an ongoing concern that affects virtually every aspect of adolescents' lives, which is supported by data from a comprehensive international study (Guttmacher Institute, 1994; Guttmacher Institute, 2003). According to the Guttmacher Institute (2003), sexual peer pressure is a major factor in the life of most modern adolescents in the US society, many who are sexually active by 15 years of age.

When adolescents are faced with an STD, the potential for negative peer pressure intensifies, due to the stigma associated with the diagnosis. Several researchers have established fear of stigmatization as an important contextual factor affecting many adolescents' sexual and reproductive health promotion behaviors (Fortenberry, et. al, 2002; Lichtenstein, 2003). In a qualitative study focused on the role of stigmatization as a barrier to STD treatment among Black males residing in the deep American south, researchers discovered that fear of stigmatization resulted in significant STD treatment delays, ranging from one day to several weeks (Lichtenstein, 2003). From a public health perspective, even minor treatment delays of even can potentially result in further disease transmission. In addition to treatment delays, these fears also influenced other sexual behaviors. For example, subjects reported a tendency toward "passing," which was characterized by remaining sexually active, despite a suspected or known STD. This was done in order to "save face," or prevent others from suspecting they were infected (Lichtenstein, 2003).

Self-identity is another major contextual factor influencing sexual health and STD risk. For this reason, development of self-identity was a major focal point of this ethnographic analysis.



The impact of a positive or negative self-identity on Black adolescent males has not been well studied. However, in a study on the likelihood of refusal of unwanted/unprotected sex, having a positive self-identity had the most significant impact on a female adolescent's likelihood of refusal or delay of sexual activities. According to the author of this study: "In (working to) build... the self-concepts of adolescents, it's important to consider how they perceive themselves" (Salazar, 2004, p. 2). Thus, it is critical to understand adolescents' perspectives *before* developing interventions to address their needs that may likely be ineffective. Although, Salazar's study did not specifically focus on male self-concept, previous studies have examined the construction of male identity and identified similar themes. Males with positive self-identities were less likely to encounter sexually problematic situations (Courtenay, 2000; Marsiglio, 2003).

### **Developmental Factors**

The predominant developmental task of adolescence is the ability to develop a sense of identity (Erikson, 1963). Formation of identity includes aspects of the establishment of group identity, individual identity, and sex-role identity. Adolescents need to develop this sense of belonging and self-identity in order to make positive decisions about their lives and interactions. Those who do not meet these developmental tasks often have continual problems with negotiation of sexual relationships, especially if they begin to view sex as a means of identity establishment and peer acceptance. Having positive role models is particularly important during early adolescence in promoting identity development and healthy decision-making, since adolescents have strong desires to idealize individuals they perceive as having positive qualities, such as maturity and life experience (Ellis, 2002). Role modeling was also a key issue identified in the results of this ethnographic analysis (See Chapter 5).

## **Sexual Behaviors and Reproductive Health Needs of Adolescent Males**

There have been a number of helpful studies, albeit relatively few in comparison to studies of females, that have focused on adolescent males' sexual health behaviors. Most of the literature in this area has examined males' propensity to use condoms, or their response to an STD diagnosis. One such study on reproductive health behaviors focused on the dynamics of condom use among 15- to 19-year-old adolescent males and found that condom use tended to follow a "saw tooth pattern." Young males were likely to use condoms early in a relationship, but as the relationship progressed, condom use steadily declined. In subsequent relationships, males were slightly less likely to use condoms early on, and discontinuation of condom use occurred sooner with each additional sexual partner (Ku, Sonnestein & Pleck, 1994).

Other factors influencing condom use included males' perceptions of their partner's sexual experience. Surprisingly, males who had partners they perceived to be sexually inexperienced were more likely to use condoms. However, if the partner was perceived to be sexually experienced, or at high risk for STD, condom use was less likely. Moreover, the most common reason for condom use was reported as pregnancy prevention (83%), while fewer used condoms to prevent disease (12%), or to prevent disease and pregnancy (2%) (Ku, Sonenstein & Pleck, 1994). This trend was evident in interviews with Black male adolescent participants in this current ethnographic analysis who described fears of pregnancy as more prominent than fears of STDs.

Another revealing study examined men's reproductive health behavior change after receiving an STD diagnosis. Although the sample for this study consisted of 20- to 39-year-old men, these trends provide helpful clues to possible dynamics among younger males. In this study, 25% of men who had a known STD continued to have unprotected sex. Eighty-five percent of subjects who were diagnosed with STD did notify their partners, but did not report

changing their sexual behaviors. A small minority of subjects notified their partners and modified their sexual behaviors. Black men were more likely than White men to modify their sexual behaviors once learning of an infection (Payn, Tanfer, Billy & Grady, 1997).

### **Masculine Self-Identity Development**

Concepts of hegemony (Gramsci, 1971), hegemonic masculinity (Connell, 1995), multiple masculinities (Connell, 1995, Kimmel, 1995), and the processes by which masculinities are socially-situated and culturally-entrenched (Archer & Yamashita, 2003) were used additionally in the development of the research design and instruments to help develop a more nuanced understanding about the process of developing a Black masculine self-identity. Current knowledge relevant to these constructs and social processes is described in the following section and applied to this study. Additionally, current knowledge is explored regarding the ways young Black men develop a masculine self-identity in reference to hegemony, how their masculine development may differ from other population groups (i.e., Whites and Latinos), and the degree to which Black men are influenced by negative cultural stereotyping.

### **Current Knowledge in Masculinities Research**

Research in the area of masculinities research has been advancing rapidly over the last two decades. As a result, there is a preponderance of research on the varied ways in which racially- and ethnically-diverse males negotiate social expectations, internal values, family structures and beliefs about gender role performance to “become men.” Not surprisingly, processes of becoming masculine and definitions of masculinity have been described by anthropologists and social scientists as widely variable throughout different cultures. However, some characteristics of masculinity appear to be relatively universal, including the desire to be strong, emotionally unflinching, and a family provider. Many of these shared characteristics of masculinity have been described in ethnographic studies of fathers and fathering styles. For example, one cross-

cultural study found that fathers throughout the world share certain characteristics, including less direct caregiving than mothers and the provision of economic and emotional support to mothers and children. (Hewlett, 2000). In this modern age of pluralism and alternative family structures, such as cohabitating, homosexual and single-parent families, it is difficult to conceive of one unifying notion of what it means to be a man, or more specifically, a father. However, similar anthropologic studies suggest some common, albeit broad, definitions of manhood exist (Hewlett, 2000).

Not only do men appear to be strongly influenced by cultural beliefs about fathering roles, but also by normative standards of masculinity set by dominant groups in a particular culture. Since a primary purpose of this study was to describe the unique definitions of manhood and processes of masculine development among young Black men, it was important first to explore the role of normative, or hegemonic masculinity, in shaping men's perceptions of what they are and should become as "real men."

Connell (1995) defines hegemonic masculinity as: "...the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of the patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women" (pg. 77). Hegemony, then, relates to notions of social domination of subordinate groups by those in power. Additionally, hegemony does not only extend to domination of women by men, but can be used to understand power dynamics involved in the subordination of Black men by White men, as well as the effects of this subordination on Black masculine self-identity development (Gramsci, 1971).

### **Hegemony and Masculinity Production**

Black men, as well as other "minority" populations in Western societies share a history of marginalization and collective exclusion from obtaining more social capital, power, or prestige

than their White male counterparts. Mechanisms for this exclusion include structural barriers (i.e., in housing, employment and health care) and institutionalized racism (Carlson, 2004). Although the historical roots of the structural and institutional racial exclusion of Blacks are relatively clear, the degree to which Black males' notions of masculinity are influenced by hegemony is less clear and warranted further analysis by this study.

According to Connell, there are four basic strategies involved in characterizing a person as masculine. These strategies include the following: Essentialist definitions that focus on a defining feature of masculinity and describe men's lives according to it (i.e., risk-taking, aggression, responsibility); positivist definitions, which define masculinity according to what men actually are (i.e., the use of the M/F dichotomous scale in many psychological studies); normative definitions that define masculinity by what men ought to be; and semiotic approaches, which define masculinity as any characteristic not feminine (Connell, 1995). Of these four approaches, normative definitions are probably most closely linked to hegemony, since characterizing what ought to be is usually undertaken by those in positions of power, and also because the powerful generally tend to set the standards for marginalized groups. For these reasons, Connell and other authors have referred to hegemonic masculinity as the "John Wayne standard" (Connell, 1995).

What is the effect of hegemony on the development and practice of masculinity among marginalized groups, such as Blacks and Latinos? Several authors have addressed this question through a variety of ethnographic and critical social analyses (Majors & Billson, 1992; Odih, 2002; Archer & Yamashita, 2003). One consistent finding is that marginalized groups, such as inner-city Black males, often develop alternative forms of masculine behavior as a reaction to hegemonic social forces. Explanations for this include the everyday reality faced by Latino and

Black males that social and institutional barriers exist impeding their upward mobility, and thereby, limiting their abilities to fulfill normative roles, such as being a family provider.

Therefore, in order to continue to develop as a man, coping strategies are necessary to provide marginalized males with meaning and purpose in their lives. Thus, hegemony often has a direct effect on Blacks, although the effect is often opposite from what was intended by groups in power. For example, instead of suppressing Black males by imposing normative standards of masculinity, some Black males may become more overtly expressive of alternative masculinity through violence, criminal acts and the rejection of “conventional” standards of White manhood.

### **The Development of Black Masculine Identity**

The practice of Black masculinity extends across virtually every aspect of young and adult Black males’ lives. Notions of what constitutes Black manhood, for example, influence black friendships and community interactions. Young Black males idealize older Black male role models and will often shape their behaviors, styles of dress and communication to imitate those of Black men. This role-modeling dynamic has served as the basis for many mentoring programs targeted toward “troubled” Black youth (Odih, 2002). According to contemporary authors such as Franklin (1992) and Archer and Yamashita (2003), Black men share some common notions of masculinity with White men, such as the desire to be family providers, and to exhibit strength and stoicism. However, a unique characteristic of Black masculinity has been described as the cool pose (Majors & Billson, 1992). The cool pose has been described as a defense mechanism developed by Black men in response to hegemony, namely continual social stigmatization and marginalization by White men. Majors and Billson (1992), define this mechanism as, “(A) way of surviving in a restrictive society...(associated with) unique patterns of speech, walk, and demeanor that express the cool pose.” Some authors refer to this phenomenon as “bad boy masculinities” (Ferguson, 2000; Archer & Yamashita, 2003).

Young adolescent Black males often quickly recognize their limitations resulting from oversimplified cultural stereotypes associating them with delinquency, hypersexuality, and low scholastic achievement. As a result, these youths will often establish their masculinity by exhibiting coolness, characterized by apathy, lack of emotion, risk-taking and fearlessness. Elements of the Hip-Hop culture have been derived from this alternative, cool masculinity, as evidenced by loose clothing, rap music, and objectification of women (hooks, 2005).

Interestingly, although Black males adopted the cool pose as a coping mechanism in response to chronic social inequities, males from other ethnic groups, particularly urban White males, have also acquired some of the cool pose traits (Archer & Yamashita, 2003). Latino males similarly have adopted a unique form of masculinity in response to hegemony, which is often referred to as machismo, characterized by chauvinism, patriarchal thinking, and more overt sexuality (Gradilla & Torres, 2004).

Another ironic consequence of the emergence of alternative forms of masculinity, such as the cool pose and “bad boy masculinities,” is the contradictory positioning of American Black males as both invisible and hypervisible members of society. Black men are invisible in the sense that they are virtually ignored in the development of social policy, research, and theory, while they are hypervisible in the perpetuation of “deviant” racial stereotypes, problematized social concerns attributed to the Black race, and their increased visibility in the media. For example, Black males are rarely depicted in the news unless the topic of the report involves armed robbery, acts of violence and illicit drug use (Rome, 2004).

The music industry is another source of masculinity production and a common perpetuator of “bad boy” masculine images, especially in rap and popular music. The bombardment of dominant messages in the news, entertainment and music industries has exerted strong influences

over the self-identity construction and gender-role performance of young Black males, especially those in urban and inner-city areas (Archer & Yamashita, 2003; hooks, 2005). Thus, urban Black males are socialized both consciously and subconsciously to reproduce oversimplified racial stereotypes, including, “anti-establishment sentiments (violence and criminality), ‘gangster’ identities, drug-taking, heterosexual prowess, ‘flashy’ symbols of material success, public hypervisibility (particularly to the police), lyrical rap ability, and competition” (Archer & Yamashita, 2003, p. 123). The imitation of sports figures and athletes may also be an aspect of this dynamic, which was another prevalent theme among Black adolescent males enrolled in this current study.

Although “bad boy masculinities” predominate among young urban Blacks with perceived poor upward mobility and social stigmatization, several authors caution against an overly simplistic understanding of the development of a Black masculine self-identity. Masculinities, as discussed previously, are socially-positioned, fluid, and entangled in one’s cultural group, social class, and territory (Archer & Yamashita, 2003). Therefore, a singular description of “typical” behaviors constituting a specific ethnic group is likely to be limited when applied to any one individual.

### **Impact of Cultural Stereotypes on Black Masculinity**

Staples (1986) describes Black men as "enigmas," because they have been studied the least as compared with all other sex-race groups” (p. 57). This fact has contributed to a theoretical knowledge gap about salient concerns associated with Black masculinities from Black males’ perspectives’. Despite this gap, or perhaps resulting from it, several dominant cultural stereotypes have developed. One such stereotype relates to, as Franklin (1992) points out, "the failure by society to recognize Black male sex roles as masculine" (p. 201). As a result, Black males are frequently presented as “deviant,” and often violent, sexual beings with virtually



inexhaustible sex drives, a concept referred to as phallocentrism (Archer & Yamashita, 2003). The media has also played a collective role in the perpetuation of hypersexualized images of Black maleness. Some of the earliest portrayals of hypersexed, violent Black men were depicted in overtly racist films, including “Birth of a Nation” (1915). Although “Birth of a Nation” was created around the turn of the Twentieth Century, racist portrayals of Blacks in film have not changed dramatically in recent times. Despite the prevalence of more subtle racial stereotypes in later films, themes of Black promiscuity and sexual prowess can be easily identified in contemporary films and music videos. Moreover, Black men continue to be typecast by the media and filmmakers as the stereotypical images, such as the “Tom” (the gentle, subservient Black man), the “Coon” (the comical, intellectually inferior Black man) or the “Buck” character, who is depicted as a large, brutal oversexed Black man (Bogle, 1974).

Although the impact of media stereotypes on Black masculinity was not a primary focus of this study, several participants described being predominantly influenced by what they saw on television. Additionally, community leader participants stated that young males who lacked male role models were most likely to derive their identities from what they viewed on television. Therefore, it is important to critically examine and respond to fabrications and deceptions in the mass media, as they have a great influence on perceptions of Blacks by members of society, including impressionable Black youths.

### **Impact of Black Masculinities on Health Behaviors**

Trends in the media and society relative to the treatment of Black males are particularly disturbing, not only due to the negative individual effects of social disenfranchisement and marginalization, but also because of larger public health threats to Black communities. The most pressing problem is the spread of HIV, which may be associated with Black males’ needs to establish masculinity through sexual risk taking. In order for marginalized males to assert their

masculinity, they must appear as willing to “live on the edge.” This is especially true for marginalized Black men (Archer & Yamashita, 2003). This risk-taking attitude may result as a reaction to hegemony, as well as an apathetic attitude that asserts, “I’m not going to make it anyway, so why not take risks?” Regardless of the cause, sexual risk taking maintains Blacks on the margins of society by promoting STD transmission, which contributes to further stigmatization by mainstream society. For example, two fairly consistent attitudes among Black males have been identified regarding condom use. The first is that the decision whether or not to use a condom is predominantly viewed by males as the female’s responsibility. Second, young women have demonstrated more positive attitudes toward STD precautions than young Black men (Akande, et al., 1998). Additionally, a recent study conducted by the Guttmacher Institute (2004) found that young Black male focus group participants often talked about enjoying sex more without condoms, stating, “the only way is raw”. All of the attitudes and behaviors have direct linkages to masculinity assertion, and the needs to appear risk-taking and apathetic about potential future consequences.

Willingness to take sexual risks is also evident by being on the Down-Low, a phenomenon involving heterosexual Black men who secretly engage in unprotected homosexual intercourse while openly maintaining heterosexual relationships for the public view. In a provocative work entitled, “The Low-Down on The Down-Low,” Williams (2004), describes the Down-Low culture as being directly related to the image black men are supposed to exhibit (i.e., heterosexual prowess), and the unwillingness of gay black men to address the fact that they may be gay or bisexual. The overall result of this behavior is unprotected sexual intercourse leading to the spread of HIV, not only among Black men on the Down-Low, but also among their spouses, significant others and children.

Similar studies on Black men and HIV prevention found that many heterosexual and homosexual males alike elect not to use condoms during risky sexual encounters, including homosexual anal intercourse, citing reasons that sex feels better or is more stimulating/exciting without condoms, or the belief that STD protection is the responsibility of females (Jeffries, 2005). These attitudes clearly are not simply the result of insufficient knowledge and are more likely related to masculine posturing.

Additional links between health behaviors, health disparities, and masculinities can be extrapolated from studies focused on the impact of socioeconomic status, urbanization, income levels, social norms, cultural values, and life goals on sexual health behaviors. Many of these factors, especially socioeconomic status, urbanization, diminished social leverage, and poor upward mobility, have direct links to institutionalized racism and hegemony. As Bakken and Winter (2002) suggest, "...reduced academic aspiration, financial uncertainty, less supervised recreation, and poor career prospects...(contribute to) Black youths feel(ing) forced to seek nontraditional methods of achieving adult status, such as initiating sex" (p. 257). Therefore, it is evident that many of the same factors necessitating the establishment of alternative forms of masculinity among Black males are also influencing their sexual health behaviors. Moreover, sexual health behaviors are in turn affected directly by normative masculinity (Courtenay, 2000).

Courtenay (2000) describes prevalent male attitudes toward seeking and receiving health care in his Theory of Gender and Health. Common themes Courtenay identifies among males regarding medical institutions include their general reluctance to enter healthcare facilities, which are largely perceived as feminine domains. Both Black and White males appear to be influenced strongly by masculinity construction in terms of their health practices. Women are viewed as being responsible for family health and are highly visible in healthcare facilities, either

as patients or healthcare providers, thereby contributing to this perception of healthcare as a feminine domain among males. Men who ultimately overcome their reservations and enter healthcare facilities, particularly when they are in need of reproductive health services, are likely to encounter environments with feminine elements, including the décor in lobbies and examination rooms, as well as magazine selections geared toward women's issues, which serve to reinforce their initial perceptions of a feminized healthcare system (Courtenay, 2000). Additionally, males are socialized from the earliest stages of their development to exhibit strength and resiliency, and thus, are generally reluctant to seek medical attention for fear of appearing weak or incapable of self-care (Odih, 2002). All of these issues illustrate the complex interactions between social expectations placed on males (external variables), expectations males place on themselves (internal variables), and macro-level social variables, such as structural and institutional barriers, in influencing health behaviors among males.

### **Conclusions**

There is a critical need to closely explore what motivates young males to make particular sexual decisions that may impact their health and the health of their present and future sexual partners. Moreover, masculinity construction as it relates to the development of Black male self-identity and health practices, serves as an important contextualizing factor to contribute to a better understanding of the unique dynamics in this population. This study responded to the apparent gap in the scientific literature by examining the influence of Black masculinity on self-identity development and sexual attitudes among inner-city Black adolescent males. The methods used to address this primary research goal are addressed in Chapter 3.

## CHAPTER 3 DESIGN AND METHODS

### **Research Design**

Ethnography is a qualitative research method rooted in the tradition of anthropology. The primary concern of ethnography includes social issues and problems, and thus, this method has been used within the nursing paradigm to explore health problems in relationship to communities, family structures or the overall cultural atmosphere surrounding individual clients. One of the major advantages of an ethnographic approach is the ability to define a problem that is unclear, and to identify factors associated with the problem when they are unknown. Therefore, given the exploratory nature of the problem addressed in this research, as well as the knowledge gap associated with relationships, sexual practices, perceptions and behaviors of Black adolescent males, ethnography was the most pertinent method for to address the dynamics of interest in this study. Having an ethnographic perspective allowed me to focus on perceptions and associated behaviors within a socio-cultural context, which fit with the overall goal of obtaining a purposive sample of informants who had intimate knowledge of the predominant cultural themes and social mores of their communities.

While conducting this research with Black males, an effort was made to ensure that interview questions were culturally appropriate and developmentally sensitive by obtaining input from community leaders and members of the Black population. Research questions included the following: Who are these young men? How do they establish masculine self-concepts? How do they define masculinity? How do perceptions of masculinity impact relationships with family members, peers and romantic partners?

## **Overview of Ethnographic Methods in Applied Science**

According to Morse (2003), qualitative methods are appropriate, “when little is known about a topic, when the research context is poorly understood, when the boundaries of the domain are ill-defined, when the phenomenon is not quantified, when the nature of the problem is murky, or when the investigator suspects that the status quo is poorly conceived and the topic needs to be reexamined” (p. 833). The topic of this study was well-suited for a qualitative exploration, since the beliefs, perceptions and attitudes of Black male adolescents remains elusive from a research standpoint. Thus, the nature of the problem of STDs among this population fit Morse’s criterion of being “murky” or “ill-defined.”

The use of ethnographic methods in exploring diverse cultural experiences is not new. Rather, ethnography has been routinely used in fields of anthropology, nursing and other applied sciences. Patton (1990) provides several diverse applications of cultural ethnographies, ranging from fieldwork conducted in remote locales, to studies of organizational systems, and contemporary social problems, such as poverty and health disparities.

In this study, ethnography was used to gain an enhanced understanding of the perceptions of Black adolescent males related to how they viewed themselves as upcoming Black men, their sexual relationships, sexual behaviors, and STDs. This study employed ethnographic techniques including researcher immersion in the setting of interest for one year as a volunteer worker with the adolescents. Additionally, fieldwork, note-taking with thick description, and in-depth interviews were extensively used during the data collection phases of the study.

### **Setting and Sample**

The adolescent sample consisted of Black participants recruited from a unique program at The Bridge of Northeast Florida located in the Springfield neighborhood of Duval County, Florida. The Bridge of Northeast Florida is a model multi-service teen center providing services

such as after-school care, tutoring, education, male responsibility discussion groups, a teen health clinic, art programs, and open dialogue about sexual awareness with highly trained counselors through the “Straight Talk” program. The populations involved in this program were ideal participants since they had some experience with openly discussing issues related to male identities, male responsibility, relationships, and sex. In addition, the majority of the adolescent participants lived within walking distance of The Bridge of Northeast Florida and resided in the targeted zip code areas considered at a high risk for neighborhood crime and STDs.

After Institutional Review Board (IRB) approval was obtained, and permission was granted to conduct the study, recruitment of participants began. During the time of IRB review, I continued as a volunteer at The Bridge of Northeast Florida to establish rapport with potential participants and to become more acclimated to the neighborhood. Two young Black males known to me were initially invited to participate in a pilot test of the questions. These participants were interviewed following the questions developed on the interview guides, and were asked to evaluate the content validity of the interview questions. Minor changes were made upon initial piloting of the interview questions.

Following pilot testing and revisions of the interview guide, I recruited nine Black adolescent male participants from the research for participation in approximately one-hour long, in-depth interviews. Study participants were selected based on their age, enrollment at The Bridge, parental permission, and residence in urban areas of Duval County, Florida (zip codes 32202, 32206, 32208, and 32209). Purposive and criterion sampling were used as the recruitment strategy, since this type of sampling method allowed me to actively seek and recruit participants who met the same race, gender, age and residential criteria, which enhanced the scientific integrity of the study (Creswell, 1998). The total number of adolescent participants was

determined once the emergence of common themes and data saturation occurred, which was consistent with other established ethnographic approaches (Morse, 2003).

The theoretical concept of saturation used in this study has been validated by ethnographic researchers and is used to describe the point in data collection in which no new themes are observed in the data (Guest, Bruce, & Johnson, 2006). In a 2006 study, Guest and colleagues attempted to better operationalize the concept of saturation. Their findings supported that metathemes could be identified in early in the data collection process, even when purposive sampling was used. Additionally, “six evaluators (participants) can uncover 80% of the major usability problems within a system, and that after about twelve evaluators, this diagnostic number tends to level off at around 90%” (Guest, Bruce, & Johnson, 2006, p. 79). As these authors note, “saturation has, in fact, become the gold standard by which purposive sample sizes are determined in health science research” (Guest, Bruce & Johnson, 2006, p. 60).

For the community leader interviews, I identified experts through networking in the community. Six community leaders were interviewed both formally and informally throughout the course of this study. Five of these leaders participated in one-hour long, in-depth interviews. Details on the community leader characteristics and insights are reported in Chapter 4.

The research team consisted of myself, a White female PhD student from the University of Florida College of Nursing as the primary investigator, and a research committee. My biography is attached as an Appendix. I have a Bachelor of Science degree in Nursing, a Master of Science degree in Nursing, as well as five years of advanced nursing practice experience working with adolescent clients in the Springfield community. This clinical experience helped me gain entrée into the setting and access to several key informants. William Jeffries, a young adult Black male student pursuing a Master of Sociology degree at the University of Florida was initially



consulted about the content and cultural analysis of the interview guides. Mr. Jeffries has a background as a middle school teacher and a current research interest in HIV and other health disparities among Black men. The research committee that provided oversight for this entire research project consisted of an experienced anthropologist and ethnographer, a sociologist and social demographer, and two experienced nurse researchers.

### **Data Collection**

Consistent with ethnographic methodology, the primary techniques I used during this study included immersion in the research setting, intensive fieldwork, note-taking, thick description, and in-depth interviews. Data was collected from individual semi-structured, open-ended interviews. I was the primary research instrument in this study. The use of variety of data collection methods allowed me to broadly explore perceptions of Black adolescent male 15-19-year-olds. I focused on their descriptions of self-identities, relationships, environments, and sexual experiences. An open-ended approach also was crucial in allowing for the detailed exploration of teens' perceptions.

Preliminary guiding questions for the individual interviews began with non-sensitive questions, such as "Tell me about yourself;" "What do you like to do for fun?;" "Tell me about your friends." After establishment of rapport, each interview proceeded to more sensitive questions pertinent to the guiding sensitizing concepts and overall research aims. Refer to Appendix A for an example semi-structured interview guide. The overall focus of the interviews was to allow the participants to take a leading role in directing the topical flow of each interview. All interviews were conducted in private, one-on-one settings at The Bridge of Northeast Florida, a nearby high school, and adolescents' homes while the parents were present.

## **Approach to Interviewing Males**

An anticipated challenge associated with this research design was the potential difficulty of having a female primary investigator with adolescent male participants. Adolescent males are often reluctant to discuss highly personal and sensitive issues with anyone, much less a White woman. The general approach during the interviews was to allow the males to have as much control over the flow and interview setting as possible, without losing sight of the overall research aims.

I was guided by earlier researchers, such as Arendell (1997), who summarized the role of the female investigator as follows: “The researcher must remain cognizant of and handle different situations simultaneously. (This) requires a heightened sense of self-awareness about the researcher’s personal understandings, beliefs, prejudices...and other cultural baggage” (P. 342). This so called, “cultural baggage” is brought to the interview setting by both the interviewer and the participant and may strongly influence the enactment of gender dynamics. Thus, self-reflexivity coupled with professional boundaries was a necessary approach during the adolescent interview phase.

A final important aspect of this research design was its longitudinal nature. Conducting the study over a 1-year-period allowed time for potential participants to become familiar with me as a volunteer and resource prior to their enrollment in the study. Establishing a sense of trust and rapport with the participants was central to the success of the study.

## **Data Recording**

Data recording and analysis took place simultaneously through the technique of constant comparison. Data were coded in interview logs, field notes, and audiotapes. I transcribed recorded data completely and examined transcripts for emergent themes in conjunction with my

Research Chair, Dr. Simpson. All audio recordings were transcribed verbatim, and coded data were analyzed with the assistance of the NVIVO qualitative data management software program.

### **Data Analysis Method: Narrative Analysis**

The primary form of data analysis in this study consisted of narrative analysis. Researchers in fields of anthropology and the applied sciences have used this approach in a variety of studies where participant story telling was thought to elicit the most meaningful data. For example, in a 2003 study, Marsiglio used narrative analysis as the primary approach to discover the ways in which young men begin to perceive themselves as sexual beings. Another study focused on a diverse sample of 70 single men aged 16-30 also illustrated the utility of allowing males to present their own personal stories through a narrative approach, which allowed for intimate, and often, frank, discussions about a variety of issues surrounding procreation, including dating relationships, sex, birth control methods, and fathering visions (Marsiglio and Hutchinson, 2004). Allowing the participants in my study to assume the role of the teacher through narratives resulted in richer, more meaningful data.

According to Bailey and Tilley (2002), “Narrative analysis... involves the examination of participant stories identified in the interview data” (p. 575). An interesting facet of narrative analysis is that narratives do not necessarily represent exact factual data. Instead, the *meaning* of the experiences described by the storytellers is the focus of research interest. Another factor that differentiates narrative analysis from other data analysis techniques is that the unit of data analysis is the first-person account by the participant. According to a classic reference on narrative analysis, “First-person event-specific stories were designated as the initial unit of analysis...(and) other story forms include generic or habitual accounts and stories of usual behavior” (Labov & Waletzky, 1972, p. 576). The approach for analyzing narrative data is by examining the separate components of a narrative, including, “...plot summary; an orientation;

an evaluation, conveying the meaning or interpretation of the story by the teller; a resolution, or result of the events of the story, and a coda, or story ending where both the narrator and listener are returned to the present” (p. 576).

### **Ethical Considerations**

The sensitive nature of adolescents’ relationships and sexuality required the highest degree of ethical rigor. To protect study participants from psychological trauma, stigmatization, or and untoward effects related to participation in this study, ethical guidelines were developed and adhered to during each phase of the study. Prior to initiation of this study, the University of Florida Institutional Review Board (IRB) reviewed the proposal and study consents (Refer to appendices for examples). Confidentiality was maintained throughout every phase of the study by not collecting personal identifiers and assigning pseudonyms to protect all participants’ identities. All adolescent and adult participants were informed of the confidential nature of this study and advised of their right to withdraw from the study at any time. Audiotapes, journals, and recorded data were de-identified and kept in locked files in my office and were maintained in a secure location. All guidelines set by the Florida Department of Health Institutional Review Board, the University of Florida Institutional Review Board, and the Health Insurance Portability and Accountability Act were adhered to throughout the duration of this study.

### **Scientific Integrity**

Considerations related to scientific integrity were included throughout every phase of the study. An important aspect of ensuring scientific integrity was the involvement of a committee composed of four experienced researchers from the College of Nursing and the Department of Sociology who provided study oversight. Moreover, the inherent design flexibility served to enhance the overall scientific integrity by allowing the data to drive the research. Additionally,

the use of multiple strategies for data collection and member checking contributed to the trustworthiness of data.

### **Strengths and Weaknesses of Approach**

The primary strength of this research design was the ability to generate rich and meaningful data, while allowing subjects to openly respond to semi-structured questions. Often closed-ended surveys and other quantitative techniques introduce inherent bias and limit participants' responses to only those foreseen by the researcher. One weakness of this design was the lack of generalizability due to a relatively small sample size of fifteen participants. However, this is a moderate sample size for typical qualitative research. Furthermore, since data was collected from one fairly homogenous geographical area, the findings are only be reflective of this sample and may not be widely relevant to the experiences of the larger adolescent male population. However, since the overall goal of this study was to obtain rich and meaningful data on a poorly understood population, gneralizability was not a major concern.

As a result of the ethnographic design flexibility, this study generated insightful information that adds to the current body of knowledge pertaining to the unique needs of Black adolescent males. The information from this study helps bridge the gap between current masculine theory, sociological literature, public health and medical research, and clinical practice. This study also informs further research initiatives and more appropriately guide sexual health promotion and sexual responsibility programs and STD prevention targeted toward Black adolescent males.

CHAPTER 4  
RESULTS PART I: THE COMMUNITY CONTEXT AND COMMUNITY LEADER  
INTERVIEW RESULTS

**Overview of Data Collection Approach**

A major focus of the ethnographic research design is the immersion of the Primary Investigator (PI) in the research environment, which involves limiting the distance between the researcher and research subject as much as possible. This is done to gain a detailed, and even intimate, understanding of the participants' lives and experiences in their own natural settings to as great a degree as possible. Thus, proximity is crucial when conducting ethnographic research. The same was true for this ethnographic study, and a variety of data collection techniques were used in order to ensure the following: (1) minimal distance between myself, as the PI and the participants; and (2) data integrity, meaning the data as I collected and interpreted it was an accurate reflection of the participants' experiences

To establish proximity and familiarity with the participants, and to create a conducive environment for interviews so adolescents were more comfortable disclosing personal information about their lives, the research project began six months prior to the interview phase of the study. Initial data collection was started in June of 2005, during which I began volunteering in the setting of interest, in order to simply observe interactions within the community and between its members, as well as to gain entrée in the setting and identify key informants. Once IRB approval was obtained to move forward with the interview phase of the study, I had spent several months in the setting already, and therefore, the potential participants were familiar with me. This was particularly important with the Black male adolescents, but also with some community leaders who were initially skeptical about the motivations of a White female who was conducting research in a predominantly Black community. Therefore, the period

of rapport building was vital to this study, in that it helped bridge the racial and cultural divide between the participants and me.

Another approach used to gain perspective on the participants' lives was being present in the community as much as possible during the observational and interview phases of the study. I accomplished this by volunteering weekly in the community, and by observing clients at various health settings, including the public health department and The Bridge Adolescent clinic. Individual interactions between clients and their health care providers were not observed, as this would have potentially violated the privacy of the individuals and was not vital information for this study. However, since sexual health promotion and disease prevention were important initial areas of concern for this study, it was advantageous to get a sense of who in the community was actually accessing health services. Additionally, I took several opportunities to drive through some of the neighborhoods in the target area to observe housing and neighborhood characteristics, as well as the availability of resources, such as schools, health clinics, and social service agencies

In the next phase I talked with adult individuals in the community who had knowledge about different aspects of the lives of Black males in the community. Individuals included educators, parents, counselors, and health care practitioners, to name a few. Many informal interviews were conducted, and five semi-structured, one-hour interviews were done with community leaders during the study time frame. This allowed me to have a better sense of what community leaders saw as problems faced by adolescents. The community leader interviews preceded the adolescent interviews in order to gather information about the community and cultural context and avoid preconceived ideas about the problems in the community at the onset of this study. This approach was valuable because it resulted in many different perspectives of

Black leaders about the problems and the assets in the community. Most of the community leaders involved in interviews were either Black females or Black males. Furthermore, the information obtained from the community leaders, specifically the Black male leaders, was used to refine the semi-structured interview questions used with the nine Black adolescent males who were enrolled for participation in hour-long interviews in the final phase of this study.

### **Rationale for Setting Selection and Chapter Objectives**

#### **Morbidity and Mortality Data**

Duval County, located in Northeast Florida, was a prime location for ethnographic research on the topic of young Black males, their identities, sexual beliefs, and sexual behaviors. This area was selected as the setting for a number of reasons, namely the public health characteristics and demographics of this area. Duval County has disproportionately high rates of sexually transmitted disease, infant mortality, and teenage pregnancy, all of which have ranked highest or near highest in the state in years past. According to the Duval County STD Report Card, current active cases of syphilis, gonorrhea, chlamydia, human papilloma virus, and HIV/AIDS are staggering. In 2001, Florida ranked third in the nation for adult and adolescent AIDS cases, and second in the nation for pediatric AIDS cases (Duval County Health Department, 2002). Duval County is considered to be one of six epicenters with the highest concentrated HIV/AIDS cases in the state, with the majority of Duval County cases (67.4%) occurring in inner-city Jacksonville (zip codes of 32202, 32206, 32208, 32209). Modes of transmission reported in 2001 included heterosexual intercourse (21.4%), homosexual intercourse (30.3%), intravenous drug use (18.8%), or unknown (29.5%) (Duval County Health Department, 2002). As discussed in Chapter 1, young Black adolescent males are at a particularly high risk of morbidity and early mortality due to premature death from AIDS infection, as well as drug-related incidents, domestic violence, and homicide.



## **Demographics**

Duval County is similar to many other metropolitan areas in the nation in which low-income minority groups most heavily populate the urban core. In the central and northern areas of Jacksonville, economically-disadvantaged Blacks predominate, with the majority earning incomes at or below the poverty level. There is a high percentage of young Black males in the urban core residing in the 32202, 32206, 32208, and 32209 target zones. Sampling was limited to these urban core areas for this study. Blacks represent approximately 75% of the total population, and single parent households are the norm in this community (City of Jacksonville, 2006). In short, this was an area that typified many problems important to this research study, and which provided an ideal location for in-depth, ethnographic analysis.

## **Chapter Objectives**

This chapter provides a detailed discussion of Duval County as the research setting for this study. It first explores the history of the Springfield neighborhood in particular, where the bulk of data collection was done for this study. The latter sections of this chapter detail public health statistics in greater depth to delineate the scope of problems in the community, including, STDs, teen pregnancy, and other social issues, such as educational, health and economic disparities. Data from neighborhood studies sponsored by local and state organizations, such as the Jacksonville Community Council, Inc., the City of Jacksonville, and the State Bureau of STD Surveillance are explored.

The chapter concludes with information obtained from community observations and interviews from Community Leaders and other key informants interviewed over a one-year data collection period. Community leaders' backgrounds included, but were not limited to, the following: Licensed Mental Health Counselor, minister, Program Director, teen counselors, teen

support group facilitators, Researcher, and Educators. Several of the community leaders were Black men. All community leaders had a Bachelor's degree or higher.

### **Assumptions**

An underlying assumption of this chapter is that although some public health problems can be described as separate entities, no single social or health problem occurs in isolation. For example, most public health indicators can be correlated directly with poverty and health care access, and thus, are a function of the larger social structure. Therefore, an ongoing attempt will be made to provide a nuanced view of this community in order to avoid bias and racial stereotyping.

### **Community History**

The Springfield community has a rich and diverse history. The community itself is situated just north of downtown Jacksonville and approximately one half mile from the St. Johns River. The community was originally founded in 1869, and in 1871 the population of Springfield was relatively sparse. Named for a natural spring discovered in a field near what is now known as Broad Street, it began to show signs of life and residential interest with the development of the Springfield streetcar line in 1880. This also led to the construction of several tourist attractions and venues for resident entertainment, including a restaurant, skating rink, dinner hall, and "The Sub-Tropical Exposition," which became a popular tourist destination. In 1890, the area was inhabited by White upper class individuals who constructed elegant Victorian, Queen Anne, and Colonial styled homes. In Brown's 1895 "Book of Jacksonville," the community was characterized as, "...exclusively for white persons" (Wood, 1989, p. 2).

### **Demographic Changes, Race and Class Conflict**

The demographics of Springfield began to change following two major catastrophes that affected Jacksonville at the turn of the Twentieth Century: The typhoid epidemic and the Great

Fire of 1901 that burned almost all of downtown Jacksonville. Following rebuilding, many of the original residents fled the area and did not return. The community began to gradually decline in the 1920's due to rezoning of most residential areas to commercial zoning. Housing prices depreciated and many new tenement dwellers moved in. According the City of Jacksonville website, the area has been in a state of general "urban decay" since the 1950s.

These changes did not come without effects on racial and class relations. In an interview with one community leader, a Black Psychologist who grew up in Springfield in the mid-Twentieth century, described growing up in his neighborhood simply as, "...wonderful, wonderful" ("Robert", Community Leader, Research and Psychologist). He described playing daily outside in neighborhood parks, in the streets with his friends and siblings, and participating in team sports. There were generally no safety concerns because everyone in the area knew and watched out for one another. Crime was not a major problem in his neighborhood, and the community was not in the state of decline as it is today. "We had a communal community. You know it was a village".

Robert's family now lives in the suburbs, although his mother remains in Springfield. He described the area as racially charged, declining, and in need of major upgrades in the community infrastructure, including places for children to play safely that are free of violence or other environmental and safety hazards. He stated,

You know, when I was growing up, we had parks to play in, and that was our hang out. And when they started renovating downtown, they would move these people to the North Side into apartments, projects and public housing facilities. So, the people who came in didn't have the same values about their properties.

"These people" he described consisted of low-income Blacks and other racial minorities. He also observed differential treatment of Blacks in inner-city Jacksonville. "If I walk out on the sidewalk these days in sweats and a baseball cap, people will look at me differently." He

described a sense of being automatically related to the low-class element of the Springfield population by passersby.

Difficulties in race and class relationships are not new to Duval County. Local politics, property zoning laws, school desegregation, and voting practices have all been influenced by biased policies in the remote and recent past, and several of the more infamous events of racial prejudice still affect the attitudes of Black residents to this day.

The Jacksonville Community Council (JCCI) is a local organization that studies issues identified by residents and community leaders in Duval County. One of their recent studies examined race relations in the area and revealed some compelling findings, as well as highlighting the current effects of Jacksonville's racial past. One of the earliest examples of racial conflict that occurred in Jacksonville was the enactment of Jim Crow laws and poll taxes following the establishment of Black voting rights. Additionally, although the end of segregation officially occurred on a national scale in the 1950s, segregational practices persisted in Jacksonville until the 1990s. In 1954, *Brown versus Board of Education* reversed school segregation, but Jacksonville school districts were exceedingly slow to comply necessitating intervention by the courts and the NAACP in 1991. During this time, a prominent Chief Judge in Duval County expressed racially-charged sentiments and was subsequently removed from office. In another example, a popular Black sheriff was elected to office in 1995 for the first time, but defeated by a young White upper-class entrepreneur in a later Mayoral election. Although Whites in the community did not largely perceive the Mayoral contest as racially-charged, Blacks in the community strongly felt that it was (Jacksonville Community Council, Inc., 2002). Issues of race intervened in politics again with the 2000 presidential election, which was decided in Florida by a mere 537 votes. Following confirmation of the Republican Presidential candidate

George W. Bush by the U.S. Supreme Court, several investigations discovered that in Jacksonville, 26,909 ballots were disqualified. There were major racial disparities when the discarded votes of Black versus White citizens were compared (Jacksonville Community Council, Inc., 2002). Most of the discarded ballots belonged to Black voters.

Surveys and polls conducted by area Universities revealed major differences in Black versus White citizens' views of the racial climate in Jacksonville. In a 2000 telephone survey conducted by the Department of Social Sciences at Jacksonville University, 30% of Blacks rated the state of race relations in Duval County as "poor," while only 4% of Whites did. Similarly, the same survey found that 61% of Blacks thought Black people did not have as good a chance as Whites in the community to get any kind of job for which they were qualified. By comparison, 16% of Whites felt this was a true statement (Jacksonville Community Council, Inc., 2002).

There are many other examples of racial tension in Jacksonville's history. As one participant in the 2002 JCCI study aptly observed, "For Blacks, it's always about race. For Whites, it's never about race."

### **Current State of the Community: Economy, Households and Health Trends**

Although Blacks represent only 27.8% of Duval County (Whites represent 65.8%), a disproportionate number of Blacks in Duval, and specifically Springfield, live at or below the poverty level. Many of the Springfield community residents are unemployed, underemployed, or employed in low wage service or manual labor occupations. Median household incomes among Blacks in Duval County were less than \$15,000 annually in 1990. In 2000, the median income for Blacks had climbed to \$30,400, but was still lower than all other racial and ethnic groups. Moreover, while 29.3% of Asian households and 23.8% of White households reported annual incomes of \$50,000 or more, a mere 9.2% of Black households reported similar incomes (Jacksonville Community Council, Inc., 2002).

Most individuals in central and northwest Duval County reside in households with immediate and extended family members, often in substandard housing much too small for the number of household occupants. Of the total number of households in central Duval County, 32% are single parent homes (United States Census Bureau, 2000), most of which are supported by females (either mothers or grandmothers). Women play a dominant leadership role in the community as heads of households and primary wage earners often working two or more jobs, which was a predominant theme identified by adolescent and community leader participants in this study.

As previously mentioned, there are some clear trends in morbidity and mortality data for this setting. Infant mortality is a sensitive indicator for overall health in any given community and is correlated positively with important health predictors, such as access to prenatal care, preventive health services, adequate nutrition, as well as STD testing and intervention. In 2001, infant mortality in Duval County was 9.7 per 1,000 live births, which was almost double the state average. There is also a high disparity between infant mortality rates in non-white populations versus white populations (15.21 versus 6.19, respectively) (United States Census Bureau, 2000).

Rates of STDs, specifically gonorrhea and chlamydia have consistently ranked the highest or near highest in the state and the nation. (See Table 4-2). HIV/AIDS mortality rates are also alarmingly high, with the majority of deaths affecting young minority adults (53% as of 2001). Teen pregnancy is also an area of concern in this community. In 2000, teen birth rates represented 13.8% of the total births in the county. This ranked Duval County as 337 out of 458 U.S. counties (National Campaign to Prevent Teen Pregnancy, 2000). It is important to note the concern about teen pregnancy highlighted by a 1982 study by the JCCI was the impetus for several innovative programs in the community, including The Bridge of Northeast Florida, which

serves the core area of Jacksonville as a model multi-service teen center, providing family planning information, male responsibility programming, and safe sex instruction, as well as teen health promotion services. A later study conducted by the JCCI entitled, “Teenage Single Parents and Their Families,” found that “teenage mothers are more likely to be single and younger than they were a decade ago when JCCI studied Teen Pregnancy” (Jacksonville Community Council, Inc., 1995, p.1). The major areas of concern highlighted in this study included recognition that teen pregnancy resulted in significant costs to the community, and caused teens to feel trapped, as if they had no options for the future. The highest rates of teen pregnancy in the 1995 JCCI study also mirrored the target zip codes included in this ethnographic analysis.

### **Unanswered Questions**

In light of these community trends, it is important to recognize that a major limitation of census data and neighborhood polling is the lack of adequate context. This context cannot be gleaned without a more careful look at the community and its individual members and families. Although the census data can certainly help to elicit general trends, it cannot solely identify why these disparities exist, or what the causal mechanisms for such trends may be. For example, why have STD and teen birth rates been so consistently high over the past several decades in segments of Duval County? Is it simply a behavioral problem or a result of deficient knowledge on the part of community residents? Or, are these trends a result of some combination of socio-cultural factors, structural barriers to adequate health care and education, and veiled racism? Although there are no simple answers to these questions, a closer look at the community coupled with a better understanding of the diverse individuals who compose this community can help to provide additional insight.

## **Community Analysis I: Structured Observations**

### **Property and Residents**

The boundaries of this community are the St. Johns River which runs both south and east around the area, Interstate-95 to the west, and the Trout River to the north. Today, the community consists of the many of the same Victorian and Colonial styled homes rebuilt in the early Twentieth Century. There are also several apartment complexes and mobile homes in the area. A majority of the dwellings are in disrepair, although some homes considered historic landmarks are undergoing, or have undergone renovations, thanks in part to the Springfield Preservation and Restoration Initiative (SPAR) and to concerned residents hoping to preserve the area's rich history.

The residents are primarily young families and elderly individuals disproportionately affected by poverty. The effects of poverty are evident throughout the community, and include the disheveled clothing and inadequate footwear of pedestrians, the presence of the homeless population with carts containing all of their belongings, prostitutes, graffiti, and parked cars and homes in disrepair. There are two grocery stores in the area, but neither is easily accessible by foot for most Springfield residents. Several fast food chains, liquor stores, and convenience markets are scattered throughout the area.

### **Health Agencies**

Several health clinics are centrally located within the community, including the Jacksonville Central Health Plaza, which is a component of the State Public Health System and provides prenatal care, WIC services (Women, Infants and Children), women's health/family planning, and immunizations to area residents. The majority of clients accessing the Central Health Plaza on any given day are likely to be Medicaid recipients or are individuals who qualify for clinic services based on low incomes. The Bridge Adolescent Health Center is also easily



accessible to most residents in the community. It specializes in adolescent health care, including STD screening and treatment, preventive services, and family planning. Both of these clinics primarily serve women, female adolescents, and children (Central Health Plaza only). Interviews with health care providers at these sites, as well as observations in each site, revealed that few adolescent males present for services at these agencies, which are often described by residents as “Women’s Health Clinics.” Additional sites for health care in Springfield include Shands Hospital, which serves as a primary source of basic health care for the majority of residents who live in the area. Unfortunately, according to Emergency Department (ED) personnel at Shands, many residents are forced to use emergency services for primary care needs because of the inability to qualify for Medicaid or “clinic cards.” These are typically individuals who earn just enough to get by in their daily lives, but too much to qualify for medical financial assistance. They also tend to obtain employment where no insurance coverage is provided. This causes major treatment delays (i.e., individuals will “wait out” an infection until it is “serious”) and waiting room delays in the ED.

### **Schools and Places of Worship**

There are two high schools, four middle schools, and 22 elementary schools in Region 1, which includes Springfield and Northwest Jacksonville. Table 4-2 shows a comparison between benchmarking data at both area high schools, including Advanced Placement testing performance, Florida Comprehensive Assessment Testing Scores (FCAT), and overall school rating (A-F scale).

Disparities in educational performance in Duval County are clearly correlated with the race and class composition of students in area schools. Poverty is the major determining factor when it comes to educational outcomes, which is evident in the Duval County Public Schools data. In the 2002 JCCI study, “Beyond the Talk, Improving Race Relations,” key areas of race disparities

were identified as neighborhoods/housing, employment/income, health, and education.

Supporting data in this study included some alarming educational trends, such as the fact that students classified as educable mentally handicapped (as defined as an Intelligence Quotient of 50-70), largely were Black and minority children (only 23.4% were White). In addition, Blacks students represented only 16.5% of gifted program enrollment (Jacksonville Community Council, Inc., 2002).

Places of worship in the community are visible and abundant. Most area churches are Pentecostal, Churches of God, Assemblies of God, and Baptist. Several community leaders echoed the importance of religious life in Springfield, including “Rose” who is a counselor working with at-risk youths. She stated, “I think churches are important and need to be supported. There’s a lot happening at that level.”

### **Community Analysis II: Interview Data from Community Leaders**

The following interview data was obtained through in-depth interview with five community leaders employed in the Springfield area. In addition, many informal interviews were conducted and documented in field notes throughout my one-year volunteer internship at The Bridge of Northeast Florida from June, 2005 to June, 2006. Community leaders selected for one-hour, in-depth interviews met the following criteria: 1) having a high level of involvement with Black adolescent males (at least 30 hours per week); 2) having at least five years of experience working with Black adolescent males in the Springfield community; 3) over the age of 18; 4) willing to participate without compensation; 5) at least two of the five participants were Black males. Predominant interview themes are discussed in the subsequent sections.

### **Black Males in Inner-City Duval County**

According to the community leaders involved in in-depth and informal interviews, Black male adolescents in Duval County are a diverse group. They come from a variety of homes,

backgrounds, and families. Some excel in school, although this was not seen as a general trend. The community leaders had a basic consensus about perceptions of the community demographics, which were consistent with census data and information from neighborhood analyses previously mentioned. For example, when asked about the typical adolescents served by outreach programs in Springfield, “Erica,” an outreach program coordinator who holds a Master’s degree in Criminal Justice stated:

Our kids are more than likely are going to be on free or reduced lunch. They mostly come from the 06, 08, 09 zip codes. Those are the zip codes that have been identified as the most impoverished families. And, they’re just kids that come from our area schools. Usually single parent families, a lot of times it’s single parent families. It’s usually a mom or a grandmother. Every now and again you’ll see where the dad may have custody. I’ve had a couple where the dad had sole custody, but a lot of it is a grandparent or a mom (“Erica,” Community Leader, Outreach Program Coordinator).

High rates of poverty and single parent homes were seen as common trends by virtually all of the community leaders interviewed. (The ability to qualify for free or reduced lunch is based on poverty and income status). Poverty was thought to be the major contributor for most other social and health problems faced by this population. Even one adolescent when asked how he would correct the problems in his neighborhood simply stated, “money, more money.”

Another common characteristic of the community identified by area leaders who either worked or lived in Springfield was the relative absence of activities for adolescents in the area. This was seen as being related to high crime rates, although some saw the problem of crime in inner-city Jacksonville to be over-emphasized by the media and public officials.

I think it is a problem. It’s not as large a problem as our media and our governors and our sheriffs try to make it. Most black males that I know are good guys. They’re not these horror monsters that people try to make them to be. They’re average, law-abiding citizens that want for a better life. They may not know how to get it...I would say it’s a single digit number of blacks that have created the stereotype that we have today. (“Tony,” Community Leader, Community College Educator).

A lack of physical activity on the part of some adolescents was mentioned by some community leaders. However, the trend of more solitary, less physical activity by youths is not unique to Black communities and has been implicated in research on the rising rates of obesity among all U.S. children. The desire for some adolescents to stay indoors was also clearly related to crime.

An interesting trend identified by the community leaders was the desire for Black adolescent males in particular to have jobs. This was identified in several interviews with both adult and adolescent participants and seemed to be a result of the desire to be a family provider, which was equated with “being a man.” Since most of the adolescents involved in this study were from single parent homes, they felt an amplified need to fulfill the “man of the house” role. Two community leaders described this phenomenon of desire to work and its potential problems.

They’re playing video games, um, . . . , those who are involved in things...a lot of kids are working. They want jobs, a lot of kids want jobs. Some are involved in sports at their school, but a lot of kids, I don’t think they’re doing anything. (“Robert,” Community Leader, Researcher and Psychologist).

Another real big thing with these guys is work. They want to have a job and um, their developmental stages and their maturity level or skills don’t meet the requirement that’s out there to work, so they’re constantly jumping jobs. They’re not getting their satisfaction, they’re not learning what it takes to be stable, a lot of the guys are very strong, they’re active and play football or whatever, but they don’t have skills to build something. They may be able to carry everything, but... they’re usually jobs that are kind of dead end. (“Rose,” Community Leader, Licensed Mental Health Counselor).

### **Black Males and Prejudice**

Community leader participants viewed adolescent Black males as being affected by subtle racial bias, stereotyping, and even overt racism. A common illustration of this fact in Jacksonville was described as unequal treatment in the criminal justice system. Similarly, adolescent male participants had a general sense of distrust of the police, whether or not they had

any direct experience with the justice system (See Chapter 5). The 2002 JCCI study on race relations also highlighted criminal justice disparities noting that Black males were over represented in the system and arrested or incarcerated at two times the rate of White males. Two adolescent counselors I observed on separate occasions at The Bridge of Northeast Florida reminded males of this reality when intervening in fights. One explained her rationale for this during an in-depth interview:

...like when I'm trying to stop them from fighting. 'I have to do this, I have to keep this up, he can't diss me like that. You don't know what it's like.' And I'll say 'You're right, I don't, but what I can say is here's another choice. Look at the consequences. What's gonna happen if you get in a fight. You know what's gonna happen. You're almost 18, so if you hit a kid that's under, you're going to jail'. ("Rose," Community Leader, Licensed Mental Health Counselor).

Other community leaders thought Black males encountered prejudice, not strictly due to skin color, but also as a result of outward appearance or other behaviors (i.e., playing loud rap music, wearing headphones, or walking in groups). Many of these behaviors are reflective of the cool pose discussed in Chapter 2, in which marginalized groups must assert their individual masculine identities in alternate ways. The cool pose involves ways of speech, dress, and movement that identifies them as independent and part of the Black urban subculture. An important aspect of the cool pose is also not appearing concerned with fitting in with the majority, or having a certain measure of aloofness. "Tony," an educator at a Jacksonville community college and a young Black man who resides in Jacksonville with his wife and two adolescent sons, described the impact of outward appearance and its relationship to prejudice.

Most of it's prejudice. They look funny. Their headphones are too loud. If they come in, they're afraid security's gonna bust them. And those things may not seem like much to a lot of people, but most kids haven't been on a college campus or university, so they're intimidated...I think dress (also) plays a part which still gets back to prejudice because if there was two white guys dressed the same way, they wouldn't get treated any differently. If a Black person dresses that way, they're automatically a thug.

## **Black Males and Their Families**

An overwhelming theme in both community leader and adolescent interviews was the importance of family in shaping young Black males into productive adults. Even one of the youngest adolescents interviewed recognized this as a fundamental need. It was also equally important according to community leaders and adolescents for young males to be guided into adulthood by older males. Unfortunately for the adolescent participants in this study, older males were largely absent from their lives. When younger males were asked who they admired, they often described their mothers and female teachers. When they were asked specifically about males they admired, many could not name one, and less than 10% of all adolescent participants were able to identify a man they actually knew. Most described athletes or rap artists.

Young males' relationships with their mothers were frequently very strong, but complicated by conflicting emotions. The strongest impulse appeared to be the desire to please their mother or to even be "friends" with their mother. However, this became difficult when mothers had to be the disciplinarians. The mother-son relationship in Black single parent families is discussed in greater detail in the following chapter. According to community leaders, young Black males tend to have strong relationships with their mothers, often defending their mothers, "even when they don't make the best decisions" ("Rose," Licensed Mental Health Counselor). This fierce loyalty to mother is often coupled with feelings of responsibility as the "man of the house" in single parent families. Rose described the following family dynamic:

...the typical would be single parent. Or they may have siblings, and if they have siblings, and they are the older sibling, they're usually, the siblings are along in tow when they come. They have some type of caregiving role. ("Rose," Community Leader, Licensed Mental Health Counselor).

As is evident in Rose's observation, Black males frequently function as caregivers, especially when their mothers work multiple jobs to support the household. This reinforces their feelings of masculinity and independence, while strengthening their bond to the mother, who often feels more like a partner than a parent. "Erica," who has worked closely with Black male adolescents over the past five years stated that this often makes Black males feel overprotected when their mothers attempt to parent them. Ironically, Black males may not be protected in actuality, because of their increased feelings of responsibility toward their mother and siblings, creating an increased awareness of adult problems (i.e., how to pay the rent, "keep a roof over our heads," etc.)

Because in their lives the female is a mama, and the mama's overbearing, and is always on them. And that's how they feel, always on me, always on me, always on me. ("Erica," Community Leader, Outreach Program Coordinator).

"Robert," a Black male Psychologist explained how this dynamic can be ultimately damaging to developing boys:

In African American communities, the male figure is essential for positive male development. I know that's why we have a lot of problems that we have, because we have those kids who are not exposed, and by the time they get to 13, 14, 15...it's not too late, but you've got a child in trouble. ("Robert," Community Leader, Researcher and Psychologist).

One of the unique initiatives in Duval County at The Bridge of Northeast Florida is the "Male Responsibility" program. It is coordinated by a dynamic young adult Black male who has experience in the Juvenile Justice system. The program focuses on helping Black males make responsible decisions about their lives, relationships, and the future. It, in essence, teaches them what responsible manhood is all about, and reinforces this through relationship-building and role-modeling. The value of this kind of programming was raised repeatedly by community leaders, such as in the following interview excerpts:

Well, like we've talked about, these kids have no sense of belonging. The lack of positive role models, especially male role models has had a major detrimental effect. They see a lot of drama in their lives, so there really is not positive role modeling to follow. ("Rose," Community Leader, Licensed Mental Health Counselor).

The leadership...the males should address a male. Especially in homes where there is no male. It's very difficult for the opposite sex to identify growing pains of a male child, or to understand the type of ridicule that child may be going through because of fashion, or maybe because if he can't run fast, or because he has some physical challenge. ("Tony," Community Leader, Community College Educator).

### **Black Males and Relationships**

As mentioned earlier in this chapter, concerns about teen sexuality and its negative social effects in urban Jacksonville have been explored, discussed, and hotly debated for over a decade. Out of this debate emerged suggestions for targeted community interventions to address the problem, such as The Bridge of Northeast Florida, the Straight Talk Program focused on sexual education and empowerment, and Beulah Beale, an alternative high school for teen parents. Despite the success of these and similar innovative initiatives, Duval County persists with its abstinence-only sexual education curriculum and continued high rates of adolescent pregnancy. This is concerning, because the abstinence-only approach is not endorsed by the National Institutes of Health (see Chapter 2), and many parents leave it primarily up to the school to provide this information. "Tony," who approached the topic of sex with his teenage sons, discovered they already knew the basics about human sexuality and decided to leave it at that:

I knew that it was important for me discuss that with my boys,...they knew some things I didn't even know. They had already had some conversation, 'Yeah, I know what that's called.' And they were not afraid of the discussion. I think I was more, how would I approach this. And we got to talking and from school, they knew that AIDS was out there, and if you have sex, you can get possible disease, and I was like, 'whoa, I was gonna talk to you about that, son, but the book had already beaten me to it'.

Not surprisingly, community leaders saw issues surrounding teen sex to be some of the most problematic concerns faced by Black youths. However, the fact that Black males were



thinking and talking about sex were not major concerns. Instead, community leaders were concerned that Black males were inadequately prepared for sex and its potential consequences. The teens at The Bridge of Northeast Florida seemed to be generally at ease with the topic of sex, and they were also well aware of the fact that sex can sometimes result in infections or unplanned pregnancy. Many teens had a close contact (i.e., sibling or cousin) who had experienced unplanned pregnancies. Additionally, most preadolescents were thinking about dating, and even “hooking up” by the age of 10 or 11, although as “Erica” explained, “hooking up” can have a variety of meanings:

...hooking up is defined as anything from kissing all the way to sex. It’s a broad range. And when I hear things, or pick up on something, I’m like, hold-on, hold-on. Tell me what hooking up is. What are you talking about hooking up? And, uh, he kissed her. And that’s hooking up? For me it is. And the other person’s like, that’s not hooking up.

The issue of homosexuality was raised in two adolescent interviews and one community leader interview. The community leader, a Black female who coordinates the Straight Talk program, was clear about the stigma associated with being a gay Black male, and even seemed reticent to delve into the topic if raised by a teen in the program.

I have a lot of boys who ask me about it. They say they’re coming to ask about a friend of theirs, not themselves. And you know what that usually means... in the African American community, homosexuality is shunned. We usually refer them to Jasmyn (a local agency) if they want more information than we usually provide. (“Tina,” Community Leader, Adolescent Case Manager, Sex Education Program Coordinator).

### **Black Males and Their Identities**

Black males are not unlike other adolescents of differing races whose primary task during adolescence is to discover their own unique identities and test them out on family members and peers. However, when it comes to identity formation, Black males in lower social classes may have a distinct disadvantage due to fewer resources, according to community leaders. Black males from households headed by single mothers are particularly vulnerable to challenges

associated with forming identities, and are frequently caught between asserting an identity that is acceptable to their peers, versus one that is acceptable to their parent. The need for Black adolescent males to display masculinity is acute, even more than males who are not in stigmatized groups. Again, the need for boys to behave as men, even in early adolescence, which carries with it an inherent separateness from the mother, is often incongruent with feelings of attachment and closeness to the mother. “Tony” and “Robert,” Black men who both described growing up with “strong dads,” saw the issue this way.

...what happens is at first they listen to their mothers and grandmothers, and they're the apple of their eye, and then they go out into the real world where nobody loves you any more. These guys peer pressure you, telling you do this, 'Why don't you throw that rock at that moving car.' 'Man, I'm tired of walking, let's take that car.' And by not having that father, they'll do it. Mama will always make sure you have what you need, you're well fed, you're well taken care of, but now I need to learn how to survive without mommy and grandmommy. I have to become a man.

A lot of our kids are raised in single family homes and mostly headed by a woman, so if they don't have a strong male in the house, then that kid is basically developing that identity by someone other than a male...In African American communities, the male figure is essential for positive male development.

“Rose” and “Erica,” experienced adolescent counselors and educators, saw the development of identities as a major conflict characterizing the lives of Black males. The themes of “being cool” and “having someone to care for” were predominant. For some, the issue of “cool” versus “not cool” was directly related to the adolescent's ability to survive in their turbulent environments.

I think what the issue is that they're not sure who to be like. They see what's on TV, they see what's cool, where they get their money and how to act, but a lot of them are very attached to their mothers, because they have had to play that role. So they're stuck between this cool guy role where I don't need anybody and being dependent on and trying to be the provider for their significant relationship, their parent. (“Rose,” Community Leader, Licensed Mental Health Counselor).

Having someone to care for, like one troubled youth who discovered his identity only after fathering a child at the age of 16, was also an important milestone.

There was nothing I could do to get through. And he's since gone through a couple other case managers and other programs. I know he had a baby, he's 16 now,...but from what I hear that's changed him. He's got somebody else to take care of. ("Erica," Community Leader, Outreach Program Coordinator).

Another aspect of the unique Black male identity, toughness or resiliency, is closely related to the cool pose. This toughness is loosely defined as being able to withstand pressure under virtually any circumstance and to independently manage it. Being tough applies to mental toughness (i.e., conquering one's own fears) and physical toughness. One of the most dramatic examples of a display of physical toughness involved an adolescent who was caught in the middle of a drive-by shooting in his neighborhood and wounded. His counselor recalled, "...that was his war wound, and he couldn't wait to show us where he got shot." This not only illustrates the importance of demonstrating physical toughness to these boys, but also that their lives are at an almost constant risk of bystander exposure to incidents of community and domestic violence. This reality was not lost on the adolescents interviewed in this study, and their continual awareness of violence and the general precariousness of their daily lives was a major influential factor on both their world views and perceptions about their futures. According to "Rose,"

They've known somebody that's gotten killed, shot beat up, and close. Not, 'I know somebody from school.' It's someone in their family; brother or cousin. So they've lived it.

A final important element to the developing Black male identified by community leaders was respect; not only self-respect, but also feeling a sense of respect from their peers. Respect was seen as governing rules of behavior and communication, both verbal and non-verbal. Adolescent participants also discussed the concept of respect, which is explored in Chapter 5. The community leaders talked about how male adolescents communicate disrespect through "challenging (one's) manhood" or "mean-mugging," which Erica explained:

They'll say he mean-mugged me, that's why I hit him. I'll say what's mean-mugging? That means you looked at me funny. So here, so I said, is this mean-mugging, and I made some silly face, and he said yeah, and that would give you grounds to hit me? And he said yeah, you don't mean mug me.

Tina echoed these remarks with the following description:

I'd say violence is the biggest problem by far. There was a recent incident at (a local Duval Co. school), a huge fight, guns were brought on campus and everything. It wasn't about drugs. The boys will say, 'he challenged my manhood' and they will fight over that.

### **Black Males and Their Futures**

Community leader participants were asked about their thoughts on how to improve the future outlook for inner-city Black males in Duval County. A wide variety of responses were given, but several emergent themes were evident. All community leaders thought more financial support to improve the community infrastructure was a basic necessity. Children and adolescents who lack stability in their lives invariably were seen as being challenged in their attainment of long-term goals, or not attaining them at all. This fact was evident even among the adolescents at The Bridge of Northeast Florida, some of whom do not complete high school, and many who do not continue beyond high school to pursue college or stable careers.

What percentage of the kids do you think make it?

“Erica”: (pauses) oh God...from what I've seen in the last 5 years, not very many, not very many

RM: Less than half?

Erica: Far less than half. I can think off the top of my head in five years...ten.

This is the rule, not the exception, even at The Bridge, where teens receive support, encouragement and access to resources like college scholarships. Disparities in the school system were highlighted as major problems that needed immediate attention. The two Black male community leaders were passionate about this problem and the long-term consequences on Black youths, as is evident in the following statements:

And one of the problems is education. And the way out of poverty is through education, and if a kid doesn't get that by the time they get to 13,14, 15, it's not too late, but you've

got a child in trouble, and some of them, if they don't have the drive or the motivation and somebody behind them, they never catch up. What do you do? I mean, I look at the state of Florida and compare it to other places, the educational system here is very complicated, and if you don't have kids on track when they're small, you're gonna have a high crime rate. And you're clustering your non-achievers in one place, and your achievers in another place, you're creating a biased system. And it just will never work. ("Robert," Community Leader, Researcher and Psychologist).

One thing I find..., if you're a medium kid, a C, D kid, society does nothing for you. If you're an A kid, you'll be fine. If you're a D and F kid, everybody gives you all the attention. And that's one thing that faces most black kids, is that they're not given an opportunity unless they raise hell. We're so concerned about 3% of the population that we overlook 97% of the population. ("Tony," Community Leader, Community College Educator).

Involving inner-city youths in high quality, early education that continues through adolescence and young adulthood was seen as crucial in addressing community problems, such as ongoing poverty, drugs, crime, and even sex. Children and adolescents who do not believe they have a future, and who are not supported in the pursuit of meaningful lives, are unlikely to be high-achievers, according to community leaders. Finally, many leaders were critical of existing programs that do not really address problems of racial disparities and poverty, but rather gloss over the more difficult issues by providing athletic outlets for adolescents. Black adolescents in particular were not seen as being in need of more sports activities, but rather needed safe neighborhoods, and exposure to culture, education, and "life beyond their backyards," according to one leader.

They need to go to a museum, they need to go to a Broadway play. They need to go, not to the beach, they need to go see what a lake looks like. You know, exposure. That's why most black kids make low on the SAT, they haven't been exposed to anything, and only their general surroundings, their backyard, asphalt. And you teach them to dribble a ball. ("Tony," Community Leader, Community College Educator).

### **Chapter Summary**

This chapter has not only explored the scope of problems faced by Black adolescent males in Duval County, but has also provided insight regarding community perceptions by leaders who

work and/or live in inner-city Jacksonville. Although this information is specific to the research setting and participants interviewed, insights gleaned from these leaders and the community observations have the potential to be applied more broadly to similar communities and settings, especially those in which social and health disparities are evident.

Table 4-1 Description of Community Leaders

Pseudonym	Race	Highest Degree	Work experience	Years of Experience with Inner-City Black males
Robert	Black	PhD in Psychology	Health Researcher; Psychologist; University Professor; Inner-City Program Administrator	Over 25 years
Erica	White	Master's Degree in Criminal Justice	Social Worker; Outreach Program Director; Middle-School Teacher	7 years
Rose	White	Master's Degree in Counseling; Licensed Mental Health Counselor	Inner-City Youth Counselor; Outreach Program Administrator	15 years
Tony	Black	Bachelor's Degree	Community College Educator, Minister	Over 10 years
Tina	Black	Bachelor's Degree	Case Manager for Inner-City Youths; Sexual Educator Instructor/Program Facilitator	Over 10 years

Table 4-2 STD Ranking: Duval County compared with Florida and the U.S., 1999-2001

Year	STD Rates and Ranking	Duval County	State of Florida Average	National
1999	Gonorrhea	388.45/1 <sup>st</sup>	148.08	132.3
	Rate/State rank Chlamydia	353.29/3 <sup>rd</sup>	204.03	253.0
2000	Gonorrhea	465.00/1 <sup>st</sup>	141.71	129.0
	Rate/State rank Chlamydia	447.25/2 <sup>nd</sup>	207.70	252.1
2001	Gonorrhea	342.60/2 <sup>nd</sup>	131.20	128.5
	Rate/State rank Chlamydia	445.47/3 <sup>rd</sup>	229.27	278.3
	Rate/State rank			

From: The Florida Times Union, January 31, 2003, "HIV/AIDS no respecter of age," by Sarah Skidmore and Steve Nelson; table source: Florida Department of Health

\*Averages of STDs in Florida and the U.S. are cases per 100,000



Table 4-3 Public School Performance Indicators in Target Community: Andrew Jackson High School and First Coast High School

School	% Students Black or White	School AP Exam Pass Rate (2004)	District AP Exam Pass Rate (2004)	% Students on Free/Reduced Lunch	FCAT Scores (Reading) compared with State	FCAT Scores (Math) compared with State	Overall School Rating (2002)	Overall School Rating (2005)
Andrew Jackson	86% (B) 53% (W)	7.3%	51.5%	53%	Lower	Lower	F	C
First Coast	45% (B) 50% (W)	42.7%	51.5%	26%	Consistent	Consistent	C	C

Data from: The Duval County Public Schools website, [www.educationcentral.org](http://www.educationcentral.org), Retrieved 6/7/06

Table 4-4 Summary of Major Themes Identified by Community Leaders

Youth Characteristics:

Economically disadvantaged

Caregivers for younger siblings

Desire to work

Unclear self-identities

Living in single-parent homes

More likely to encounter the criminal justice system

Need to be perceived as “cool” by peers

Absence of fathers in the home

Close relationships with mothers

High exposure to crime/violence

Stereotyped as “thugs”

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CHAPTER 5  
RESULTS PART II: ADOLESCENT INTERVIEW DATA

**Overview of the Participant Selection Process**

The adolescent participants were selected jointly through collaboration between myself and two of the counselors at The Bridge of Northeast Florida who knew the participants well. Adolescents approached for study enrollment were willing to participate and able to articulate their views about their lives, families, and the problems they faced. A total of ten adolescents were approached over a three-month period after the initial observation of the community and community leader interviews were completed. Of the ten adolescents who were approached for enrollment, nine completed the one-hour, in-depth interviews. (The tenth participant was did not show up at the scheduled interview time). A small incentive used to encourage enrollment in the study and consisted of a \$10 Wal Mart gift certificate. All of the participants had both a parental consent to participate and a signed adolescent assent form. I had become acquainted with six of the nine participants during the observational period.

**Interview Settings and Approach**

The interview setting was chosen mutually by myself and each research participant and their parents. Five of the nine interviews were conducted in a classroom at The Bridge of Northeast Florida, two were conducted at Beulah Beale High School, and two interviews were conducted in participants' homes with their parent present in another room. As previously discussed in the Chapter 2, "Research Design and Methods," interviews were conducted in such a way that questions proceeded from the least sensitive topics to more personal topics, and most interviews concluded on a less personal note with questions about their neighborhoods. Initial topics covered in each interview included general information about the adolescents' lives, such as where they went to school, worked, lived, and the types of activities they enjoyed. Typically,

after the first ten minutes of general questioning, there was an opportunity to ask slightly more personal questions, such as their feelings about where they went to school, worked, or where they lived, and their relationships. I paid special attention to family dynamics, community characteristics, sexual attitudes and relationships, feelings about manhood, and identity development throughout each interview. Findings related to each of these major categories are described in the following sections. Although each interview was similar to the others, no two interviews were conducted in exactly the same manner, as my approach was to follow the lead of the participants as much as possible. Only when there were long pauses in the interview or the interview strayed completely off course, were prompts used to keep the discussion going and on topic. (See Appendix A).

Interview flexibility resulted in a great deal of insightful information from these adolescents. They were almost invariably inhibited at first, but after only a few minutes, they became more willing to talk, and to even disclose personal information. This was especially true once they understood the purpose of the study was to try to understand them better and improve their community. They were all passionate about improving their community by making their schools better and their neighborhoods safer. The results of their interviews are discussed at length in this chapter.

### **Description of Interview Participants**

The participants ranged in age from 13 to 16 years. All attended area public middle or high schools; none were home-schooled or enrolled in private schools. Five lived in single-parent homes, four of whom lived with single mothers. One adolescent resided with his maternal uncle, who was his legal guardian. Four of the participants resided with both parents, two who lived with biological parents, and two who lived with their biological mother and stepfather. All of the participants had parents who were both Black. No biracial or multi-ethnic participants were

included. Seven of the nine participants had been enrolled in the Male Responsibility and Straight Talk programs at The Bridge of Northeast Florida over the previous year. Of the nine adolescent participants, none disclosed previous intercourse, although several had experience with kissing, oral sex, and sexual foreplay. I recognized the difficulty of getting adolescents to disclose information about their own sexual experience prior to the onset of this study, and therefore, most questions in the interview guide relevant to sexual activity, STD knowledge, and condom use were phrased in such a way as to ask about friends' behaviors, rather than individual experiences. For example, instead of asking, "Tell me about your own sexual experiences," I would ask, "Tell me about the experiences with sex among most guys your age;" or, "How do most guys your age feel about using condoms?" This approach was used in order to enhance disclosure about sensitive topics.

### **Adolescent Interview Data**

#### **Family Dynamics**

Data from the CDC and the Department of Justice support the correlation between fatherless homes and poorer outcomes among youths, regardless of social class or ethnicity. According to these agencies, 30% of children who live apart from fathers account for 63% of teen suicides, 70% of juveniles in state-operated institutions, 71% of high school dropouts, 75% of children in chemical-abuse centers, 85% of youths in prison, and 85% of children with behavioral disorders (Alexander, 2006). As a result, several programs have been implemented at local and national levels, including President Clinton's Initiative to Strengthen the Role of Fathers in Families.

Several adolescent participants were the oldest siblings in fatherless families, which was the norm in their community, according to the adolescents. As a result, all of the participants

spoke of a similar need to protect and defend their younger siblings, much like a father would. According to “TJ,” aged fourteen, a common reason for fighting consisted of the following:

“Some fight because they’re beaten, or like their little brother got beat up or something.”

“Protection” typically manifested itself in neighborhood or school violence. One Black male adolescent even became a victim of a drive-by shooting while trying to protect his younger female cousin. Although defending younger siblings or cousins was a common theme among all participants, it was especially true in families where a father was entirely absent from the home. Among the four participants who resided with two parents, all but “Jeff,” seemed to have a greater sense of security, and cited very different concerns compared to those living with only one parent. For example, adolescents with both parents had more developmentally appropriate concerns about relationships with peers/girlfriends, school and their futures, whereas those from single parent homes who perceived themselves as men already had more adult concerns. This apparently resulted from their premature entry into manhood and the related feelings of responsibility, coupled with community poverty and other social disparities. Their concerns constituted issues, such as where they would live, how they would eat, and pay for rent, transportation, and college.

“Charles,” aged fourteen, who has lived with his working mother and four younger siblings his entire life, discussed typical male responsibilities as,

...bills, finding places to stay, college, car insurance. Some of the other stuff you got to worry about, where you’re gonna live, how you’re gonna eat, stuff like that.

His descriptions illustrate the level of stress that is typical for sons of working Black single mothers in impoverished communities, in which their futures are all too often insecure.

“Charles” also stated that his father, although mostly unknown to him (he spent two months with him for the first time the previous summer), was his only male role model. Again, the lack of a

consistent male figure in the home coupled with financial insecurity, caused this teen to contemplate issues surrounding his family's survival.

This was also evident in discussions with adolescent participants about their futures. Although they were generally optimistic about their future prospects, and their ability to "make it," financial concerns were apparent. The following is an account by "Joshua," a 16-year-old son of a single mother who described the desire to work with computers in the future:

"Joshua": ...money, you need money to go to college.

RM: If you decide to go to college, will money be an issue?

"Joshua": If I get a basketball scholarship, probably not.

RM: Do you think it'll be pretty easy for you to get a basketball scholarship?

"Joshua": No.

As the discussion continued, "Joshua" revealed that he currently does not play on a basketball team at school, although he does participate in some neighborhood basketball games. Thus, his "plan" for financing college in reality resulted from wishful thinking.

Adolescent participants consistently echoed the importance of having a consistent positive male role model, namely a father figure, in the raising of Black boys and adolescent males. However, although interview participants generally felt that fathers were important in the lives of maturing black males, most did not have a father or father figure in their lives, nor could they identify a male role model. In contrast, mothers were described as very important figures in their lives by both adolescent participants and community leaders. Mothers, aunts, grandmothers, and other important female role models were highly respected by adolescent participants and described as "hard working", "loving" and crucial to the family's viability. Many adolescents had strong views about maintaining close relationships with their mother, although they often saw themselves as "friends" with their mothers. In fact, the oldest male adolescents often

perceived themselves as equals with their mothers. Interviews with “Joshua” and “Charles” respectively reflected this:

(Mama) she’s cool. She’s like a little kid, ‘cause she laughs and giggles, she rinks with us, she plays basketball with us, does things we like. She listens to rap and all that. On some songs, she’ll say, ‘Turn it off, it’s too nasty,’ but other than that she listens to it.

She’s like a friend to all of us.

Adolescent participants were also particularly adamant about the role of a Black man in raising a Black adolescent male. In fact, many adolescent participants like “Bryan,” viewed having input from a Black man as crucial to survival in the “real world”:

They’re getting raised by a woman. But it’s hard for a woman to raise a man, so they’re not being raised, and don’t know, like, how to fight, and play sports and stuff. (My dad) told me if somebody hit me, I could hit ‘em back.

“Jeff” had similar remarks:

Because a mom, she can’t do everything. I mean, she can, but it’s going to be hard. A man’s really supposed to tell their son what to do and what not to do. And some things, the mom really shouldn’t be able to talk to them about it, like sex. They can talk to ‘em, but the dad’s supposed to talk to ‘em. He tell ‘em how to put a rubber on, and tell ‘em to do it at a young age.

Participants generally perceived the absence of males in their lives and the lives of their peers as problematic, although not all had a desire for their biological fathers to be involved in their lives. “Joshua,” described some of the negative effects of having his father as a role model.

I just don’t do drugs. My dad smoked, and I can’t take it. And, I know I ain’t gonna drink...I don’t want to be that person.

“Charles,” who had lived with his mother his entire life, also remarked on what his thoughts on more involvement by his father:

RM: If you could change it, would you change it so you had a dad growing up?

“Charles”: Probably not. We’re not accustomed to it.

RM: Do you think it’s a good idea for kids to have dads around growing up?



“Charles”: It’s ok without dads, but it’d probably be better with dads, because you’d have male guidance.

### **Community Characteristics**

The adolescent participants in this study were all acutely aware of the social challenges in their communities. The awareness of community violence sometimes resulted in feelings of anger and apathy. Apathy was most frequently directed toward academic achievement. Although adolescents were generally positive about their future prospects despite the social and scholastic challenges, none had a specific plan for meeting their aspirations. Moreover, the reality that public school performance in their neighborhoods was poor compared with predominantly White neighborhoods did not escape their attention. According to “Stephen,” his neighborhood was saturated with crime, drugs and violence. The following is a description of his neighborhood from his perspective, as well as his thoughts on future improvement:

“Steven”: ...drugs, killing, basers, hookers, all that around there. ...I’ve been around there since I was young, so I don’t got to worry...but, it’s still a bad neighborhood. If you go through there, all you hear is gunshots, ambulances, people getting killed. My dog got killed. A boy playing on my football team, thirteen years old.

RM: A thirteen-year-old boy got killed?

“Steven”: Yeah.

RM: What do you think would change your neighborhood?

“Stephen”: I’d straighten it out with mostly schools, better education. ‘Cause there ain’t nothing but one school around there.

Participants also had acute perceptions of unequal treatment of Blacks in the criminal justice system and by the police. Many of their perceptions of this treatment, as well as how they needed to behave to survive in their communities were reflective of Anderson’s (1994) ethnographic analysis of the “Code of the Streets,” in which he described a “profound lack of faith in the criminal justice system” due to a “...sense of alienation from mainstream society” by

many inner-city Black males (p. 83). Adolescent participants in this study voiced an overwhelming distrust of the police, including “Bryan,” “Tommy,” and “Steven,” respectively:

I know a lot of times when I go to the movies, police gonna try to tell me I can't stand outside. I'm like, 'Why,' and they're like, 'Don't worry about that.' Sometimes police are suspicious. They think Black people want to rob or something. Sometimes they're (police) just bored, and Black people get in trouble.

I don't like police. Some police are just so stupid. There was a dude that was killed by a police officer.

I don't like police officers. I don't...people say they killed my uncle, so I wouldn't say more police.

Adolescents' perceptions of their neighborhoods and lack of access to quality education had a direct influence on their school performance. Specifically, it appeared from the interviews that Black males would rather choose an alternative course of action (i.e., getting a job) rather than attempt high school or college and fail. Many adolescent interview participants and those informally interviewed during interactions at The Bridge of Northeast Florida were primarily interested in jobs now versus future careers or college educations. Unfortunately, most of the available jobs consisted of low-wage positions with little opportunity for upward mobility (i.e., fast food establishments). This seemed to provide them with a sense of masculinity, or “being able to do for myself,” as well as sense of control over their lives.

One of the most concerning themes of this study that seemed to influence all aspects of participants' lives was that of exposure to community violence and crime virtually on a daily basis. In 2006 alone, 76% of Jacksonville Black youths witnessed three or more acts of violence compared with 24% of White youths (Jacksonville Community Council, Inc., 2005). Thus, it stands to reason that it is virtually impossible for these youths not to be affected by the reality of violent crime.

Participants echoed these trends from their first-hand perspectives. All of the adolescents described specific incidents of violence in their neighborhoods and schools. This included two siblings who were unique in that they resided with both biological parents in a neighborhood where improvements were evident, including a neighborhood watch program. One of these siblings disclosed fears of being “jumped” at school. Among the adolescents who lived in the most economically-disadvantaged areas of Duval County’s urban core, the degree of crime they witnessed was more frequent, widespread, and severe. Several participants had immediate family members or friends who were involved in violence. Two of the participants knew children or adolescents who were shot or killed in their communities. Gang violence was not uncommon, with most of the adolescents reporting knowledge of at least one gang, including one in the area near Pearl Street in Springfield, known as “Pearl World.”

If you go in the wrong neighborhood, and you try to claim that neighborhood, they will do something to you...they scream out ‘Pearl World,’ and they got Pearl World shirts and they go like this (hand signal). If you see somebody on the corner of Main Street, and they scream out ‘Pearl World,’ they will get shot. (“TJ”).

Some participants knew specific gang members and gang symbols, such as types of graffiti and hand signals. “Stephen” and “TJ” were two adolescents that lived in the most crime-ridden areas in the target community. “Stephen” described murder and drug-related violence, including the murder of a peer on his football team and the intentional killing of his dog. “TJ” described two episodes of people he knew, including a teen killed in his area:

A young girl was killed over there by the hair store. Nineteen. She got car jacked over there at the gas station. Our step daddy also knew (another man). They found his body thrown behind a dumpster.

According to “Tommy,” there were a number of incidents of drug-related violence in his neighborhood, including the following description of the effects of drug-dealers (identified as “Dope Boys”) in their neighborhood:

Do you know what a D-Boy is? A Dope Boy. There's a lot of them out there. We're in the wrong neighborhood right now. We're doin' good, but we're surrounded by the wrong thing. People getting' killed all the time.

His twin brother, "TJ," went on to describe the violence in schools and his perception on the scope and causes of school violence.

Mainly it's stupid stuff, but some of 'em fight because they don't got no parents, and some of 'em fight because they're beaten. Like their little brother got beat up or something. Almost everybody around there got RIP shirts on...Rest in Peace.

The adolescent participants had many ideas about how to improve their communities. Most believed that education was a key element in improving their lives, although most were struggling in school or had previous school failures. Although none of the participants in this study described perceived stigmatization association with academic excellence, some Black leaders have noted that many Black youths view education as being equated with "acting White." As Gates observes in "How to Make Black America Better," "Far too many say that succeeding is 'White,' education is 'White,' aspiring and dreaming are 'White,' believing that you can make it is 'White'. We need more success individually and collectively, not less" (Gates, 2001, p. 75).

Many participants noted the relative lack of activities in their neighborhoods that were safe and easily accessible by adolescents who were not yet driving. Most of their activities were solitary, indoors, and unsupervised due to high rates of neighborhood crime and the trend of working mothers in single parent households. Adolescent participants voiced wanting safe more in their neighborhoods, including game rooms, parks and clubs.

### **Sexual Attitudes and Relationships**

Another major area of interest at the outset of this study was the impact of masculine social expectations on sexual attitudes. As noted in Chapter 1, Black males may be expected to exhibit more sexual prowess and to engage in more risk-taking behaviors to "prove" their masculinity, primarily to themselves and other males (Courtenay, 2000). The tendency for socially

marginalized Black males to assert their masculinity through alternative modes of expression was, in fact, supported in this study, and was manifested in a variety of ways, including sexual risk taking, the imitation of Black males who represented the “bad boy” masculinities described in Chapter 2, and the desire for “respect,” or not being “dissed.”

Participants described various acts of sexual risk taking behaviors by their peers (although none of the participants disclosed prior intercourse themselves), including oral sex, unprotected sex, and early sexual activity, typically by age 13 among Black male peers, and by age 12 among Black female peers. An intriguing finding in virtually all interviews was that Black females were the most frequent initiators of sexual contact, which frequently began with deep kissing and oral sex (fellatio), which was most often referred to as “hooking up.” Adolescent male participants stated the primary reason that females wanted sex first was so they could be like their other sexually experienced girlfriends, or in order to get pregnant. This finding was consistent with similar ethnographic research with Black adolescent females, which discovered through in-depth interviews that many of these young women did desire pregnancy, even in early adolescence. Additionally, many Black adolescent females were initiated into sexual activities by adult Black men (McGhan, 2005). More research is needed on the role of statutory rape and child abuse in contributing to early sexual intercourse among these populations.

Males usually wanted sex to prove their heterosexuality, or to assert their manhood. For a Black male to turn down an offer of sex by a female was a direct admission of “not being man enough.” Condom use was generally perceived as a positive step in preventing unintended pregnancy, which was the most salient concern among adolescent interview participants in this study. In fact, they were more concerned about unintended pregnancy than STDs, because,

according to one participant, “once she gets pregnant, your life is over.” “TJ” had similar feelings, stating:

Pregnancy’s a problem, ‘cause one, you gotta get a job. And once you get one, when you get the money, you can’t spend it on nothing except for the baby.

Two participants were cautious about girls intentionally damaging condoms in order to get pregnant. According to “Tommy” and “TJ,” 14-year-old twin brothers,

“TJ”: A lot of them (male peers) walk around with condoms.

RM: Do you think they’re actually using them?

“TJ”: Nah, they’re just there for show. Show how tough they is.

“Tommy”: One boy tried to sell me one yesterday.

RM: Did you buy it?

“Tommy”: No. I don’t ever take ‘em from anybody else, ‘cause they get needles poked in ‘em.

RM: Who pokes needles in ‘em?

“TJ”: My daddy told me one girl did some junk like that. He knew a girl that used real skinny needles and poke holes in ‘em.

RM: Because she wanted to get pregnant?

“TJ”: Yeah.

Despite the positive sexual education and male responsibility programming, in which seven of the nine participants were enrolled, adolescents were not immune to pressure from male and female peers. In fact, peer pressure was an aspect of their daily lives, and was exerted by both other males and other females. “TJ” described an encounter in which he had to negotiate sexual pressure from a female:

...it’s a problem, ‘cause it’s kind of hard to say no when they ask you. They be like, ‘You want to?’, and you start sweatin,’ ‘cause you know if you do, you gonna get her pregnant, and your life is over, and if you don’t, you gonna want to later. She gonna walk around spreading something around, ‘Oh, he’s scared.’ They’re gonna go telling all their friends.

“Terrell,” aged 13, who was the youngest participant, and yet, one of the most experienced males with girlfriends (he counted five over the previous year), described his reaction to his current girlfriend’s fondling by another male:

I got mad at her, because she let some boy touch on her, and I didn’t like it. Like, he felt on her and stuff, but she didn’t do nothin’. I might break up with her...I didn’t want to do it, ‘cause I gotta wait ‘til I’m twenty-one.

“Bryan,” aged 15, provided another example of sexual pressure, in which a female classmate approached him at school for oral sex.

In high school, relationships...well, not really relationships, but sex is more important. Like they’ll not really have a relationship, but they’ll have sex sometimes. When I was in the ninth grade, this girl said, ‘You want to go in the bathroom?’ She wanted to give me oral sex. I was like, ‘No, I’m a virgin’.

As is evident in these interviews, masculine expectations unquestionably played a role in their negotiation of sexual relationships, as well as their fears of consequences of delaying sexual activities among the males in this study.

In terms of knowledge about healthy sexual behaviors, the adolescents in this sample were well informed about the mechanics of sex (i.e., anatomical parts) and the possible adverse effects (i.e., STDs and pregnancy), as well as the importance of condom use, although they did not grasp the emotional and psychological aspects of a sexual relationship. Specifically, having sex was not equated with developing a bond with another individual; instead, it was similar to another activity, not unlike playing sports or video games.

When it came to the topic of sexual identity, all of the participants strongly identified themselves as heterosexuals. This was evident in their discussion of girlfriends and their sexual experiences with girls. None of the participants disclosed any homosexual tendencies or previous

expressions of homosexuality. In fact, the adolescent participants consistently saw homosexuality as taboo in their families and communities.

Among the nine adolescent interview participants, “Terrell” was the most vocally opposed to homosexuality (see below). A few of the other participants were not as clearly opposed to homosexuality, but had fairly consistent perceptions about certain behaviors and appearances that indicated one was gay. For example, “Tommy” described a homosexual adolescent they knew, stating that they knew he was gay because of his style of dress and manner of walking, as well as his skin color:

RM: What happens to boys that don’t go for girls?

“Tommy”: They might get jumped. We saw one (gay) boy walking...he started walking up to us, and we just looking at him.

RM: How did you know that boy was gay?

“Tommy”: Everything. He looked it. (The way) he walked, shorts (pulled) all the way up (laughing), tight shirt. Hair all curly, light skin. He had it all.

Interestingly, “Tommy” perceived that being a light-skinned Black male was suggestive of homosexuality.

According to “Terrell,” proving to other males one’s own heterosexuality was important for survival in the Black community.

RM: Why do you think girlfriends are so important? I mean, what is the number one reason to have a girlfriend?

“Terrell”: To show other boys you ain’t gay...there ain’t no other boys in school that are gay, except one boy. He touch other boys. (He is) treated wrong, like some boys would push him down and call him gay.

RM: Is it bad to be gay? How do you feel about it?

“Terrell”: I’d kill myself.

RM: What if you had a friend that you found out was gay?

“Terrell”: I’d say, ‘You’re not my friend no more.



## **Feelings about Manhood**

Since the roles of masculinity construction and masculine social norms on identity development were of central interest to this study, several research questions were posed to address these constructs. For example, I asked all participants to describe their feelings about manhood, such as what it means to be a man, when one becomes a man, and the kinds of concerns/worries Black men have. This line of questioning was important in identifying common themes, including “defending one’s manhood,” or “being the man of the house.” The perceptions of these adolescent participants reflected Anderson’s (1994) description of The Code of the Streets, in that participants were following the code. For example, Anderson described the “desperate search for respect” in Black inner cities, as well as “the need to possess things that require defending” (p. 87). Having possessions, such as visible gold jewelry, jackets, and sneakers is not a matter of personal style, but is rather an assertion that a Black male is capable of defending his valuables, and even his loved ones. “Charles” described this dynamic as follows:

...like people on the street. They look at you, and it makes me mad when they’re looking at me, (because) they probably got a problem with you. People are just jealous (about) what you got on, who you talk to, who you hang with, stuff like that.

The relationship between social expectations of masculinity and aggression was most apparent because Black males were expected to be “tough”/“cool” to be perceived by other males and society as masculine. This belief often necessitated fighting and demonstrations of other aggressive behaviors to “defend one’s manhood.” For example, one adolescent felt there was no choice but aggression when his masculinity was threatened. He stated,

I have to do this (fight), I have to keep this up, he can’t diss me like that. You don’t know what it’s like.

Similar feelings are evident in the following poem composed by a Black adolescent male participant in the Creative Arts Expression project at The Bridge of Northeast Florida:

I have to fight.  
It is the image that I portray.  
If I don't fight,  
People might think I'm a coward,  
A punk.

Feelings of anger/aggression were compounded by other social issues and diagnosed behavioral problems. For example, two Black male adolescent participants had diagnosed behavioral and mental health problems, including anger management issues. "Terrell" and "Charles" both spoke about their anger problems in detail. "Terrell," according to his counselor, had serious anger issues, as well as Attention-Deficit-Hyperactivity-Disorder (ADHD). He was a notoriously challenging student in class or in after-school programs, according to one outreach coordinator who had known "Terrell" over a year. During his in-depth interview, "Terrell" described frequent episodes of sudden and uncontrollable anger. He described a complex social history consisting of drug abuse by his mother and the incarceration of his father. His mother's drug addiction had resulted in the removal of "Terrell" and his seven siblings from her custody. "Terrell" described his reactions to this situation as follows:

Terrell": "My dad in jail. My mom somewhere...my mom just live with my grandmomma 'til she gets a job and a house...(I have) two brothers, six sisters. They live on the north side and one is on the south side. I can't see them at all.

RM: How do you feel about that?

"Terrell": Mad...sometimes I punch the wall.

RM: Have you ever hurt yourself or anybody else when you got mad?

"Terrell": I got in a fight at the beginning of school. This girl spit on me, and I hit her in the mouth...she bled. Some people in my school try to fight you. You gotta tell them to leave you alone or hit them in the face.

Later in Terrell's interview, he stated the following about his mother's drug addiction:

RM: If you could change your life, how would it be better?

“Terrell”: I would have stopped my mom from smoking, drugs.

“Charles,” similarly described grappling with his anger:

I had an anger problem, and now I don’t have it. Well, I have it sometimes, but I had therapy for it. When people talk about me, and say mean stuff, it kind of gets to me. When I try to tell it back to them, it won’t never satisfy me. They push my buttons too much. (“Charles,” 14-year-old, living with single mother).

Adolescent participants additionally had overwhelming needs to become men. All participants identified a strong desire to prove themselves as men, and most adolescents, including the youngest participant, identified themselves as men already. One of the most striking aspects of adolescents’ responses to questions regarding social expectations of masculine behaviors, including what their responsibilities and concerns were as adolescent males, was an apparent absence of a clear transitional period between childhood and manhood. Specifically, Black male children perceived themselves as becoming Black men upon adolescence. This, again, seemed related to a need for survival in their communities and to support their families. For example, “Tommy,” a 14-year-old described his transition to a man at age thirteen due to family circumstances:

I was a kid at twelve, and I became a man at thirteen. I still got a kid in my heart, but we done been through some bad things. Parents divorcing, fighting, fighting in our neighborhoods, drugs...I ain’t saying we do drugs, but we around it...We’re more serious. We ain’t watching Digimon and stuff like that.

Their mothers or other significant adults in their lives often reinforced these ideas. “Jeff,” a 14-year-old who lives with both biological parents and a disabled sister, described becoming the “man of the house” at the age of 9, partly due to the fact that his father, a commercial truck driver, is not home most of the time. His thoughts on being the man of the house were as follows:

RM: How old were you when you became the man of the house?

“Jeff”: I’d say about nine, ‘cause they (parents) worked. They taught me that I’d have to start learning, ‘cause when I got older, I wouldn’t know what to do, like washing clothes, cutting the grass by myself...I’m never scared.

“Jeff” was not unusual in taking on household responsibilities at an early age, but the fact that his sister is disabled added weight to his usual responsibilities as the “man.” Even his statement of not being scared seemed to reflect a need to assert his competence as a man, as well as his need to personify the masculine characteristic of fearlessness at an early age. As the interview continued, “Jeff” discussed his feelings about having these responsibilities and appeared to have some resentment toward his father, who was distant from the family due to job constraints.

He’s not a role model to me. He’s just not. He’s different, like...he’s not like most dads ‘cause he’s on the road most of the time. He drives trucks, and I don’t see him a lot. I’d rather my mom be a role model.

“Jeff” also revealed feeling conflicted about his role as a man, stating, “I’m becoming a man day by day, but I’m still a kid.” It was apparent that at age fourteen, he was struggling with role expectations surrounding his developing masculine identity.

### **Identity Development**

Supporting healthy identities and self esteem among Black males is a crucial element of strengthening neighborhoods and promoting productive and healthy futures among Black male adolescents. As discussed in Chapter 2, the media has a strong influence on the perceived images and stereotypes of Black culture. Adolescent participants in this study routinely described deriving identities from television characters or sports performers, and in fact, many participants had future “plans” of becoming professional NBA players. Some adolescents described their peers as “thugs,” which resulted directly from stereotypical television images promoted through music television and rap artists. According to “Jeff,” a 14-year-old participant,

They think they're thugs, and they want to be what they see on TV. They want to sag their pants down, and most of the people that do it, they don't have no dad in their life. 'Cause if they did have a dad that cared about them, then they wouldn't be in the street like that. I think most of them probably just doin' it 'cause they think it's cool.

"Phillip," another participant in the Creative Arts Expression program composed the following poem entitled, "Respect," in which he described the stigma associated with being perceived as a "thug," as well as the need for respect. Respect among inner-city Black males is best understood according to The Code of the Streets, or the pattern of behaviors adopted by those in uncertain and violent street environments: "At the heart of the code is respect- loosely defined as being treated right. (It) must be constantly guarded" (Anderson, 1994, p. 90).

No one understands me.  
They just see a thug  
That has no life,  
No love.  
No respect.  
Just a spirit to fight  
To the death.

As "Jeff" and "Phillip" described, having a positive self identity and respect is necessary to for survival in Black communities. However, without fathers, many Black male adolescents are left feeling defenseless, and without any identifiable role models or protectors. Thus, they are likely to imitate what they see on television or in the media leaving them without a true sense of direction or feeling of lost and stigmatized, "being a thug." These feelings are illustrated in another insightful poem composed by a 17-year-old Black adolescent male.

I Am Lost in My Mind  
(Chris M.)  
I am lost in my mind  
Not knowing which way to go.  
Or how that road flows.  
How can I trust my heart to make  
The right decision for me?  
Is it me that seems to be lost?  
Lost. Deep in my mind.

Leaving me not to dream,  
But to scream.  
The pains of confusion,  
My heart is bleeding  
Of the unshared love  
I have to give.  
Becoming a fork in the road.  
Rooting myself to the ground  
Waiting for the  
Next undecided person  
Not to know which way to go.

(Poems used with permission from the Creative Arts Expression program administrator at The Bridge of Northeast Florida.)

### **Conclusion**

There were clear trends in the interviews conducted with both community leaders and adolescent participants of this study. Major themes are summarized in Tables 4-4 and 5-2, and included difficulties with family dynamics, such as the premature initiation into “manhood” described by most adolescent participants, in which they took on adult responsibilities and assumed many adult concerns dealing with their family’s survival. This resulted in feelings about their own masculinity, which were oftentimes conflicted. Many adolescents felt anger and the need to express or demonstrate aggression. This resulted directly from complex family issues, including parental absence (typically fathers), parental drug abuse, community violence, and perceptions of social stigma (i.e., being perceived as a “thug”).

Additional predominant themes identified by adolescent participants included difficulties with identity development in the absence of a father relationship, encounters with neighborhood violence, drug exposure, and an overall lack of family security. These issues contributed to:

- an overwhelming need to assert masculinity, or prove manhood, frequently through aggressive acts;
- earlier sexual involvement and experimentation;
- poor academic performance and a lack of clear future goals. The absence of male role models for developing Black males was the key theme that was related to all other themes identified by adolescents.

As Chapters 4 and 5 have illustrated, there are abundant challenges facing Blacks in Duval County. It is likely that similar challenges are encountered by Blacks in lower-class communities throughout the United States. These challenges have been addressed primarily through tailored interventions aimed at ameliorating one or a few specific problems, such as STDs and unplanned pregnancy. Additionally, many health-oriented programs have been limited to a focus on “unhealthy” behavior modification.

Although behavior modification and other targeted interventions typically have some degree of success in the short-term, long-term solutions are often lacking, since this approach tends to overlook the more complex social issues that arise from race, gender and class dynamics. As Gates notes in “How to Make Black America Better” (2001), problems within Black communities are “both structural and behavioral” (p. 76). Social phenomena, especially as experienced by adolescents who are predominantly molded by their environments, tend to result from sociocultural and economic influences, and are thus, not strictly a result of behavioral patterns or choices. Therefore, an important implication of this research, which supported the importance of social expectations surrounding “ideal” masculinity in shaping the lives of Black adolescent males, is for social scientists, health researchers, and policy makers to shift their paradigm from a focus on individual behaviors to problems arising from within neighborhoods, communities, educational systems, health care delivery systems, and the criminal justice system. Chapter 6 addresses specific implications for proposed structural changes in public policy, education, and health care delivery, as well as programs that promote identity development among Black males, strategies for strengthening Black families and communities, and future research directions.

Table 5-1 Description of Adolescent Interview Participants

Pseudonym	Age	Family Structure	Siblings	Zip Code
Charles	14	Single-Parent	Four	32206
Tommy	14	Mother and Step-Father	Two	32208
TJ	14	Mother and Step-Father	Two	32208
Bryan	15	Biological Parents	One	32207
Marquis	13	Biological Parents	One	32207
Steven	15	Single-Parent	Four	32206
Jeff	14	Biological Parents	One	32209
Terrell	13	Lives with Maternal Uncle	Eight	32206
Joshua	16	Single-Parent	None	32206



Table 5-2 Summary of Major Themes Identified by Black Adolescent Males

Need to defend family members/siblings  
Adult concerns (i.e., financial instability)  
Being “friends”/equals with mothers  
Being disconnected from fathers  
Assuming roles as “man of the house”  
Need for “respect,” or not being disrespected/“dissed”  
Homosexuality as taboo  
Desire for adult male role models  
Routine exposure to acts of violence  
Distrust of police  
Average or below average academic performance  
Lack of transitional period between childhood and manhood  
Desire to prove masculinity to ensure self-preservation  
Early sexual contact, typically initiated by females  
Anger and feeling “lost,” or without a clear identity  
Being stereotyped as “thugs”

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## CHAPTER 6 DISCUSSION AND CONCLUSIONS

### **Chapter Overview**

The purpose of this research was to explore broadly how a group of Black male adolescents developed identities, negotiated family roles, dating relationships and sexual behaviors, and how their roles were influenced by socio-cultural dynamics, such as neighborhood environments (i.e., schools and exposure to violence), family structures, cultural values, and community norms. In this chapter, I will interpret those findings and propose ways they can be used to better understand the needs of Black male adolescents in Duval County.

A key feature of this final chapter is to identify the underlying race, class, and gender dynamics that were evident in this study as contributors to health and social disparities, including disproportionate STD rates, community poverty and violence, and the lack of male-specific reproductive health centers. Perspectives from participants in this research project, my observations of the community, and insight from contemporary Black social reformers, are discussed and guided by principles of Critical Social Theory outlined in Chapter 1.

### **Summary of Major Research Findings**

The original intent of this study was to discover factors influencing the disproportionate STD rates seen among inner-city Black adolescents. However, it did not take very long for me to realize that STDs were a small part of a much larger dynamic at work in this community. Thus, the focus of this research quickly shifted to areas not entirely anticipated at the outset of this study. I initially expected that relationships and sex would be predominant in the lives of adolescents involved in this research. I also expected peer and romantic relationships to be key features of their self-identity formation. However, I discovered that environment, specifically their neighborhood milieu and family structure, was much more critical in the formation of these

male adolescents' identities, than sexual relationships. Although the males in this study were interested in the topic of sex, and many had sexual experiences (i.e., oral sex was common), their identities were primarily shaped by their perceptions of violence and unequal treatment by society that confronted them on a daily basis. I found that: 1) the need for survival was the crucial element of their lives; and, 2) their relationships with their mothers and siblings were the key relationships in their lives. Relationships with opposite-sex partners were not nearly as important as the previous two categories.

Neighborhood crime was rampant and severe. All the participants had specific experiences with gun violence, random acts of violence (i.e., drive-by shootings), police harassment and/or homicide. Some males felt a degree of protection in their communities, because they had grown up there or had older siblings, cousins, or uncles to offer protection. They did not view the police as potentially preventing crime, but rather saw themselves in adversarial relationships with law enforcement officials. As a result, most participants saw the responsibility for self-preservation as falling on their own shoulders.

Aside from prevalent violence, other community characteristics contributed to ongoing health and economic disparities affecting this population. A major problem was the lack of productive and thriving inner-city schools. The overall performance of schools in the target zip codes was embarrassingly poor across the board, especially when compared with the performance of schools in White, middle-class communities in Duval County. The abstinence-only curriculum in Duval County public schools also failed to recognize or adequately address the scope of STDs and unintended pregnancy, especially in terms of the longitudinal social and economic effects unintended pregnancy has on Black inner-city youths who have little or no resources to deal with these dilemmas. However, since Blacks carry the heaviest burdens

associated with STDs and unintended pregnancy, the problem has become invisible to predominantly White public officials in Duval County. Additionally, although the availability of health clinics and social services in the community was generally good, there were no specific clinics or agencies geared toward male adolescents.

### **Application of Research Frameworks to Findings**

#### **Critical Social Theory**

From my vantage point as a critical theorist, I observed that the lives of these adolescents were undoubtedly affected by race and class dynamics. Not only do Black youths lack adequate social and political empowerment, they are socialized to continually reproduce racial stereotypes that contribute to further lack of empowerment. The net result is a vicious cycle of violence and suffering in Black communities. Unfortunately, the most vulnerable members of Black communities are the most severely impacted by this ongoing cycle of suffering.

As discussed in Chapter 1, the aim of Critical Social Theory (CST) is to uncover hidden oppressive mechanisms within societies where disparities are evident. Some of the sources of racial and class oppression I observed in Duval County throughout the course of this study included the school system, the criminal justice system, and the political system. Although there have been many recommendations made by political leaders and community organizations, little has been done to permanently address ongoing race and class issues. Unfortunately, being a member of the Black lower class in Duval County currently means having little or no voice to enact social change. Members of the Black lower class are most affected by violence, crime and other social, economic and health disparities. However, they are the least empowered. It is time for community leaders and government officials to recognize the need for aggressive action to address inner-city crime and other apparent disparities in Duval County. These are not criminals

being affected by acts of violence and poverty; they are infants, children, brothers, sisters, mothers, and grandparents.

The profound effect of the daily reality of violence on the uncertainty of Black adolescents' lives in Duval County should not be minimized when identifying priorities for policy development and outreach efforts. Additionally, there is a need to recognize how exposure to ongoing violence contributes to self-defeating behaviors among Black males, particularly in respect to their need to assert "bad boy" masculinities. Masculinity assertion is not merely about having a certain acceptable outward appearance; rather, it is directly equated with survival. As Anderson (1994) noted, Black males have a "...desperate need for respect (that) governs social relations. Simply living in such an environment places young people at special risk for falling victim to aggressive behaviors, (since) youngsters must be able to handle themselves in a street-oriented environment" (p. 86).

### **Multiple Masculinities**

One of the most surprising findings of this study was that most of these youths did not perceive themselves as children or teenagers, but as men already. There is little or no apparent transitional period between childhood and manhood. This abrupt transition, not unlike being pushed in the deep end of the pool to learn how to swim, colors every element of their self-identities. Additionally, asserting masculinity early and often is a necessary component of the lives of these youths. The framework of multiple masculinities, described in Chapter 1, accounts for the ways males in marginalized subcultures often assert varying forms of masculinity to adapt to unstable environments. Connell (1995), Kimmell (1995) and Majors and Billson (1992) have described how males also similarly adapt their masculinity expressions depending on the given situation and role expectations. This notion of variable forms of masculinities, which were largely dependent on social contexts, helped me understand why these males felt a need to fulfill

fathering roles at home, and then adapt their version of masculinity to their culture, or street environment. Living by the street code included, among other things, acting manly to avoid acts of violence or perceptions of homosexuality.

### **Implications for Individuals and Families**

#### **Strengthening Identities**

In order to begin to address disparities in Black communities, an increased focus on promoting positive identities among inner-city Black males is necessary. This is likely to have far-reaching positive effects into every area of their lives, including males' negotiation of peer pressure, relationships and sexual interactions.

In this study, Black males readily identified themselves as "men." However, when questioned further about the meaning of this, they were often unable to describe manhood in great detail, beyond aspects of being a family provider and protector. They were also conflicted about how to act as men in certain circumstances, such as in interactions with their mothers who they saw as equals, but who were also their disciplinarians. They were indeed conflicted and unsure about how to behave as men, and the absence of fathers was a major contributing factor to this dynamic. For example, although I generally thought the absence of fathers would have some effect on male adolescents' self-identities, the extent of fathers' absences on the lives of participants was astonishing. All male participants voiced the need for fathers and/or other male role models in shaping their lives and identities, and there was an evident void in the lives of those who did not have fathers at home.

Male participants also contended with what Archer and Yamashita (2003) referred to as "struggles between competing versions of masculinity" (p. 116). For example, they described a conflict between the need to display toughness through aggressive acts, and the need to please their mothers by doing well in school. This was a salient problem, as school fighting often led to

suspension or other disciplinary acts at school, and even arrests in some cases. Thus, there is an evident need for novel interventions geared toward strengthening Black male identities and clarifying roles early in adolescence.

One of the most common approaches for promoting healthy identities has been through male role modeling programs consisting of Black adult males partnered with Black male youths. This is the model implemented by the Big Brothers, Big Sisters program established in 1995 (Odih, 2002). However, some male mentoring and role modeling programs have been challenged by critical theory scholars (Odih, 2002; Archer & Yamashita, 2003) who assert that the “current conceptualization of mentoring assumes that the individual being mentored is deficient in some respects; either they need development, or they have been inadequately socialized, they lack self-esteem, (or) they have no acceptable role models...” (Odih, 2002, p. 99). Additionally, Odih asserts that the assumption that every Black male youth needs a Black adult male role model overlooks the, “dynamic and relational properties of gender...(and) diverse forms of masculinity and diverse forms of femininity” (p. 100).

Although role modeling in Black inner-city communities is not a new concept, there may be new ways to operationalize the application of such programs. One approach is to focus on the assets, versus the deficits, of youths in inner-city communities, as well as expanding views of what an “appropriate” role model consists of (i.e., women and other men as role models).

Cathy Hughes, a successful Black entrepreneur and radio mogul observes that:

“Today the conventional thinking is that Black people need ‘role models.’ The concept of ‘role model’ presupposes, however, that there is no collective, intrinsic standard of Black behavior...it says that only a few ‘chosen’ individuals are worthy of imitation” (Hughes, 2001, p. 57).

As Hughes points out, a new paradigm is needed in the approach for Black role modeling programs. Programs like the Man2Man Initiative (Sherrow et, al. 2003), the Mothers and Sons

Health Promotion Project (Jemmott, Jemmott & Fong, 1998), and the Be Proud! Be Responsible! (Jemmott, 2006) are all viable models. According to the National Mentoring Network, mentoring programs with the best success “offer support, encouragement, and positive role models through an empathetic understanding of obstacles faced by oppressed groups”. Therefore, the solution for the health of Black communities does not rest with one or a few “inspiring” individuals. Nor, does the sole responsibility for mentoring Black youths rest with other Blacks, male or female. Instead, we are all responsible for the vitality of Black youth and their neighborhoods.

### **Strengthening Inner-City Black Families**

Family dynamics were tremendously significant in shaping the identities of these males. The majority of adolescents enrolled in the program at The Bridge of Northeast Florida I encountered over the year of study were from single-mother homes. One participant estimated that 70% of his male peers lived without fathers in the home. Thus, another important aspect of promoting positive identities and strengthening families in Black communities is to include input from Black mothers, especially in communities where single mother families are the norm.

According to the participants in the Duval County sample, bonds between mothers and sons in single mother homes are inherently strong, although family roles are often unclear due to the son’s assumption of the fathering role. An example of how mothers can be effective in planning strategies to promote health and self-esteem among Black males was evident in a 1998 study. Based on knowledge of mother-son relationships in Black communities, an initiative was developed in the inner-city housing projects of Philadelphia. The key element of this initiative, known as “The Mothers and Sons Health Promotion Program” was targeted to single Black mothers and their adolescent sons living in the same household. In this project, researchers spent months working with mothers to develop an innovative HIV/AIDS curriculum. Input from the mothers was crucial to the success of the program. The rationale for obtaining their perspectives



was because it was thought mothers could identify the best approaches for teaching their sons. The mothers could then, in turn, teach the curriculum that was developed collaboratively with health researchers to their sons, other family members and other women in the community. Therefore, this project took full advantage of strong mother-son bonds and had measurable rates of success in reducing STDs in a high-risk community (Jemmott, 1998).

Similar projects can be implemented in Duval County involving mothers and other adults who are influential in the lives of developing Black youths. These projects are best implemented in a central location within the target community, thereby creating easy accessibility. Several research projects have established the viability of Black churches as ideal conduits for family-focused initiatives (Rubin, Billingsley, & Caldwell, 1994).

Promoting families is vital to the ongoing success of Black communities, and current research suggests that the consistency of the family is more important than the composition of the family (Gorman-Smith, Tolan & Florsheim, 1998). Thus, even in communities where single-mother homes predominate, outcomes can be improved if the environments are structured and adaptive, allowing for some degree of adolescent autonomy while including effective discipline and limit-setting. One study examined how differences in the functioning of single-mother and two-parent families related to the occurrence of behavioral problems among 10-15-year-old inner-city boys. A major finding was that boys in single-mother families were not at a greater risk of behavioral problems when other social variables were controlled. Additionally, having a stable home environment was more important than the type of family structure, and the positive involvement of a male family member offset many risks associated with single motherhood (Gorman-Smith, Tolan & Florsheim, 1998). The bottom line is that single mother families can be highly productive and functional if they are equipped with adequate resources.

## **Addressing Homosexuality and Sexual Risk-Taking**

Homosexuality was highlighted in this study as an issue that needs to be discussed more openly in Black communities, without associated bias or stigma. This is critical in order to reduce unprotected sex between men who have sex with men on the “down low,” and to address the rapid spread of HIV among young Black males. However, this will likely be a continual challenge in neighborhoods like Springfield. For example, when the topic of homosexuality was raised with a Black female sexuality educator who was one of the community leaders interviewed, she was reluctant to discuss the issue, and she was also seemingly reluctant to discuss homosexuality with any interested adolescents. Clearly, homosexuality is an issue that is not openly discussed in this Black community and has negative social consequences, of which the adolescents in this study seemed to be keenly aware.

Remarks like those of “Terrell,” who stated he would commit suicide if he were gay, raise concern about the profound cultural stigma toward homosexuality in Black communities, especially since the highest suicide rates are among homosexual adolescents (Remafedi, 1994). The possible correlation between homosexuality stigmatization and suicide is not well understood in Black communities and warrants further study.

Perceptions of “ideal” masculine expectations had a clear influence on sexual attitudes and sexual risk taking among these participants. For example, when adult Black role models are lacking, young black males face further challenges in coping with community violence, crime, and sexual relationships. Compounding this is the feeling among young Black males that they have to independently cope with these problems, or “handle it myself,” since relying on their mothers would not comply with normative masculine expectations.

## **Addressing Sexual Peer Pressure**

In terms of peer relationships and sexuality, peer pressure was the most apparent influential factor on sexual attitudes and behaviors. It was interesting that peer pressure was not only exerted between males, but much of it came from females who were the frequent initiators of the first sexual contacts, according to adolescent participants. Males who refused offers of sex by females were certain to become ostracized by other males, females, and potentially could be perceived as homosexual or weak. Being perceived as weak or vulnerable could very well result in being “jumped” or “dissed.” Thus, the risk associated with not having sex was much greater than perceived risks of having sex, such as STDs and pregnancy. However, pregnancy, which was viewed as devastating and potentially life ending, was a much greater concern by far than STDs. This knowledge is important for health care providers who educate adolescents about condom use, as well as programmers designing interventions to reduce sexual risk behaviors. It may be important to change our general approach from STD prevention to pregnancy prevention, which was a more salient concern in this sample.

## **Implications for Systemic Reform**

In a 2006 follow-up study on community violence and homicide conducted by the Jacksonville Community Council, Inc. (JCCI), community leaders identified several recommendations aimed at lowering murder rates and violence in Duval County. Since many of these recommendations reflect systemic problems identified in this study, it is helpful to include them as a context for the concluding sections of this chapter. This work by the JCCI is promising, and a healthy step forward for Duval County.

Key recommendations included the following:

- Admit and address racism.
- Fund successful programs.
- Provide strong positive role models.

- Improve economic opportunity.
- Improve the relationship between law enforcement and the community.
- Address the culture of violence.
- Differentiate drug traffickers from users.
- Target domestic violence.
- Help children succeed in school.
- Rehabilitate inmates and ex-offenders.
- Establish a task force to monitor implementation of recommendations and assess results (JCCI, 2006).

### **Criminal Justice System Reform**

It is first vital to the health of inner-city Black males that policymakers recognize that individual social problems stem, not only from individual factors, but also structural mechanisms. It is important for Blacks to no longer be criminalized or problematized; virtually all of their problems are a direct result of their environments, economic/social disparities and the lack of political capital. This research dramatically revealed how Black adolescents' attitudes are reactive to their environments, family structure, and the lack of accessible resources. Adolescents should not be blamed for making "bad" decisions when their communities set them up for failure. Therefore, a variety of policy and community initiatives should be implemented to strengthen Black males and their families.

A major area of concern highlighted by participants in this study was a lack of stability within their neighborhoods. This resulted in a general sense of fear among Black youths who, in order to play outside, would potentially need to defend themselves or their "turf." Neighborhood violence was described as an ever-present aspect of their daily lives. Participants also indicated a profound distrust of the police and the criminal justice system, which is not surprising considering that among all juvenile arrests in Duval County in 2003, 64.1% were Black (Jacksonville Community Council, Inc., 2005). Thus, criminal justice system disparities Duval County are apparent.

On a national level, similar criminal justice trends are evident. According to Taylor (2001), “The prison system is a business, and it’s among the most profitable industries in the nation. Black, Latino, and Native American young people- in failing schools and crazed by the drugs we allow in our communities and the violence we allow in the media- have become the fodder feeding the system...Black men are five percent of the population and 50 percent of the inmates” (p. 52).

In order to address these concerns, city leaders should continue to examine factors leading to these trends to ensure equities in the criminal justice system. Community experts, policymakers, and researchers should be leaders in advocating for criminal justice system reform to save the lives of at-risk youth. This includes curbing racial profiling and creating more transparency and accountability within the criminal justice system. Once these problems are corrected, Blacks may begin to restore their trust in the police and other public officials.

### **Educational Initiatives**

Another problem in Duval County is evident in the educational system, and prevalent disparities in academic performance among Black youths. In a 2005 follow-up on race relations in Jacksonville conducted by the JCCI, Black students had lower academic scores than all other racial groups, especially in the areas of reading comprehension and mathematics. As a result of these educational disparities, young adult Black males perceived their prospects of obtaining meaningful employment as poor (Jacksonville Community Council, Inc., 2005).

Several Black scholars and political leaders have advocated for reform in public schools. For example, Susan Taylor, Black author and editor of “Essence” magazine, advocates for improving schools at the grass-roots level by, “Stick(ing) your nose in the business of an underserved school where our children are failing, and work with others at shaping a curriculum

that values Black culture and experience” (Taylor, 2001, p. 51). She also encourages Black leaders and parents to make education “hip and cool.”

It is time to reduce the stigma of education and excellence that many Black youths have adopted based on the need to appear “cool,” and not be perceived as “acting White” by their peers. Promoting changes in attitudes can be accomplished at all levels; in homes, schools, and churches. Furthermore, it is vital for school boards, educators and parents to continue to critically examine reasons for ongoing disparities in academic performance among Black students. Innovative approaches may need to be developed to address the unique needs of Black male learners. For example, since Black males in this study valued the ability to obtain jobs, integrating practical job skills training with standard high school curriculum may be effective in improving their attitudes on the value of completing their educations. Recruiting and retaining well-qualified educators, including some Black men, in inner cities who are adequately compensated for their abilities would also be a positive step in the right direction.

### **Reforming Sexual Education Curriculum in the South**

Another major area of improvement in the educational system, particularly in the Southern U.S., is for educators, school boards and policy makers to take a more realistic approach toward sexuality education. A variety of studies have supported the efficacy of safe sex programs on reducing sexual risk and STD infection rates (Jemmott, Jemmott, Fong and McCaffree, 1999, Jemmott, Jemmott and Fong, 1998), and as noted in Chapter 1, such programs are endorsed by the National Institutes of Health:

“...the abstinence-only approach to sexuality education places policy in direct conflict with science and ignores overwhelming evidence that other programs (are) effective” (Nolind, 1997, p. 2).

One compelling example of the comparison between abstinence-only versus safer-sex approaches involved a randomized controlled trial conducted in 1998 (Jemmott, Jemmott and

Fong, 1998). This study examined the effectiveness of each approach with a sample of 659 Black adolescent participants in a weekend health program, which involved eight hours of abstinence-based, safer-sex, or general health promotion intervention. The safer-sex curriculum consisted of skill-building activities (i.e., how to properly apply a condom) and indicated that although abstinence was the safest option, condoms were important in reducing risk were one planning to have sex. The authors concluded that, “both abstinence and safer-sex interventions...reduce HIV sexual risk behaviors, but safer-sex interventions may be especially effective with sexually experienced adolescents and may have longer lasting effects” (p. 1529). Specific outcome areas improved by the safer-sex interventions were increased overall condom use, reduced unprotected coitus, and delayed initiation of coitus among some participants.

Similar studies have resulted in the implementation of safer-sex incentives among larger national and international populations. A major contributor to the success of safer-sex programs in inner-city populations has been the integration of Black culture into STD intervention programs. Thus, taking a broader look at factors that contribute to STDs, rather than simply focusing individual behaviors is a necessary element of a successful program.

In the “Be Proud! Be Responsible!” HIV Intervention project, which was implemented with Blacks in areas at high risk for HIV in the U.S. and abroad, trained facilitators conducted focus groups centered on the theme of reducing sexual risk through maintaining a sense of self-respect, which was a major concern for Black males in the Duval County sample. The programs were also linguistically appropriate, using terminology that was familiar to the adolescent participants. Overall results of the “Be Proud! Be Responsible!” project included reduced HIV-risk associated behavior, reduced frequency of sexual intercourse, reduced unprotected sexual

intercourse, fewer sex partners, and more frequent condom use. Most importantly, STD incidence rates were reduced at the 12-month follow up visit (Jemmott, 2006).

As these examples illustrate, it is important to know the audience who will be receiving sexuality education. In the case of Blacks in the inner-city, it is vital to “learn the code of their streets” (Jemmott, 2006). Additionally, since constructing a masculine identity affects every aspect of the lives of Black male adolescents, it is an important consideration for virtually every intervention tailored for this population. The most successful programs aimed at reducing STD rates among Black males should account for cultural and developmental aspects of their lives, including the street codes of behavior, their need for “respect,” and the role of peer pressure in shaping their attitudes about sex (Jemmott, 2006). It is our ethical duty as health care providers and social activists to ensure that the upcoming generation has the best information possible to help them make positive decisions regarding their reproductive health.

### **Health Care Implications**

There are several implications of this research for health care providers. First, it is important for providers to recognize reasons why Black adolescent males are a notoriously difficult population to reach for basic health services. The fact that they are challenging in terms of health service delivery will likely come as no surprise to most health care providers, especially those tasked with providing services in urban areas. However, unlike the general assumption made by some frustrated health care providers, these adolescents are not merely “non-compliant,” which is a label too often applied to clients who fail to show for health appointments. It is also not a matter of apathy; these youths likely do care about maintaining their health, or they would were they given the opportunity. This failure to show for appointments, instead, largely results from Black adolescents’ needs to address more immediate concerns of survival in unstable environments, which includes asserting their masculinity,



protecting their siblings, maintaining a sense of “respect” from their peers, and oftentimes, being the “man of the house.” Many Black males, like those in this study, also have domestic responsibilities that keep them in their homes. This includes child care of younger siblings, as well as other household duties. This may make it difficult for Black males to access health clinics during regularly scheduled nine-to-five daytime hours.

Additionally, adolescent males may not feel comfortable in clinics geared toward women. For example, clinic décor and furnishings that are more feminine in nature, such as pastel color schemes and pictures hung on the walls may deter many Black males. Some clinics inadvertently add stigma to males seeking health care services, such as those labeled “Women’s Health,” “Family Planning,” or “Sexually Transmitted Disease” clinics. Having more neutral clinic identifiers would be useful in combating these barriers. It might also increase the use of clinic services by males, who are largely underserved by existing reproductive health programs. As Shulte and Sonnestein (1995) noted, males constitute approximately 6% of the total clientele in family planning clinics across the nation, and approximately 2% of clients who receive subsidized care under the federal Title X program.

Several models have been developed for the provision of male-sensitive health care. One of the most successful programs was implemented in the Washington Heights district of New York City in 1999 and had immediate and surprising success rates. First of all, it was the only clinic of its kind in New York City. Secondly, it was tailored specifically to young adult male minorities, including a large population of immigrants from the Dominican Republic known for high rates of STDs, including HIV. During the first year of operation, the clinic served approximately 1,200 male clients between the ages of 14 to 34 years. The clinic still exists today and is simply referred to as The Men’s Health Clinic. It operates in the afternoons and evenings

to enhance accessibility and provides primary health care, as well as reproductive health services. It is furnished with a neutral color scheme and prominent pictures of distinguished Black male leaders, like former Secretary of State, Colin Powell, and former U.S. Surgeon General, David Satcher, throughout the clinic. During every health examination, regardless of the presenting symptoms, clients are asked about sexual risk factors and possible exposure to STDs, and STD screening of all clients is encouraged on a regular basis. When a study was conducted to examine the efficacy of this new model of men's health care delivery, authors concluded, "...complementing existing family planning services with services specifically designed for men is not only feasible, but highly acceptable to young men" (Armstrong et al., 1999, p. 905).

A similar program focused on addressing the reproductive health needs of young men through mentoring and focus group sessions was known as the Man2Man Initiative. It was implemented in North Central Philadelphia in an area known for its high rates of teenage pregnancy and STDs. Man2Man was developed as a collaborative effort between the Family Planning Council of Pennsylvania and several health agencies in the area. During the four-year program, trained adult male facilitators conducted 15 weekly sessions with 10-12 adolescents who were encouraged to participate in group discussions about topics related to reproductive health. Topics included sexual health, disease prevention, child development, relationships with women and fathering skills (Sherrow, Ruby, Braveman, & Battle, 2003). The program was met with such success and acceptance by male adolescents that it was touted as a national model.

To address Blacks' perceptions of health care inequities, the potential for structural barriers in health care facilities and stereotyping of Black males by health care providers needs to be constantly monitored. Racism in health care cannot be tolerated, and therefore, ongoing initiatives, including staff training programs and health disparities studies, are needed to increase

awareness and cultural sensitivity among health care providers and hospital administrators. Blacks continue to outpace Whites in rates of devastating illness and death due to complications of heart disease and diabetes, as well as breast cancer, stroke and prostate cancer. It is, therefore, essential to understand the underlying mechanisms for these negative trends. Moreover, it is an ethical mandate that all patients should receive the same standard of care, regardless of their economic background, ethnicity, or perceptions of assumed “non-compliance.”

### **Implications for Future Research**

It is not uncommon in qualitative research studies that the data lead to more questions than answers. This is certainly true for this research project. Although some clear themes were identified in this research, more questions have been generated. For example, we still don't know what the best kind of mentoring programs in urban Black communities are. It may be that each individual community, having a different “code” and culture, will require slightly different approaches. More research is needed on how to best tailor programs to support positive identities among Black youths. This is vitally important, since self-esteem can be correlated directly with educational performance, sexual behaviors, and acts of aggression that often lead to crime (Archer & Yamashita, 2003).

Another surprising finding, although there has been no formal follow-up study, was anecdotal information from program counselors who indicated that males in this study, enrolled in a daily “prevention program” targeted toward “at risk” youths, did not have dramatically improved chances of positive outcomes than other youth in the community. These children and adolescents felt no more protected from community violence than others in their neighborhoods. Additionally, they still described struggling in school, and feelings of anger, aggression, and a lack of confidence about their self-identities (i.e., feeling “lost”). The community leaders involved directly with adolescents in this program thought a small percentage of “graduates”

from the program actually “make it;” in other words, just a few went on to college, trade schools, or obtained meaningful careers. A follow-up study of these adolescents and the outcomes of the program would be helpful in helping us learn more about the best interventional models.

Additional research regarding the trend of early sexual initiation of Black males by Black females is also needed based on the findings from this study. As the discussion in Chapter 5 indicated, male adolescent participants in this sample commonly reported being initiated into sex by females, often beginning with fellatio. It has been suggested by other qualitative researchers (McGhan, 2005), that Black females may be sexually initiated by older, or even adult Black males, and thus, are more sexually precocious as a result. This warrants additional and immediate analysis to ascertain whether sexual abuse may be a factor affecting the sexual behaviors of young Black females and indirectly Black adolescent males.

More research is also needed concerning the most effective methods for disseminating health information to Black youths. Jemmott (2006) and others have proposed novel approaches for this, including airing safe-sex messages in media outlets commonly viewed by teens, such as Music Television (MTV) and VH1. Studies on the roles of the media, including television and the Internet, are necessary to establish how these outlets might be useful in promoting health in urban populations.

Finally, although social and psychological health determinants are inherently difficult to study (Kneipp & Drevdahl, 2003), research on disparities relative to race, class and gender dynamics should be ongoing. This is necessary to continue to address these problems and propose critical initiatives that can be implemented to initiate structural and systemic changes. As previous critical theorists have noted, “...science cannot be dispassionate about its work. Ultimately, our goal should be to move beyond describing health disparities and toward research

that more closely examines the mechanisms underlying them, including understanding not only how social and economic determinants operate, but also how psychological attributes may interact with biological processes” (Kneipp & Drevdahl, 2003, p. 170). Research to uncover disparities should be ongoing and should take a broad approach to examining health determinants, rather than merely focusing on behaviors. As was evident in this study, health behaviors and their resultant problems cannot be explained without appropriate contextual information. Environment, social context, including expectations of “ideal” and “cool” masculinities, and family structure, were all important elements that strongly influenced identities and attitudes among these participants.

In conclusion, these young men were optimistic individuals who wished for better lives. They desired stable homes, safety, better neighborhoods, success and careers, although many did not know how to achieve such outcomes. They possessed many positive characteristics, including being passionate, artistic, hard-working and determined, valuing strong family bonds, and respecting elders, to name a few. Additionally, feelings of anger and aggression stemmed from the need to assert masculinity, and the limited mechanisms for dealing with the stress in their lives. However, the resiliency of these youths was evident in their general hopefulness about the future. Most perceived the challenges in their lives as something they would eventually overcome, although they did not have specific plans as to how to achieve their goals. Therefore, it appears to be vitally important to take advantage of this time of optimism in the lives of Black adolescent males by providing them with adequate support and resources for success, before they experience disappointments to such a degree that they no longer see any hope for their lives. Ongoing research and social initiatives are needed to dispel social stereotypes and to begin to

make strides in the lives of inner-city Black youths, so they will have the hopeful futures they deserve.

APPENDIX A  
ADOLESCENT INTERVIEW GUIDE

IRB# 03

*The Impact of Black Masculinity on Identity Development and Sexual Health Practices of Adolescents*

Question 1: Tell me about yourself.

Prompts:       What are your friends like?  
                  Where do you go to school?  
                  What do you do for fun?  
                  What is your family like?  
                  What extra-curricular activities do you participate in?  
                  Where do you work?  
                  Where do you socialize with friends?  
                  Do you have a girlfriend or boyfriend?

Question 2: Tell me about yourself when you were a young boy.

Prompts:       What were your friends like?  
                  Where did you go to school?  
                  What did you do for fun?  
                  Where did you socialize with friends?

Question 3: Tell me about your life since you became a teenager.

Prompts:       How have your relationships with friends changed?  
                  How have your relationships with family members changed?  
                  How have your relationships with girlfriends/boyfriends changed?  
                  Are you expected to act differently by your friends? If so, how?  
                  Are you expected to act differently by your family? If so, how?

Question 4: What do you expect to happen when you become a grown up/man?

Prompts:       How will your relationships with friends/girlfriends/boyfriends change?  
                  How will you know you have become a man?  
                  How should a man act?

Question 5: Tell me about how most Black teen males your age feel about sex.

Prompts:       Are most of your friends having sex? If so, why do you think this is the case?  
                  When do most Black boys or teenage males start having sex?  
                  What do most Black boys/teenagers mean by "having sex"?  
                  How do most Black boys/teenagers feel about using condoms?  
                  How do you feel about having sex?  
                  When was the last time you had sex?  
                  How old were you the first time you had sex?  
                  How did you decide it was the right time to start having sex?  
                  Did having sex make you feel any differently about yourself? If so,  
                  how?

APPENDIX B  
COMMUNITY LEADER INTERVIEW GUIDE

*IRB#*   03  

*The Impact of Black Masculinity on Identity Development and Sexual Health Practices of Adolescents*

(Potential community leaders invited to complete the following survey may include: representatives from community agencies, such as The Bridge of Northeast Florida, Beulah Beale, and the Duval County Health Department; law enforcement officials; social workers; teen advocates.)

- 1) What do you see as major problems affecting Black adolescents?
  
  
  
  
  
  
  
  
  
  
- 2) What attempts are being made in the community to address these problems?
  
  
  
  
  
  
  
  
  
  
- 3) What is being done in the community to address the problem of sexually transmitted disease disparities in this community?
  
  
  
  
  
  
  
  
  
  
- 4) Have these attempts to address the above problems been effective? Why or why not?
  
  
  
  
  
  
  
  
  
  
- 5) What else could be done to positively influence Black adolescents in this community?



## LIST OF REFERENCES

- Akande, A., Moore, S., Rosenthal, D., Smith, A. & deVisser, R. (1998). Australian and South African undergraduates HIV-related knowledge, attitudes and beliefs. *Archives of Sexual Behavior*, 27(3), 279-294.
- Alexander, M. (2006). Fathers linked to healthy families. Retrieved online at <http://www.townhall.com> on 7/12/06.
- American Academy of Pediatrics. (2003). *Adolescent Pregnancy: Current Trends and Issues*. Committee on Adolescence.
- Anderson, E. (1994). Code of the streets. *The Atlantic Monthly* (May), 82-94.
- Archer, L., Yamashita, H. (2003). Theorising inner-city masculinities: 'Race,' class, gender and education. *Gender and Education*, 15(2), 115-132.
- Arendell, T. (1997). Reflections on the researcher-researched relationship: A woman interviewing men. *Qualitative Sociology*, 20(3), 341-349.
- Armstrong, B., Cohall, A., Vaughan, R., McColvin, S, Tiezzi, M., & McCarthy, J. (1999). Involving men in reproductive health: The young men's clinic. *American Journal of Public Health*, 89, 902-905.
- Bakken, R. & Winter, M. (2002). Family characteristics and sexual risk behaviors among Black men in the United States. *Perspectives of Sexual and Reproductive Health*, 34(5), 252-259.
- Bates, K. (1990). AIDS: Is it genocide? *Essence*, 76.
- Bailey, P. & Tilley, S. (2002). Storytelling and the interpretation of meaning in qualitative research. *Methodological Issues in Nursing Research*, 38(6), 574-583.
- Bogle, D. (1989). *Toms, Coons, Mulattoes, Mammies and Bucks: An Interpretive History of Blacks in American Films*. New York: Continuum Press.
- Carlson, E. (2004). The black-white perception gap and health disparities research. *Public Health Nursing*, 21(4), 372-379.
- Centers for Disease Control and Prevention. (1997). Sexually transmitted disease surveillance. Division of STD Prevention: US Department of Health and Human Services.
- Centers for Disease Control and Prevention. (2000). *Sexually Transmitted Disease Surveillance*. Division of STD Prevention: US Department of Health and Human Services.
- Centers for Disease Control and Prevention. (2004). *National STD Prevention Conference*. Retrieved from <http://www.cdc.gov> on 3/15/05.
- City of Jacksonville. (2006). Official Website of the City of Jacksonville, Florida. Retrieved from <http://www.coj.net> on 5/14/06.

- Connell, R. (1995). *Masculinities*. Berkeley, CA: University of California Press
- Courtenay, W. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine*, 50, 1385-1401.
- Creswell, J. (1998). *Qualitative Inquiry and Research Design: Choosing among Five Traditions*. Thousand Oaks, CA: Sage Publications.
- Cubbin, C., Santeli, J., Brindis, C., & Braveman, P. (2005). Neighborhood context and sexual behaviors among adolescents: Findings from the National Longitudinal Study of Adolescent Health. *Perspectives on Sexual and Reproductive Health*, 37(3), 125-134.
- Denizet-Lewis, B. (2004). Friends with benefits. *New York Times*. Published May 30, 2004. Retrieved from <http://www.nytimes.com> on 6/15/04.
- Donaldson, S. (1995). *Nursing Science for Nursing Practice*. In: Omery, A., Kasper, C., and Page, G. (Eds.). *In Search of Nursing Science*.
- Duval County Health Department. (2002). Chronic Disease and Health Promotion Statistics. Retrieved from <http://www.dchd.net> on 5/15/06.
- Ellis, L. (2002). *BC Parent Newsmagazine Online*. Retrieved from <http://www.bcparent.com/index.html> on 4/16/05.
- Erikson, E. (1963). *Childhood and Society*. WW Norton: New York.
- Fay, B. (2000). *Critical Social Science*. New York: Cornell University Press.
- Fortenberry, J., McFarlane, D., Bleakley, A., Bull, S., Fishbein, M., Grimley, D., Mallotte, K. & Stoner, B. (2002). Relationships of stigma and shame to gonorrhea and HIV screening. *American Journal of Public Health*, 92 (3), 0090-0036.
- Franklin, C. (1992). 'Hey Home- Yo Bro': Friendships among Black men. In: *Research on Men and Masculinities*. Sage Publications: California.
- Gamble, V. (2002). Under the shadow of Tuskegee: Blacks and health care. In Laveist, T. (Ed.). *Race, Health and Ethnicity*. San Francisco, CA: Jossey-Bass Publishers.
- Gates, H. (2001). Hard truths. In Smiley, T. (Ed.) *How to Make Black America Better: Leading African Americans Speak Out*. New York: Random House.
- Gohel, M., Diamond, J., & Chambers, C. (1997). Attitudes toward sexual responsibility and parenting: An exploratory study of young urban males. *Family Planning Perspectives*, 29(6), 280-284.
- Gorman-Smith, D., Tolan, P., & Florsheim, P. (2000). Patterns of functioning and adolescent outcomes among urban African American and Mexican American families. *Journal of Family Psychology*, 14(3), 436-457.

- Gradilla, A. & Torres, R. (2004). Latino masculinities. In Kimmell and Aronson (Eds.). *Black Fathers in Contemporary American Society: Strengths, Weaknesses and Strategies for Change*. New York: Russell Sage Publications.
- Gramsci, A. (1971). Selections from the Prison Notebooks. London: Lawrence and Wishart.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82.
- Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York: The Alan Guttmacher Institute. Retrieved from <http://www.guttmacher.org> on 3/12/05.
- Guttmacher Institute. (2003). *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide*. New York: The Alan Guttmacher Institute. Retrieved from <http://www.guttmacher.org> on 3/12/05.
- Hewlett, B. (2000). Culture, history and sex: Anthropological contributions to conceptualizing father involvement. *Marriage and Family Review*, 29(2/3), 59.
- Hill Collins, P. (1998). *Fighting Words: Black Women and the Search for Justice*. Minnesota: University of Minnesota Press.
- Hood, K. (2003). *Access to Sexually Transmitted Disease Services in Duval County, Florida*. Doctoral Dissertation. University of Florida.
- hooks, B. (2000). *Where We Stand: Class Matters*. London: Routledge.
- Hughes, C. (2001). History, heritage, and hope. In Smiley, T. (Ed.) *How to Make Black America Better: Leading African Americans Speak Out*. New York: Random House.
- Jacksonville Community Council, Inc. (1995). Teenage Single Parents and their Families. Retrieved from <http://www.jcci.org/projects/projectreports.aspx> on 5/12/06.
- Jacksonville Community Council, Inc. (2002). Beyond the Talk: Improving Race Relations. Retrieved online from: <http://www.jcci.org/projects/projectreports.aspx> on 5/12/06.
- Jacksonville Community Council, Inc. (2005). Race Relations Progress Report. Retrieved from: <http://www.jcci.org/projects/projectreports.aspx> on 5/12/06.
- Jacksonville Community Council, Inc. (2006). Reducing Murder in Duval County. Retrieved from: <http://www.jcci.org/projects/projectreports.aspx> on 5/12/06.
- Jeffries, W. (2005). *Men and Masculinities Course Seminar*. University of Florida, College of Sociology.
- Jemmott, L. (1998). The Well: A neighborhood-based health promotion model for Black women. *Health and Social Work*, 23(2), 146-152.

- Jemmott, J., Jemmott, L. & Fong, G. (1998). Abstinence and safer sex HIV risk reduction interventions for African American adolescents: A randomized controlled trial. *Journal of the American Medical Association*, 279, 1529-1536.
- Jemmott, J., Jemmott, L., Fong, G. & McCaffree, K. (1999). Reducing HIV risk-associated sexual behavior among African American adolescents: Testing the generality of interaction effects. *American Journal of Community Psychology*, 27(2), 161-187.
- Jemmott, L. (2006). *Strategies for Designing Effective Programmes to Prevent HIV/STDs*. Keynote Address: Changing Visions to Reality through Nursing Research 1966-2006.
- Kimmel, M. (1995). *Manhood in America: A Cultural History*. New York: The Free Press.
- Kneipp, S. & Drevdahl, D. (2003). Problems with parsimony in research on socioeconomic determinants of health. *Advances in Nursing Science*, 26(3), 162-172.
- Ku, L., Sonenstein, F., & Pleck, J. (1994). The dynamics of men's condom use during and across relationships. *Family Planning Perspectives*, 26(6), 244-251.
- Labov, W. & Waletzky, J. (1972). Narrative analysis: Oral versions of personal experience. In *Essays on the Verbal and Visual Arts* (Helms, J., ed.). University of Washington Press: Seattle.
- Lichtenstein, B. (2003). Stigma as a barrier to treatment of sexually transmitted infection in the American deep south: issues of race, gender, and poverty. *Social Science and Medicine*, 57, 2435-2445.
- Majors, R. & Billson, J. (1992). *Cool Pose: The Dilemmas of Black Manhood in America*. New York: Lexington Books.
- Marsiglio, W. (2003). Making males mindful of their sexual and procreative identities: Using self-narratives in field settings. *Perspectives on Sexual and Reproductive Health*, 35(5), 229-234.
- Marsiglio, W. & Hutchinson, S. (2004). *Sex, Men, and Babies: Stories of Sexual Awareness and Responsibility*. New York: New York University Press.
- Mayberry, R., Mili, F., and Ofili, E. (2002). Racial and Ethnic Differences in Access to Medical Care. In: Laveist, T. (Ed.). *Race, Health and Ethnicity*. San Francisco: Josey-Bass.
- McKay, J., Mikosza, J., & Hutchins, B. (2004). 'Gentlemen, the Lunchbox had Landed': Representations of Masculinities and Men's Bodies in the Popular Media. In: Kimmel, J, Hearn, & Connell, R. (Eds.). *Handbook of Studies on Men and Masculinities*. London: Sage Publications.
- McGhan, C. (2005). *Repeated Acquisition of Sexually Transmitted Infections: Feelings, Perceptions, and Explanations of Adolescent Girls*. Doctoral Dissertation. University of Florida.

- Messner, M. (2004). On patriarchs and losers: Rethinking men's interests. *Berkeley Journal of Sociology*, 76-88.
- Morse, J. (2003). Qualitative and quantitative methods: Issues in sampling. In P.L. Chinn (Ed.), *Nursing Research Methodology*. Rockville, MD: Aspen Publishers.
- National Institute of Child Health and Human Development. (1997). *Conference on Fathering and Male Fertility: Improving Data and Research*.
- National Campaign to Prevent Teen Pregnancy. (2005). *Teen Birth Rates*. Retrieved from: <http://www.teenpregnancy.org>.
- New York Times (Editorial). (1992, May 12). *The AIDS "plot" against Blacks*.
- Nolind, R. (1997). Abstinence funding: Is it worth the price? *The Advocate's Forum*, 4(1). Retrieved from: <http://www.ssa.uchicago.edu/publications/advforum>
- Odih, P. (2002). Mentors and role models: Masculinity and the educational 'underachievement' of young Afro-Caribbean males. *Race, Ethnicity and Education*, 5(1), 92-107.
- Patton, M. (1990). *Qualitative evaluation and research methods*. (2nd edition). Thousand Oaks, CA: Sage Publications:
- Payn, B., Tanfer, K., Billy, J., & Grady, W. (1997). Men's behavior change following infection with a sexually transmitted disease. *Family Planning Perspectives*, 29(4), 152-159.
- Remafedi, G., Farrow, J., Deisher, R. (1991). Risk factors for attempted suicides in gay and bisexual youth. *Pediatrics*, 87, 869-875. Retrieved from <http://pediatrics.aappublications.org> on 7/10/06.
- Remafedi, G. (1994). *Death by Denial: Studies of Suicide in Gay and Lesbian Teenagers*. Los Angeles, CA: Alyson Publications.
- Rome, D. (2004). Mass media and the African American criminal male stereotype. *Indiana University Media Relations*. Retrieved from <http://newsinfo.iu.edu> on 9/15/05.
- Rubin, R., Billingsley, A., & Caldwell, C. (1994). The role of the Black church in working with Black adolescents. *Adolescence*, 29(114), 251-266.
- Salazar, L. (2004). Sexual and reproductive health: Positive self-concept linked to refusal of unprotected sex. *Medical Letter on the CDC and FDA*.
- Schulte, M. & Sonnestein, F. (1995). Men at family planning clinics: The new patients? *Family Planning Perspectives*, 27(5), 212-218.
- Sherrow, G., Ruby, T., Braverman, P., Bartle, N., Gibson, S., Hock-Long, L. (2003). Man2Man: A promising approach to addressing the sexual and reproductive health needs of young men. *Perspectives on Sexual and Reproductive Health*, 35(5), 215-220.

- Staples, R. (1986). Masculine way of violence. In: Hawkins, D. *From Homicide among Black Americans*. University Press of America: Maryland.
- Taylor, S. (2001). Each other's keeper. In Smiley, T. (Ed.) *How to Make Black America Better: Leading African Americans Speak Out*. New York: Random House.
- United States Census Bureau. (2000). General information on Census 2000. Retrieved from <http://www.census.gov/main/www/cen2000.html> on 4/28/06.
- Vancouver Report. (1996). Report from the International Conference on AIDS. Retrieved from: <http://www.cdpc.com/vancouver.htm> on 3/15/05.
- Wagstaff, D., Delmater, J., & Havens, K. (1999). Subsequent infection among adolescent African-American males attending a sexually transmitted disease clinic. *Journal of Adolescent Health, 25*, 217-226.
- Williams, D. & Collins, D. (2002). US socioeconomic and racial differences in health. In Laveist, T. (Ed.). *Race, Health and Ethnicity*. Josey-Bass: San Francisco, CA.
- Williams, J. (2004). The low-down on the down-low. *The Gay and Lesbian Review Worldwide, 11*(6).
- Wood, W. (1989). History of Springfield. In: *Jacksonville's Architectural Heritage: Landmarks for the Future*. Retrieved from: <http://www.coj.net>.

## BIOGRAPHICAL SKETCH

Rachel McMahan is a Family Nurse Practitioner and professor at Jacksonville University in Jacksonville, Florida. She received her undergraduate degree in nursing from Jacksonville University in 1999. She earned her master's degree from the University of Florida in 2001 and was certified by the American Nurses Credentialing Center as a Family Nurse Practitioner. She has a specialty in adolescent health and has maintained a practice in this area since 2002. She is active in many professional nursing organizations, including Sigma Theta Tau and the National Association of Pediatric Nurse Practitioners.













