



# Sexual Socialization Experiences and Perceived Effects on Sexual and Reproductive Health in Young African American Women

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## Abstract

Socialization is a process whereby people learn the norms and values of society. African American caregivers often engage in socialization processes that teach girls about Black womanhood, and female sexual and reproductive health. African American women experience high rates of adverse sexual and reproductive health outcomes that may be explained in part by socialization processes. The present study investigated the childhood socialization experiences of young Black women, and perceptions of the influence of these experiences on women's adult sexual and reproductive health attitudes and behaviors. In-depth interviews were conducted with 25 Black women enrolled at a large public university. We identified several themes in their socialization experiences: Endorsement of traditional feminine gender norms/roles; Preparation for prejudice; Promotion of ambition and independence; Promotion of racial pride; Guidance on sexual and reproductive health; Limited engagement in sexual socialization. We also identified themes related to the perceived influence of these experiences, such as the adoption or rejection of caregivers' socialization messages by participants. These findings, as illustrated in quotes from participants, elucidate sociocultural processes in Black women's sexual and reproductive health, and provide guidance for how families, educators, and healthcare providers engage with Black women and girls about sexual and reproductive health.

**Keywords** Socialization · Reproductive Health · African American · Women · Intersectionality

African American women in the United States disproportionately experience adverse sexual and reproductive health outcomes, particularly around issues of family planning and the process of determining if and when one decides to have children and the number of children (Haider et al., 2013). Research shows that Black women experience a high incidence of unintended pregnancy and shorter interpregnancy intervals (Lonhart et al., 2019; Mosher et al., 2012). Additionally, Black women report low use of any contraceptives, and low use of highly or moderately effective contraceptives such as intrauterine devices (IUDs) (Dehlendorf et al., 2014). While these behavioral patterns may be explained in part by social, economic, and political inequalities due to racism (Prather et al., 2016), there are also relevant socio-cultural factors that may contribute. Studying the familial

socialization process that teaches Black girls about being a Black woman (i.e., gendered-racial socialization), and the related process that teaches them about sexual and reproductive health topics (i.e., sexual socialization), may improve our understanding of sexual and reproductive health among Black women. The current study employed qualitative methods to investigate the childhood socialization experiences of African American women, and the perceived influence on their sexual and reproductive health attitudes and behaviors in adulthood. Of note, we use the terms "African American" and "Black" interchangeably throughout the paper, because some of the studies cited use one or the other and often do not make distinctions about which ethnic groups of the African diaspora are being referenced.

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## Socialization of African American Children and the Role of Intersectionality

Socialization is the process by which children are taught the accepted norms and values of a society in order to become functional members (Maccoby, 1992). For African American families, this often involves engaging in racial socialization, a process whereby race-related messages are relayed to prepare children for life as people of color (Hughes & Chen, 1997; Lesane-Brown, 2006). Importantly, there are various factors which may influence the types of racial socialization messages relayed by African American families, including the child's gender (Hughes et al., 2006). Multiple studies have found gender differences in the types of messages that Black girls and boys receive (Bowman & Howard, 1985; Brown et al., 2010; Grills et al., 2016; Malone Gonzalez, 2019; Thomas & Blackmon, 2015; Thomas & Speight, 1999).

For African American girls in particular, the possession of two marginalized social statuses makes them targets of racial and gender discrimination (Beale, 1970), as well as discrimination that is specifically related to their status as both Black and female (i.e., gendered racism) (Essed, 1991). Thus, intersectionality may play a role in how African American families socialize Black girls. The term *intersectionality* refers to the interconnectedness of multiple systems of oppression such as racism, sexism and classism, and provides a lens for examining the experiences of individuals living at the intersection of these systems (Crenshaw, 1989). Furthermore, intersectionality emphasizes the interconnectedness of people's multiple social statuses and its influences on their social, economic, and political standing in society (Collins, 1986; Crenshaw, 1989). Thus, intersectionality serves as an important approach for understanding the lived realities of Black women and girls.

### Gendered-Racial Socialization of African American Girls

Gendered-racial socialization is the process whereby African American girls are taught about the realities of being a Black woman, and ways to cope with the gendered racism they experience (Brown et al., 2017). Several studies have identified gendered-racial socialization messages that Black women and girls receive, including messages about respectability, independence, and self-pride (Edmondson Bell & Nkomo, 1998; Thomas et al., 2013; Thomas & King, 2007). Families also relay messages to Black girls about their physical beauty, particularly regarding their hair and skin color (Davis Tribble et al., 2019).

There is a growing body of research on the associations between different gendered-racial socialization messages (e.g., gendered-racial pride and empowerment, gendered-racial oppression, etc.) and various psychosocial outcomes in Black women and girls (Moody & Lewis, 2019; Stokes et al., 2020; Winchester et al., 2021). Recent studies have also linked gendered-racial socialization messages to sexual behaviors and attitudes in African American women and girls. Evans et al. (2022) found that gendered-racial pride messages were significantly associated with lower likelihood of intentions to have sex early in a sample of 287 Black female adolescents. They also found that these messages moderated the relationship between parental monitoring and adolescent's intentions to have early sex; among girls who received low gendered-racial pride messages, greater parental monitoring was associated with lower likelihood of intentions to have sex early, but this was not true of girls with high levels of pride messages. Likewise, Brown and colleagues (2018) found that ethnic-gender socialization profiles were associated with sexual assertiveness and safe sexual practices in a sample of 116 African American college women, and that sexual assertiveness mediated the relationship between ethnic-gender socialization profiles and safe sex practices.

These studies provide preliminary evidence linking gendered-racial socialization to sexual attitudes and behaviors, which suggests that this socialization process may be relevant to Black girls' sexual development. However, they do not examine the breadth of sexual and reproductive health issues related to family planning. For example, we do not know whether gendered-racial socialization messages in childhood and adolescence influence attitudes and behaviors concerning gynecological care, unintended pregnancy, abortion, and contraceptive use besides condom use.

### Sexual Socialization of African American Girls

As children develop and begin to mature physically, parents often start to relay messages about sexuality and other related topics to guide their behaviors around sex (Widman et al., 2016). Furthermore, research shows that parents have more discussions about these issues with girls than with boys (DiIorio et al., 2003), and this is also true in African American families (Anderson et al., 2011; Fletcher et al., 2015; Kapungu et al., 2010; Pluhar et al., 2008). For African American families, socialization of Black girls may involve teaching them about historical and contemporary stereotypes of Black womanhood to deter them from perpetuating these images (Leath & Mims, 2021). Stereotypes of Black women as "gold-diggers," "Jezebels," and "Welfare

Queens” often characterize Black women as hypersexual, materialistic, and irresponsible, which influences how they are perceived in society. Thus, African American families may relay messages about sexuality that convey their disapproval of behaviors that would associate Black girls with such stereotypes (Leath et al., 2021).

Qualitative studies suggest that Black girls receive a range of messages about sexuality from their families, such as educational messages concerning sex and related topics, messages about the potential consequences of engaging in sexual activities, and messages that promote abstinence (Crooks et al., 2019; Dennis & Wood, 2012; Evans & Dyson, 2015; Grange et al., 2011; Leath et al., 2020; Warren-Jeanpiere, 2006). Furthermore, quantitative studies have linked sexual socialization messages in Black adolescent girls to various sexual health attitudes and behaviors. These include sexual assertiveness and positive affect about their level of sexual experience (Fletcher et al., 2015), permissive attitudes about premarital sex and sexual experience (Bynum, 2007), greater anticipation and intentions of engaging in sexual activity (Anderson et al., 2011; Evans et al., 2022), and likelihood of girls ever having sex (Donenberg et al., 2011; Usher-Seriki et al., 2008). While these studies provide quantitative evidence of the associations between sexual socialization messages and sexual health attitudes and behaviors in Black girls, they do not address other reproductive health attitudes and behaviors related to family planning. Furthermore, unlike qualitative methods, quantitative methods do not capture the meaning-making process of childhood experiences and sexual development in Black women and girls which was an underlying rationale for this study’s method.

## The Current Study

Previous qualitative studies have not sufficiently investigated Black girls’ sexual socialization concerning topics relevant to family planning, particularly gynecological healthcare and abortion, nor have they looked at the effects of sexual socialization practices on values, attitudes, and behaviors related to reproductive health in adulthood. The purpose of the current study is to take an intersectional approach to investigate the childhood gendered-racial and sexual socialization experiences of Black women, and the influence of socialization experiences on their sexual and reproductive health values, attitudes, and behaviors in adulthood. This study also takes a developmental approach to examine how messages received in childhood may influence sexual and reproductive health later in life. Using qualitative research methods, we investigated the childhood socialization experiences of young African American women, and

the perceived influence on their adult sexual and reproductive health values, attitudes, and behaviors.

## Method

### Participants

The sample was composed of 25 African American women who were enrolled as undergraduate, graduate, or professional students at a large university in the western United States. The inclusion criteria for this study were: (a) self-identified as a Black or African American cisgender woman; (b) born in the U.S.; and (c) 18 years of age or older. In addition, individuals were eligible only if they had at least one primary caregiver of African American descent while growing up before the age of 18. Primary caregivers included parents, stepparents, grandparents, and/or any other guardian. For this study, African American was defined as an individual who is a descendant of enslaved Africans in the U.S.

The mean age of the sample was 26 years ( $SD=8.11$ ; Range = 18 to 53 years). Approximately half of the women ( $n=13$ , 52%) were enrolled as graduate or professional students, while 48% ( $n=12$ ) were enrolled as undergraduate students of varying years in school. A majority of the sample ( $n=15$ , 60%) grew up in the Western region of the U.S., while the remainder grew up in other regions of the U.S. Slightly over half of the women ( $n=14$ , 56%) reported coming from a low- or low to middle-income background (see Table 1 for full demographic information). About one-half of the sample ( $n=13$ , 52%) were raised by two primary caregivers of African American descent. Specifically, nine women were raised by their mother and father, three were raised by their mother and grandmother, and one woman was raised by her mother and great-grandmother. The other half were raised by one primary caregiver of African American descent. Of the 23 women who reported their sexual attraction, most women ( $n=15$ ) reported attraction to men only, while three reported attraction to women only and five reported attraction to both.

### Study Design and Procedures

This study was approved by the institutional review board at the University of California, Los Angeles prior to data collection. Participants were recruited via a standardized email that was sent to all Black female undergraduate, graduate, and professional students by the university’s registrar. The email contained the study objectives, eligibility criteria, and a hyperlink to the study information sheet. The study information sheet explained in detail the purpose of the study, description of study participation, participants’ rights,

**Table 1** Sample Demographic Information ( $N=25$ )

Pseudonym	Age	Year in School	Income Level	Region of Origin	Primary African American Caregiver(s)	Sexual Attraction
Aliyah	18	Undergraduate/Freshman	Middle to high	South	Mother and father	Men
Esther	23	Graduate/Professional	Low to middle	West	Mother	Men
Sherrie	23	Graduate/Professional	Middle	South	Mother and father	Men and women
Rebecca	37	Graduate/Professional	Low to middle	West	Mother and father	Men
Jeanine	19	Undergraduate/Sophomore	Middle to high	West	Mother	Men
Cheryl	25	Graduate/Professional	Low	South	Mother and father	Men
Monifa	30	Undergraduate/Senior	Middle	West	Mother	Women
Eve	42	Graduate/Professional	Middle to high	South	Mother and father	Men
Justine	26	Graduate/Professional	Low to middle	Northeast	Mother and great-grandmother	Men
Racquel	20	Undergraduate/Sophomore	Low to middle	West	Father	Men
Felisha	25	Graduate/Professional	Middle	Midwest	Mother and father	Men
Simone	28	Graduate/Professional	Middle to high	West	Father	Men and women
Halima	21	Undergraduate/Senior	Low to middle	South	Mother and grandmother	Men and women
Essence	20	Undergraduate/Sophomore	Low	West	Mother	–
Tara	32	Graduate/Professional	Middle to high	South	Mother and grandmother	Women
Gina	22	Undergraduate/Senior	Low to middle	West	Father	Men
Priscilla	32	Graduate/Professional	Low	West	Mother	Men
Jada	22	Undergraduate/Senior	Low	West	Mother and grandmother	Men and women
Noelle	20	Undergraduate/Junior	Low to middle	West	Mother and father	Men and women
Tess	20	Undergraduate/Junior	Low to middle	West	Father	Men
Levina	53	Graduate/Professional	Low to middle	West	Mother and father	Men
Stella	30	Graduate/Professional	Middle	South	Mother	Women
Ruth	24	Graduate/Professional	Middle	West	Mother	–
Shanice	21	Undergraduate/Junior	Middle	West	Mother and father	Men
Nia	29	Undergraduate/Senior	Low	Northeast	Mother	Men

and the risks and benefits of participation. The first author (principal investigator) contacted 57 students who initially expressed interest in the study, of whom 30 students agreed to be screened to confirm their eligibility. The investigator screened the prospective participants verbally via video conferencing, and 25 individuals were eligible to participate in the study. Prior to the start of the interview, participants completed a brief background questionnaire on questions about age, enrollment status, region of origin, family income level while growing up, and sexual attraction. All interviews were conducted by the investigator using a standard interview protocol and were conducted via video conferencing and were audio recorded with participants' verbal consent. The mean length of the interviews was 42 minutes. It was determined that data saturation was achieved after conducting 25 interviews (Fusch & Ness, 2015).

A semi-structured interview protocol was used for this study, which included open-ended interview questions and probes about childhood messages about race, gender, and sexual and reproductive health topics related to family planning. There were also open-ended questions about the perceived influence of these messages on sexual and reproductive health values, attitudes and behaviors. The design of the interview protocol was informed by previous research on gendered-racial socialization, sexual socialization, and sexual and reproductive health. Furthermore, the questions

and probes and the organization of the interview protocol were guided in part by the framework of intersectionality. For example, participants were asked questions such as “Can you tell me about any messages that your caregiver(s) may have told you that were specifically about being a Black girl, or what it means to be a Black woman?” and “To what extent did your caregiver(s) communicate messages to you about abortion? In what ways were any of these messages specifically about Black women?” The interview protocol was piloted with four Black female students and revised prior to recruitment.

### Researcher Positionality and Reflexivity

The first author is a doctoral student whose research centers on psychosocial and sociocultural factors affecting Black women's health. She holds a mixed insider/outsider status as a young Black cisgender woman from the Caribbean, which enabled her to relate to the participants, and also learn from them. To initiate rapport, video conferencing was specifically used to screen participants to allow them a chance to see the investigator and ask questions about the study and her research interests. Furthermore, the investigator formed a research team by intentionally recruiting and training three young Black women who served as undergraduate research assistants for the study. The research assistants were

strongly encouraged to share their thoughts with the investigator throughout the entirety of the study. During the data analysis stage, the research team also engaged in reflexivity by frequently discussing how their own childhood experiences and differing experiences as Black women affect their thoughts and feelings about the study topics and the contents of the transcripts.

Additionally, the second author of this paper is a Black male professor who was trained in community psychology. His work has examined sexual and mental health outcomes among racial/ethnic and sexual minority populations, and he has substantial experience conducting qualitative research. He worked with the first author in the analysis of the qualitative data collected and interpretation of themes, but as a part of his reflexive practice, acknowledged his limitations in personally understanding the lived experiences of Black women and his privilege as a cisgender male. The third author is a White/European American female professor trained in social and health psychology who conducts research in women's reproductive health, especially with low-income pregnant Black and Latina women. Over the course of her career, she has conducted and supervised qualitative and quantitative research on topics such as cancer, diabetes, HIV, and pregnancy in Black and Latina women in clinical and community settings. She advised the first author in the design of the study and the interpretation of themes. However, she also recognized her limitations as a White woman in supporting this research and provided other suitable mentors. Altogether, this research reflects the influence of the varying identities and backgrounds of the researchers involved (Merriam & Tisdell, 2016).

## Data Analysis

Audio recordings of the interviews were first transcribed using Otter.ai, a transcription software. After the transcription, the research team reviewed all transcripts for accuracy by listening to the recordings and reading through the transcripts to correct any discrepancies. The data were analyzed using an inductive and deductive approach to thematic analysis (Fereday & Muir-Cochrane, 2006). Thematic analysis is a commonly used method in qualitative research that identifies and organizes existing themes and patterns within the data. This hybrid approach to thematic analysis involves data-driven inductive techniques to identify themes, as well as deductive techniques that were guided by the interview protocol and the literature on the topics.

Prior to starting the analysis, a priori codes were derived from previous qualitative studies on gendered-racial socialization and sexual socialization in Black women and girls. The research team then became familiar with the data by reading through the transcripts twice and making notes and

memos. New codes were identified from the data through discussions of these notes. The codes from the literature and from the transcript review were consolidated into an initial codebook that contained the code definitions and examples. The transcripts were uploaded into the software Dedoose (Version 9.0.54, 2022), and the research team independently coded four randomly selected transcripts using the initial codebook. The team then discussed and resolved disagreements about the codes and amended the codebook accordingly. This process was repeated twice by the entire research team and four times by the PI and one of the research assistants to finalize the codebook. Afterwards, the PI and research assistant independently coded four randomly selected transcripts using the finalized codebook, and the interrater reliability was calculated by dividing the total number of agreements and disagreements by the number of agreements (Miles & Huberman, 1994). The final interrater reliability was 79%.

After all the transcripts were coded with the finalized codebook, the codes were collated into themes and subthemes. The themes and subthemes were then reviewed by evaluating frequencies of the code applications and the co-occurrences between codes using Dedoose. Finally, each theme and subtheme were labeled and described. All participants were assigned pseudonyms to protect their confidentiality. The data and research materials for this study are available upon request.

## Results

African American women in our sample reported varying childhood and adolescent socialization experiences regarding what it means to be a Black woman and concerning female sexual and reproductive health. We identified several distinct themes relevant to sexual development. Almost all participants reported receiving messages in childhood from their caregiver(s) that endorsed traditional feminine gender norms and roles. Most participants reported receiving messages designed to prepare them for prejudice they might encounter as a Black woman. One-half of the participants reported receiving caregiver messages that emphasized independence, education, and careers. Similarly, one-half of the participants reported receiving messages that promoted racial pride. All participants reported receiving messages that provided some guidance on sexual and reproductive health. However, some women reported having limited engagement with caregivers about specific reproductive health issues such as abortion. Also, most participants reported receiving messages that opposed sexual exploration among girls. We also identified two themes regarding influences of caregiver messages, including the influence of



caregiver's direct engagement, and influence of caregiver's limited engagement in sexual socialization. All themes are described in detail in Table 2.

### Endorsement of Traditional Feminine Gender Norms/Roles

A large majority of women ( $n = 24$ ) reported receiving messages in childhood from their caregiver(s) that endorsed traditional feminine gender norms and roles. Such messages often encouraged girls to conform to traditional societal gender stereotypes of women, including performing gendered household duties, wearing feminine clothes and accessories, and playing with toys that are typically associated with being a girl. For example, Nia, a 29-year-old senior undergraduate student, stated, "My mom ... she would buy us [her and her younger sister] toys that are mostly for girls, like kitchen sets, or fake nail polish, Barbie dolls."

Some of the messages within this theme were focused on the appearance of women, notably about hair. For example, Esther, a 23-year-old graduate/professional student, discussed a long-standing conflict between her and her mother regarding her hair:

[The] big thing with my mom was my hair. My hair has always been a conversation ... But in my teenage years and even when I was younger, I used to get my hair done every two weeks. I used to go to the beauty shop, get my hair pressed, or at least just blow dried, washed, conditioned, etc. I never got a perm. But I think she made me feel as if like my beauty and femininity was tied to that, because of how constant I got my hair done.

Additionally, some participants reported receiving messages about how they are expected to conduct themselves as women. When asked about the messages she received about being a girl, Eve (a 42-year-old graduate/professional student) shared that her mother relayed to her that, "... you always had to present yourself as a young lady," suggesting that she was expected to always behave in a respectable and dignified manner.

### Preparation for Prejudice Against Black Women

Most participants ( $n = 20$ ) reported receiving messages from their caregiver(s) that were intended to prepare them for prejudice they may encounter as a Black person and a woman. Participants discussed how their caregivers' communicated expectations of Black women, such as Black women having to actively combat negative stereotypes, perform "codeswitching" when interacting with White people

(i.e., switching between languages or dialects based on the social context), be self-sacrificing for their families' needs, and be very mindful of the decisions they make because of their intersectional status. For example, Priscilla, a 32-year-old graduate/professional student, discussed a message she received from her mother about how men take advantage of Black women:

... you're Black, and men will try to take advantage of you. So, you need to make sure that you check on yourself after sex with men because ... you can encounter somebody who has herpes, and they might not be having an outbreak at the time, but you know, they could possibly be transmitted to you and men don't really care about Black women ... Be skeptical about who you decide to share your body with. Men just want you for your body because you're a Black woman, and you look like this. And you're going to be targeted because of the way that you look and because of the color of your skin.

This example illustrates ways in which African American caregivers prepare girls for harmful experiences of sexualization. African American caregivers may also relay messages to Black girls on how to navigate different social contexts in society as Black women, such as healthcare settings which are pertinent to sexual and reproductive healthcare. For instance, Stella, a 30-year-old graduate/professional student, recalled how her mother taught her the importance of having a Black healthcare provider:

... she never really talked in the same way that we do now about Black women's reproductive health. But it was like— she would just say things like, "Oh, we need to make sure that you get a Black woman doctor, because we wouldn't want anybody else looking at you. No one else really understands your body the way that a Black woman doctor would."

### Promotion of Ambition and Independence

Almost one-half of participants ( $n = 13$ ) reported receiving caregiver messages that emphasized qualities such as independence, and valuing education and a career. For example, Rebecca, a 37-year-old graduate/professional student, spoke about the conflicting messages she received from her mother and father regarding expectations of women:

I think it was different though maybe from my mom's perspective ... I feel like she grew up with... serving your man and doing all that. That wasn't my picture

**Table 2** Themes and Subthemes for Socialization Experiences and the Perceived Influence on Sexual and Reproductive Health

Theme	Subtheme	Description	Example Quote
Endorsement of Traditional Feminine Gender Norms/Roles ( <i>n</i> = 24; 96%)	–	Caregiver messages that endorse traditional feminine gender norms and roles	Related to those Southern traditions, it was like you make your man's plate ... You clean the house. You are responsible for the indoor work, and the cooking. (Rebecca)
Preparation for Prejudice against Black Women ( <i>n</i> = 20; 80%)	–	Caregiver messages on what it means to be Black and a woman in society	Just being that, you know, typical, strong, independent Black woman, like, I would hear that a lot. "Like, you have to be a strong Black woman. Like, you're gonna have so many adversities." (Cheryl)
Promotion of Ambition and Independence ( <i>n</i> = 13; 52%)	–	Caregiver messages that emphasize qualities to instill a sense of ambition and independence in Black girls	My mom definitely instilled that it's important for women to have a life of their own, to make sure that you have interests and things that you're passionate about outside of other people, particularly men. (Shanice)
Promotion of Racial Pride ( <i>n</i> = 14; 56%)	–	Caregiver messages that promote appreciation of and pride in being Black/African American or being a Black woman	... my grandmother was always just really explicitly encouraging of me having Black friends and Black dolls... she was very pro-Black, I'll put it that way. (Tara)
Guidance on Sexual and Reproductive Health ( <i>n</i> = 25; 100%)	Caregiver Support through Verbal Messages and Actions ( <i>n</i> = 25; 100%)	Caregiver verbal messages and actions in support of sexual and reproductive health	... a big thing for my mom was making sure I'm vaccinated for everything. So HPV, I did that as early as possible. (Aliyah)
	Observations of Caregivers' Sexuality and Intimate Relationships ( <i>n</i> = 11; 44%)	Guidance received through observing caregivers' own intimate relationships and/or expression of sexuality	... I feel like I just learned a lot, just not even from her [mother] telling me but just watching the dynamic of my parents' relationship. (Cheryl)
Limited Engagement in Sexual Socialization ( <i>n</i> = 23; 92%)	–	Caregiver's limited engagement in discussions about sexual and reproductive health topics	The only thing they [mother and grandmother] told me about was like, "That's a vagina," or "You have a vagina," and that's it. Nothing else. (Jada)
Opposition to Sexual Exploration among Girls ( <i>n</i> = 20; 80%)	Caregiver Messages for Girls' Sexual Expression Compared to Boys' ( <i>n</i> = 18; 72%)	Caregiver messages that attempt to control girls' sexual expression, in contrast to boys	... that whole mindset of "boys will be boys" when it comes down to how they attract women, or how they hit on women, but that, you know, "As a girl, you shouldn't want to have too many men looking at you, or you should always want to cover up." (Sherrie)
	Messages About Girls' Sexual Expression Based on Ethics or Morals ( <i>n</i> = 12; 48%)	Caregiver messages opposing sexual exploration by girls that are guided by their ethics or morals	And they [her parents] would talk about it too that, "You should not have kids until you get married." That was very important to them. You know, that you do things, "the right way." (Levina)
Influence of Caregiver's Direct Engagement ( <i>n</i> = 23; 92%)	Adoption of Caregiver Values and Attitudes ( <i>n</i> = 23; 92%)	Black women accepting/retaining the values and attitudes that their caregivers relayed to them as children	... I think my mom's kind of thing got into my head, and so I would like bow out of situations related to sex just because I could feel or hear her voice or her potential judgement in the back of my head. (Esther)
	Rejection of Caregiver Values and Attitudes ( <i>n</i> = 16; 64%)	Black women rejecting the values and attitudes relayed to them during childhood	... growing up was so much like, "Just don't have sex! Just don't have sex!" I'm like, "I'm gonna do what I wanna do!" So, I was having sex a good amount in high school, and throughout college... (Felisha)
	Conflicting Views due to Caregiver Values and Attitudes ( <i>n</i> = 3; 12%)	Black women hold conflicting views about sexual and reproductive health issues, partially due to the messages they received in childhood	... when it comes to abortion ... I agree that, personally, I wouldn't prefer to get an abortion. However, I don't agree with, like I said, the strict-harsh judgmental part of it, and that I understand that women will make decisions they need to make that's best for them. (Justine)
Influence of Caregiver's Limited Engagement in Sexual Socialization ( <i>n</i> = 22; 84%)	–	Impact of caregiver's limited engagement in sexual socialization on Black women's sexual and reproductive health values, attitudes and behaviors	I have yet to really like, take part in birth control yet, because of my fears and the fact that I'm not fully educated on it. (Tess)

of a strong Black woman. I don't necessarily think it was my dad's picture of a strong Black woman, even though he benefited from it ... I do think he grew to accept it from my mom, but for my sisters and I, it was like, "No. Get an education. You don't have to do any of that. You don't need a man to do all that."

In this example, although Rebecca's father accepts her mother's subservience towards him, he is in favor of his daughters prioritizing their education and valuing being independent of men. Similarly, Halima, a 21-year-old senior undergraduate student, shared how her mother and grandmother emphasized the importance of her being self-sufficient, particularly as it relates to male partners:

... they were very adamant about not depending on a man for literally anything. So, they're very much like, "Fight for yourself. Fight for what you wanna do. Prioritize yourself. And don't let a man take anything from you." They're very focused on what it means to have agency as a young woman and what that looks like.

African American caregivers' encouragement of independence and ambition may be important for Black girls in navigating intimate relationships with men and prioritizing their sexual and reproductive health and needs.

### Promotion of Racial Pride

About one-half of the participants ( $n = 14$ ) reported receiving messages from their caregiver(s) that promoted value and pride in being Black/African American and/or being a Black woman. African American caregivers may relay these types of messages in an effort to bolster Black girls' self-esteem. For example, Eve discussed how her parents helped to instill pride about being a Black woman during her younger years:

... the message that I got from her and really from both of them, is that, "You are a beautiful, strong, Black woman. Doesn't matter what you look like, what size you are, how you speak... you're made in God's image, but also... wherever you are, that's where you belong. So don't ever let anyone tell you that you shouldn't be somewhere because you're a Black woman."

African American caregivers may also encourage racial pride in Black girls through non-verbal cues. For instance, Tess, a 20-year-old junior undergraduate student, discussed how her childhood environment helped to foster racial pride:

I was always raised around Black art, Black Renaissance. My parents displayed like, hieroglyphics, African art, like this was just always around me and so I became a product of my environment specifically.

In addition to these messages, caregivers relayed messages that encouraged Black girls to appreciate their Black physical features. For example, because her parents emphasized pride in having Black features, Noelle (a 20-year-old junior undergraduate student) shared that, "I really do love that I'm Black."

### Guidance on Sexual and Reproductive Health

There were two subthemes that were identified from the analysis: One is focused on verbal messages and actions that provide guidance, and the other is focused on messages received via observation of caregiver(s) intimate relationships and expression of sexuality.

#### Subtheme 1: Caregiver Support through Verbal Messages and Actions

All participants in the sample without exception reported receiving some verbal guidance from their caregiver(s) about sexual and reproductive health topics. This included medically accurate education on sex and other related topics, as well as informative messages about intimate relationships. Participants also reported caregiver actions that supported their sexual and reproductive health, such as caregivers providing contraceptives and taking them to receive gynecological care. For example, Priscilla recounted how her mother emphasized the importance of contraceptives:

Contraceptives are like, "If you're not going to use it, then you don't need to have sex. Like, it's not an option for you to not use a contraceptive." That was really, really strong and I think that was equal for both my brothers and I. Contraceptives and the birth control piece. Since I went and done it on my own, she just kind of encouraged me to stick with it.

Another way in which caregivers provided sexual and reproductive guidance to participants was through discussions of their own experiences or that of others. In her interview, Esther spoke about a story her mother relayed to her that happened during her time in college:

... she told me a story about her RA in college. She had to drive her RA in college to go get an abortion. I think she was telling me that she was okay with it, but maybe not for me. And she hopes I would make the ... responsible decisions to prevent that, even though



sometimes for people getting an abortion that is the responsible decision.

This conversation between Esther and her mother provided an opportunity for her mother to educate her about making sound decisions around sex, and to communicate her wish for Esther to avoid having an abortion. However, this quote illustrates the complexity of caregiver sexual socialization messages in informing reproductive health attitudes and beliefs. Esther is caught between her mother's message to avoid abortion and her belief that terminating an unintended pregnancy is a responsible decision.

### **Subtheme 2: Observations of Caregivers' Sexuality and Intimate Relationships**

About half of participants ( $n=11$ ) reported receiving indirect messages through observing their caregivers own intimate relationships. For example, Tara, a 32-year-old graduate/professional student, described what she observed about her parents' different romantic relationships:

So, my mom did have a serious boyfriend while I was a kid ... separately, my dad had a serious girlfriend around the same time and then married my stepmom when I was nine ... So, I learned early on ... about adult relationships, like changing. Yeah, and like that Mommy can have a boyfriend, you know. So at least I was aware or conscious of adult relationships not being like some static thing.

In this example, Tara's observation of her parents' romantic relationships taught her that it was normal for adults to change partners, even if they have children with a different partner. Additionally, some participants reported observations they made as it relates to their Black mother's concealed sexual expression. For instance, Ruth, a 24-year-old graduate/professional student, stated:

My mom never dated really when I was growing up, to my knowledge. And if she did, it was not visible to us, and we never really had men in the house. And so I think that shaped... my views on dating in the sense that it never... has been a big part of my life.

African American mothers may conceal their intimate relationships and sexuality from their daughters to deter them from openly expressing their own sexuality.

### **Limited Engagement in Sexual Socialization**

Many participants ( $n=23$ ) reported having limited engagement with caregivers about sexual and reproductive health topics. This includes participants reports of receiving unclear messages about sexual and reproductive health issues, and absence of sexual and reproductive health messages. For example, Sherrie, a 23-year-old graduate/professional student, stated:

... I remember one time I got caught on the internet, like looking at something sexual or doing something that I had no business doing at that age, and it was like sexually related, but instead of using that moment as a teaching opportunity or a time to actually have that conversation, they didn't. And so like, they never really talked about, you know, sex or things like that.

Additionally, many of the women ( $n=22$ ) who discussed this type of socialization also reported receiving messages about *Guidance on Sexual and Reproductive Health*. There are at least two possible explanations for why participants may have had discussions related to these two themes. First, although all participants reported receiving some guidance about sexual and reproductive health issues, there was variability in the topics discussed across participants; while some women may have received guidance regarding certain issues, others may not have received similar guidance. Furthermore, for most participants, there were certain topics that were discussed only briefly with their caregiver(s) or were not discussed at all. For example, about one-half of participants ( $n=13$ ) reported that they did not speak with their caregiver(s) at all about abortion. Second, for women who had two primary caregivers, certain messages may have been relayed by one caregiver, but not the other. For instance, Eve stated, "So, the short answer is my dad didn't talk about it [sex] at all. He left that totally to my mom to have that conversation with me, but he did have it with my brother."

### **Opposition to Sexual Exploration among Girls**

The two subthemes identified on sexual exploration were differences in messages about sexual expression by gender and messages conveying the personal ethics and morals of caregivers.

#### **Subtheme 1: Caregiver Messages for Girls' Sexual Expression Compared to Boys'**

Over one-half of participants ( $n=18$ ) reported receiving messages from caregiver(s) that attempted to control their

sexual expression. These types of messages were often discussed by participants in relation to how boys were treated. More than one-half of participants ( $n = 14$ ) grew up with one or more brothers in their households, and a majority of these women ( $n = 12$ ) reported differences in their caregivers' messages and attitudes regarding sexual expression for boys versus girls. For instance, Tess shared:

I think the difference with my brother growing up is he got a lot of slack for certain things. And I think this is a mutual experience, or a common experience within the Black household, because it's almost like, from a young age, I can easily be shunned for wearing something, you know, that had my shoulders out or that was too short. And you know ... shameful comments like, "That outfit is 'fast,'" or "You're showing too much skin," right. And my brother didn't have that, at all. He could go around shirtless for all he cares, right.

Caregiver communication of contradictory gendered norms around sexual expression may help to reinforce traditional gender expectations of women behaving in a demure manner.

### **Subtheme 2: Messages about Girls' Sexual Expression Based on Ethics or Morals**

Around one-half of participants ( $n = 12$ ) reported receiving messages from caregiver(s) opposing sexual exploration by girls that were guided by their ethics or morals. This theme involved messages that were influenced by caregivers' religious beliefs, which often emphasized abstinence until marriage and having children in wedlock. For example, Nia spoke about her mother's messages regarding marriage:

... she made such an emphasis on purity, especially with me. She would always tell me, "Wait until marriage. Wait until you fall in love. If y'all don't wait until marriage ... you're committing a sin," or "You're not clean," and so many other different things.

Additionally, the messages within this theme concerned caregivers' attitudes that opposed the use of contraceptives and other preventive measures due to their morality. For instance, Justine discussed her mother's negative views about birth control:

... when I became a teenager ... I would hear her talk about birth control, and not be like positive about it. ... there's this one conversation we were talking about birth control ... she was like, "We don't know ... it

possibly could like— you could have a fertilized egg and birth control could like terminate that pregnancy."

## **Influence of Caregiver's Direct Engagement**

There are three subthemes concerning the influence of caregivers' direct engagement in socialization, one concerning that women adopted caregiver values and attitudes, another on rejection of caregiver beliefs, and the third on conflicting personal opinions as a result of caregiver values and attitudes.

### **Subtheme 1: Adoption of Caregiver Values and Attitudes**

Most participants ( $n = 23$ ) reported *accepting* or *retaining* the values and attitudes their caregivers relayed to them as children. For example, Priscilla described how the messages from her mother have influenced her sexual activity in adulthood:

... just based on my mom's teachings of, "Some people may just want you for your body or how you look or because, you know, you're Black or, you know, your skin is so dark. They might be like just fascinated or whatever." So, I kind of have a radar and can tell, you know, when a person is genuine, versus when they're, you know, "I just want to add you to the list." So it definitely helps me to make a decision as to participate or not participate.

In addition, many participants discussed how childhood guidance and support around gynecological health have influenced their behaviors as adults. For instance, Stella stated, "... I went to the gynecologist when I started having sex because my mom— that was a part of the talks that we would have in trying to be safe."

### **Subtheme 2: Rejection of Caregiver Values and Attitudes**

Over one-half of participants ( $n = 16$ ) reported *rejecting* the values and attitudes that their caregivers relayed to them during childhood. In her interview, Noelle stated, "I don't really prioritize their [her parents] opinions, especially on sexuality and all of that stuff, or their messages, because I know that it's simply their opinion." Similarly, Rebecca, in thinking about messages she received from her mom, noted "I would say that that has not played into anything that I do, in terms of my interactions with men."

### Subtheme 3: Conflicting Views due to Caregiver Values and Attitudes

Few participants ( $n=3$ ) reported holding *conflicting* views about sexual and reproductive health issues, partially because of the messages their caregivers relayed during childhood. For example, Felisha, a 25-year-old graduate/professional student, discussed her attitudes around unintended pregnancy and how she retained some, but not all, of her parents' beliefs:

... I still think that having an unwanted pregnancy, that's hard. You're not responsible for not just yourself. And so now — I still have the same thoughts as my parents in a lot of ways, but there's less shame and the path to getting there is a lot deeper in terms of understanding systemic oppression in terms of Black women, specifically.

Similarly, regarding the topic of abortion, Justine, a 26-year-old graduate/professional student, shared, "...when it comes to abortion ... I agree that, personally, I wouldn't prefer to get an abortion. However, I don't agree with, like I said, the strict-harsh judgmental part of it."

### Influence of Caregiver's Limited Sexual Socialization

A majority of participants ( $n=21$ ) perceived some impact of their caregivers' limited engagement in sexual socialization on their sexual and reproductive health values, attitudes and behaviors. For example, Noelle described how her parents' lack of guidance around gynecological healthcare has influenced her as an adult:

I think because I haven't had a bunch of guidance, it's made me seek it out a bit more. ... I try to be proactive. ... I have done my best to be aware ... to try to be cognizant of different changes ... that I feel in my body and trying to just respond to them more proactively ... Yeah, I think I'm just more encouraged to learn. And then I can pass that knowledge on to my cousin....

Other participants also spoke about how the lack of messages they received about sex and related topics in childhood has influenced them to independently research these issues. However, for some participants, the lack of messages has prevented them from being proactive about preventive measures. For example, Tess, who is sexually active, stated, "I have yet to really ... take part in birth control yet, because of my fears and the fact that I'm not fully educated on it."

Additionally, most participants who reported receiving indirect messages through observing their caregiver's

intimate relationships spoke about how those observations have influenced their views on romantic relationships. For instance, Halima shared that, "there's almost nothing I do now in a relationship without their [parents] influence in the back of my mind." These findings suggest that caregivers' limited engagement in sexual socialization is just as impactful as their direct engagement in these topics.

## Discussion

The purpose of this study was to use an intersectional approach to investigate childhood and adolescent socialization experiences and the perceived influence on their adult sexual and reproductive health values, attitudes, and behaviors in a sample of adult Black women. The findings underscore differences in socialization practices among African American families. Furthermore, the results suggest that the socialization practices are not mutually exclusive, and that African American caregivers may engage in various practices simultaneously or at different times, even if they are sometimes contradictory. Moreover, the findings from this study provide further evidence of the perceived influence of childhood socialization experiences on African American women's adult sexual and reproductive health values, attitudes, and behaviors, particularly as it relates to family planning.

African American families may socialize Black girls to embrace traditional feminine gender norms as a way of distancing themselves from negative racial stereotypes (Hill, 2002). Furthermore, Black families may relay messages that encourage girls to conform to mainstream beauty expectations as a way to protect them from experiencing gendered-racial discrimination (Awad et al., 2015; Davis Tribble et al., 2019). However, messages that endorse patriarchal gender norms and roles may inadvertently uphold gender inequality by encouraging young girls to adopt attitudes and behave in ways that prioritize the needs and desires of men. This can be especially harmful for women who engage in intimate relationships with men (Sanchez et al., 2012). Additionally, African American families may teach Black girls about the hardships of Black womanhood and impart adaptive skills to help them navigate the larger society (Logan et al., 2021). Families may also communicate cultural expectations of Black women, such as being a strong Black woman (Beau-boeuf-Lafontant, 2009).

African American caregivers may choose to promote ambition and independence in Black girls to encourage them to pursue their goals, despite societal barriers (Thomas et al., 2013; Thomas & King, 2007). Furthermore, caregivers may promote independence, particularly financial independence, to discourage Black girls from relying primarily

on the financial support of male partners. In addition, some African American families may seek to instill a sense of racial pride in Black girls to protect them from the harms of anti-Black messages and images, and this could involve communicating positive messages about Black girls' hair and skin color to enhance their self-image (Brown et al., 2017; Shambley-Ebron et al., 2016). Moreover, previous research has found that higher gendered-racial pride messages were significantly associated with lower likelihood of intentions to have sex early in Black adolescent girls (Evans et al., 2022). The researchers theorized that messages that promote gendered-racial pride in Black girls may promote positive self-concept, which may deter risky sexual behaviors.

Our finding that all participants reported receiving either direct and indirect guidance and support from their caregivers on sexual and reproductive health issues is consistent with previous research (Crooks et al., 2019; Evans & Dyson, 2015; Grange et al., 2011; Kapungu et al., 2010; Logan et al., 2021; Nwoga, 2000; Pluhar & Kuriloff, 2004). Furthermore, our finding that several participants received guidance about the importance of gynecological care and healthcare in general contributes to the limited research on Black women's socialization about gynecological health-seeking practices (Warren-Jeanpiere, 2006). However, similar to other studies (Crooks et al., 2019; Leath et al., 2020; Logan et al., 2021), we also found that most participants in our sample reported receiving limited information about these issues. Abortion was the topic that was discussed the least by participants and their caregivers. Although most Black adults in the United States support the legalization of abortion (Pew Research Center, 2022), it may be that some African American caregivers avoid these discussions so as to discourage Black girls from even thinking about sex (Tarantino et al., 2020; Warren-Jeanpiere, 2006). Caregivers may also avoid discussions about sex due to discomfort about discussing these issues, lack of knowledge, and fear of not knowing the answers to questions (Dennis & Wood, 2012; DiIorio et al., 2003).

The finding that some participants received socialization that explicitly opposed girls' sexual exploration, and especially when there were brothers in the households, is consistent with previous studies showing that some African American families endorse double standards for Black boys and girls when it comes to sex. That is, girls experience more sexual restrictions than boys (Fasula et al., 2007; Stewart et al., 2022). Additionally, Black families may relay messages about sex that are rooted in their religious beliefs, and they may communicate conservative beliefs about sex to children even if they are not religious (Leath et al., 2020; Logan et al., 2021; Shambley-Ebron et al., 2016). Furthermore, caregivers' opposition of contraceptives may be

related to widespread mistrust of contraception among African Americans due to historical reproductive abuses within public health (Thorburn & Bogart, 2005).

Participants had varying perceptions of how their caregivers' direct socialization practices have influenced their adult sexual and reproductive health values, attitudes, and behaviors around issues of family planning. There are different factors which can affect how parental sexual socialization messages are received by children such as interpersonal factors like the quality of parent-child relationships (DiIorio et al., 2003; Pluhar & Kuriloff, 2004). Additionally, limited engagement in sexual socialization by African American caregivers may encourage some Black women to seek information from other sources (Crooks et al., 2019). However, it may discourage some women from engaging in proactive health measures altogether, increasing their risk of adverse sexual and reproductive health experiences. Furthermore, witnessing caregivers' intimate relationships may influence Black women to seek out or avoid similar types of relationships in adulthood (Grange et al., 2011).

### Limitations and Future Research Directions

There were many strengths of the present study including the rigorous qualitative methodology and relevance to important issues of African American women's sexual and reproductive health. However, there were several limitations. First, the participants were recruited at a large, public university. Thus, the findings may not be generalizable to the larger population of Black women in the U.S. Future studies should investigate the socialization experiences of Black women outside of the higher education setting. Second, the socialization experiences that were discussed were limited only to those imparted by African American primary caregivers. Further research should be conducted to investigate the socialization experiences of Black women whose primary caregivers identify as Black but who are not descendants of enslaved Africans in the U.S.; these experiences may differ based on the sociocultural context from which their Black caregivers originated. Third, our sample included women who did not identify as heterosexual, but with limited interrogation of how they perceived the influence of their socialization experiences on their sexual and reproductive health behaviors in adulthood. Research is needed on whether and/or how Black LGBTQ+ women incorporate early socialization messages into their family planning practices in adulthood. Finally, this study relied on the retrospective reports of childhood and adolescent socialization experiences, which may be subject to recall bias. Nonetheless, participants' reports of their socialization experiences may reflect the experiences that are most

meaningful to them, and thus most influential on their adult sexual and reproductive health values, attitudes, and behavior.

### Practice Implications

The results of this study underscore the relevance of African American caregivers' socialization practices in childhood and adolescence to the lives of adult Black women today in contemporary life. African American caregivers may be able to contribute to the healthy sexual development of Black girls through cultivating open and supportive relationships with them. Furthermore, with the recent U.S. Supreme Court ruling in *Dobbs v. Jackson Women's Health Organization* which overturned the constitutional right to abortion (Nash & Ephross, 2022), and as public discourse about the state of abortion rights continue, families will need to engage in more discussions with children about issues concerning family planning. This is especially critical for African American families who are raising Black girls, as Black women and girls already have limited access to sexual and reproductive health services, experience high rates of unintended pregnancies, and are disproportionately affected by maternal morbidity and mortality (Bornstein et al., 2020; Hoyert, 2023; Lonhart et al., 2019; Louis et al., 2015).

Educators and healthcare providers should aim to demonstrate sensitivity during their interactions with Black women and girls regarding sexual and reproductive health practices and utilization of health services, as there are historical and cultural factors that may affect their attitudes and behaviors. For example, although long-acting reversible contraceptive methods such as intrauterine devices and hormonal implants are highly effective at preventing pregnancies, it is important that educators and healthcare providers consider how historical eugenic practices have affected attitudes among African Americans about those contraceptive methods (Higgins, 2014). Furthermore, educators may need to assist in preparing African American parents and guardians for having discussions about sex and related topics with Black girls.

### Conclusion

Gendered-racial and sexual socialization are important sociocultural processes that shape the lives of many young African American women. Through use of the framework of intersectionality, the findings from this study highlight the variety of messages that African American caregivers impart to Black girls in childhood and adolescence about what it means to be a Black woman, and about sexual

and reproductive health issues related to family planning that play a role in their sexual development. Furthermore, these results underscore the perceived influence of childhood socialization messages on the sexual and reproductive health values, attitudes, and behaviors of Black women in adulthood. Additional empirical research on this topic is warranted to better understand heterogeneity among Black women and to identify those who may be at greater risk of adverse sexual and reproductive health outcomes related to family planning. The findings from this study can help to inform the socialization practices of African American caregivers, and how educators and healthcare providers engage with African American women and girls.

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