

Five Years Later: How are we addressing the Sexual Health of Black Boys?

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Abstract

Five years ago, a commentary addressed the complex interaction of health care providers engaging with young black boys in addressing their sexual health. At that time the literature was scarce on strategies and interventions targeting this population. This commentary looks at the literature five years later and asks the question, “How are we addressing the sexual health of Black boys?”

Unfortunately, the literature of interventions which address sexual health of Black boys in the United States has not drastically improved. Therefore, this commentary not only reviews the advances in the heterosexual health of Black boys in the United States, but expands on the literature in Black boys who are homosexual as well as models in other parts of the African Diaspora including Canada, Brazil, and others and explores models and strategies which are more holistic and focused on the total health of Black boys.

Introduction

So often in the sexual health literature, we see stark health disparities between blacks and whites¹. The Centers for Disease Control and Prevention (CDC) predicts that 1 in 32 black women, 1 in 16 black men, and 1 in 2 black MSMs is expected to acquire HIV in their lifetimes^{2,3}. Many strategies to reduce these disparities and empower people to protect themselves have been implemented nationwide. Many programs have focused on helping young black girls say no to sex and empower them to make decisions about their sexual health and their bodies⁴. Strategies also include trying to delay when young people begin to have sex⁴⁻⁷, curtailing their reproductive efficacy⁴, and to make them more 'respectable'⁸. Unfortunately, most of the programs are still very focused on women and girls. Additionally, the sexual health literature and public health strategies are lagging behind some of the HIV literature that focuses on improving access to relevant information for both heterosexual and homosexual populations, regardless of geographical location or HIV status⁹⁻¹³. Programs that help young MSMs access relevant health information¹⁴⁻¹⁶ are just beginning to address the stigma of homosexuality that runs rampant¹⁴⁻²².

In Foster's 2012 paper, she discusses the differing norms that she and a medical resident had towards sexual behavior compared to the norms found among the young black boys that they were educating²³. The educational and differing societal norms were intrinsically tied to the question "what is a man?" From a traditional societal view point, a man is conventionally thought to be someone who is assertive, dominant, in control, has physical strength, and shows no emotion²⁴. Additionally, this ideal man was also white, middle class, and heterosexual²⁴.

This idea of manhood, which was tied to whiteness, was fundamentally

unreachable, unattainable, and unrealistic for black men. Due to the historical ways that society has stereotyped Black Americans, many people assume that the sexual health disparities present today, are due to Black Americans having more and riskier sexual behavior. However, the evidence suggests that Black Americans do not significantly differ in their sexual behavior compared to any other American²⁵⁻²⁸. Historically, dating back to slavery and the antebellum south, the image that has been propagated of black men views the black man as intrinsically pathological; where he is predatory, bestial, and has a perverted sexuality²⁹⁻³¹. He has also been considered extremely lustful, sexually insatiable, and a "buck" useful only for procreation²⁹. These days we still see the roots of this imagery and the pornographic view of Black men where they are stereotyped to have sexual appetites that are beyond comprehension- multiple sexual partners often concurrently¹⁶, uninhibited sexually¹⁶, and straight. This image that we as a society have of black men then makes women responsible for contraception^{15,16}.

Additionally, Black men are disproportionately represented by those who are unemployed, poor, and incarcerated^{16,32-36}, which reduces the number of men available for black women and black MSMs to have relationships with. The low male to female ratio then allows for some black men to feel that they do not have to stay faithful to one person, because "he is now in popular demand"¹⁶.

Research about the Sexual Health of US Black Boys

Black boys report the earliest age of sexual debut often reporting sexual behavior before the age of 12^{37,38}. Black adolescents who have reported previous coital experience also report higher levels of sexual anxiety and lower levels resistive self-efficacy³⁹. This is the double edged

sword of hegemonic masculinity that is correlated with adolescent males global self-esteem-adolescent boys are expected to portray dominance and assertiveness in all their interactions with peers while they are actually uncertain and lack confidence^{15,39}. While parental communication about sex is often related to delayed sexual behavior, black parents communicate significantly more often about sex with their daughters than with their sons⁴⁰. In particular, mothers report talking with their daughter more about sex, while fathers have no significant difference in their communication with their offspring. At school, there is often a focus on abstinence though it has been demonstrated time and time again, that abstinence only education is not effective^{5,40-42}. Research has also demonstrated that there is relatively low knowledge about HIV/AIDS, condom use, and the benefits of routine STI/HIV testing among African American boys^{43,44}.

Interventions which target Sexual Health of US Black Boys

Programs that target black heterosexual men are rare in the United States^{16,32,33,45-47}, and there are continuous efforts to address the sexual risk behaviors of black MSM, however there are not many programs to address the specific sexual health needs of black boys^{42,47}. We problematize black boys. Of course, we would never explicitly say that black boys are a problem, but by failing to contextualize the reality that many of these young men live, we begin to blame them for their health disparities. And considering that these boys are viewed as men long before they actually are, we endanger them⁴⁸. However, black boys have factors beyond the “typical” that need to be addressed in their sexual education⁴⁹. In particular, the socialization of the black male gender role^{38,50,51}, the stress associated with being black in

America⁵², stress from community violence⁵², and the barriers about discussing or even recognizing sexual health as a concern⁵³.

Sexual health programs for black youth in the United States are delivered in a variety of ways from using social media⁵⁴⁻⁵⁷, to working with parents^{37,40,47,58-60}, peer-led approaches⁶¹, and working in schools to provide sexual health education^{4,42,62-66}. One such HIV intervention for black boys (between the ages of 11 and 14), involved fathers being an integral part of the intervention. The study found that boys whose father’s attended the intervention were more likely to be abstinent throughout the follow-up period and were more likely to use a condom during intercourse if they were already having sex⁶⁷. However, there is often a disconnect between current sexual health programs designed to protect youth from an early sexual debut and their behaviors, especially for African American boys^{38,61,68-70}.

Internationally, effective programs for adolescents have had several key factors present: multiple people from a variety of backgrounds were involved in the planning process, the relevant needs and assets of the focus population were assessed, and the programs and activities were consistent with the community values and available resources⁵. These effective programs had clear goals, focused on specific behaviors leading to the health goals, created a safe environment, and addressed situations that may lead to the behavior and how to avoid them⁵. In addition, these programs addressed multiple sexual psychosocial risk and protective factors that affect sexual behavior-through ensuring that the activities, instructional methods, and behavioral messages that were utilized were appropriate to the youth’s culture, developmental age, and sexual experience^{5,71,72}.

Sexual health programs have to walk a fine line between allowing freedom of sexual expression to adolescents who are mature, intelligent, and able to give consent for sexual activity and diligence in protecting young people from exploitation and abuse³⁸. In Canada, we see similar health disparities for young Blacks. In order to create interventions that are more efficacious for men, the Health, Illness, Men, and Masculinities (HIMM) framework

was created (Figure 1). This framework depicts masculinity as a social determinant of health that intersects with other social determinants of health such as socioeconomic status, race, ethnicity, sexuality, ability, geography, community, education, and employment²⁴. By viewing masculinity as a social determinant of health, health programs, particularly sexual health programs are firmly rooted in the realities that these young men live.

Figure 1: Health, Illness, Men and Masculinities (HIMM) Framework



Evans J, Frank B, Oliffe JL, Gregory D. Health, illness, men and masculinities (HIMM): a theoretical framework for understanding men and their health. *Journal of Men's Health*. 2011;8(1):7-15.

Discussion

Research shows that black youth are hesitant to access or search for sexual health information online because stigma/fear of getting caught looking at it, low sense of personal relevance, disinterest, and mistrust of online information¹⁴. So if black boys are not receiving their sexual information from school, their parents, or even the internet^{41,54} where are they getting their information? This highlighted issue begs the question, what are we doing specifically for black boys in relation to sexual health? We have to change the societal norm that allows the destruction of our communities and the young men within them. The perception that they are unable to overcome sexual desire robs them of their agency to use condoms even with partners they feel are risky^{16,39}. Even in adolescence, we see that Black men report lower levels of sexual refusal or resistive efficacy³⁹ and young black men with 3 or more sexual partners are more likely to use a condom ineffectively¹⁶. Sexual health programs should actively disrupt rather than reinforce dominant masculine ideologies as an adequate sexual health strategy³⁹.

Gender based interventions for black men may prove more effective than standard sexual health programs⁷³⁻⁷⁵ and it would seem that the most effective sexual health interventions for black boys are not solely sexual health programs⁷⁶. They are programs that address the whole child instead of aspects of the child. These positive youth development programs result in higher academic achievement, decreased violence, reduced levels of substance use, higher employment and earning, lower rates of crime, and improved mental health⁷⁷.

These programs help to address not just the sexual behaviors, but the social norms around sexual behavior that allow black boys to be negatively impacted by society⁷⁸. These programs can help stren-

gthen relationships and skills, embed the boys in a positive network of adults, and help them develop a more positive view of their future^{77,79}. These programs can provide of sense of belonging especially if they are integrated with families, schools, and communities^{80,81}. This connectedness is a protective factor, if these boys are connected to people and communities that are looking out for their best interests.

Heterosexual as well as homosexual black men need to become partners in designing programs for black boys and black ideologies about masculinity need to be integrated in order to tailor these programs to the specific struggles that young black men face^{16,75,78,82}. The intergenerational influence of poverty, racism, SES, and culture on sexual behavior, is complex and difficult to disentangle⁸³, but together we all can begin to address these issues to equip black boys to protect themselves in a world that is often hostile to their existence.

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