The Process of Becoming a Sexual Black Woman: A Grounded Theory Study

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Abstract

CONTEXT: Black females in the United States disproportionately suffer from STDs, including HIV. Understanding the sociocultural conditions that affect their risk is essential to developing effective and culturally relevant prevention programs.

METHODS: In 2016–2017 in Madison, Wisconsin, 20 black females aged 19–62 completed interviews that explored the sociocultural conditions associated with sexual development and STD/HIV risk. Interviews were guided by grounded theory; open, axial and selective coding and constant comparative analysis were used to identify developmental phases and relevant sociocultural conditions.

RESULTS: Three phases of becoming a sexual black woman were identified: Girl, when participants reported beginning to understand their sexuality; Grown, marking a transition to adulthood, when participants began to feel more self-sufficient yet still grappled with their emerging sexuality; and Woman, when participants developed a strong sense of self and took ownership of their bodies. Two sociocultural conditions affected progression through these phases: stereotype messaging and protection (both self-protection and protecting others). Negative life events (e.g., sexual trauma) and early sexualization reportedly affected sexual development, and STD experience influenced self-perceptions of sexuality and sexual behavior, often leading to self-protective behaviors. Older participants reported strategies to protect young black females from negative sexual experiences.

CONCLUSION: Interventions at multiple levels of the social ecology throughout the life course may help reduce STD/HIV risk among black women in the United States. Future research should
include examination of the experiences of black females younger than 18 and evaluation of the protective strategies employed by older black females.

Black females in the United States suffer disproportionately from sexual health–related conditions. STD rates among black females remain higher than rates among women in all other racial and ethnic groups. In 2016, among females with an HIV diagnosis attributed mainly to heterosexual contact, 61% were black. Black females are more likely to become pregnant during adolescence and endure sexual abuse than white, Latino and Asian females. Previous research across disciplines (e.g., gender and women’s studies, public health and psychology) has identified sociocultural conditions that uniquely influence black females’ sexual health, including sexual stereotypes, race- and gender-based discrimination, sexual networks marked by racial segregation and concurrent partnerships, and a “culture of silence” in black communities that precludes talking about controversial matters, such as sexuality. Still, there are gaps in knowledge about how these conditions affect black females’ sexual development across the life course.

Sexual stereotypes of black females in popular media serve as social references for the behavior of black youth, often with adverse health consequences. Available research suggests that historically rooted images (e.g., Jezebel, a hypersexual seductive slave) may contribute to increased sexual risk among black girls. Little is known, however, about how girls interpret media messages and images, protect themselves from sexual risk and think about their sexuality.

Sexuality and sexual expression are influenced by the intersection of race and gender. Race- and gender-based discrimination can shape how black females view themselves, causing them to internalize poor self-images, which may lead to risky sexual behavior and inadequate health care-seeking behavior. Discrimination can result in posttraumatic stress disorder and internalized oppression, yet the literature is scant about the impact of race and gender discrimination on black female sexual development.

Sexual networks among black females are more racially segregated and more likely to involve concurrent sexual partnerships than are those of their white counterparts, and thus increase STD/HIV risk for black females. However, the effects of sexual network characteristics on their sexual development are unknown. We need to know more about how systemic or societal-level factors (e.g., incarceration and consequential destabilization of black families, and lack of black male father figures) affect black female sexual development.

Stigma related to conversations about sexuality perpetuates the culture of silence within black communities. Breaking the silence historically has been considered bad behavior because it could prevent black women’s advancement in a white male–dominated society. The socialization of black females to remain silent, however, limits their access to social support and productive discussions about sexuality.

Although study of these sociocultural conditions in isolation has offered insights into STD/HIV risk among black females, the ways in which these conditions together affect this risk, especially as they interact at the personal level, remain understudied.
A life course approach has been used to examine individual attributes, behavior and social factors influencing sexual and reproductive health outcomes across generations. This approach allows for examination of interactions of multiple factors and multiple socioecological levels to assess their cumulative influence on sexual and reproductive health. However, complex interactions among multiple factors have typically not been explored in a single study.

A developmental systems perspective links identity and sexual development to explain risk behaviors and uncover processes associated with development. Research suggests that psychosocial development, the ways individuals make meaning of their sexual experiences and sexuality, and context influence youth sexual development. Although this research often describes ways in which external factors, such as parenting, influence sexual development, the studies often do not integrate social and cultural factors as robustly. The reliance on quantitative data in studies guided by developmental systems perspectives limits understanding of how multiple sociocultural conditions and interpersonal social processes interact.

Given the limitations of existing studies, a developmental life course perspective is necessary to help explain the processes associated with sexual development and STD/HIV risk among black females. Qualitative methodologies are well suited to investigate these processes and related sociocultural conditions. A contextually and developmentally grounded understanding of the sexual experiences of black females may help researchers design culturally relevant interventions to more effectively reduce this STD/HIV risk and improve black female sexual health.

METHODS

Study Design

We employed grounded theory, an inductive qualitative approach, to systematically investigate the complex social process of sexual development in black females. We used flyers to recruit participants from various university and community locations (e.g., community centers, beauty supply stores, and sexual and reproductive health clinics) frequented by black females in the Madison, Wisconsin, area. The flyers included study information, inclusion criteria and an image of black females conversing. We screened potential participants by telephone; inclusion criteria were self-identifying as a black female, being 18–24 and being fluent in speaking and reading English. Eligible females were scheduled for an interview, during which the study was explained, verbal consent was obtained and data were collected.

Purposive and theoretical sampling guided recruitment and data collection. Data collection and analysis occurred simultaneously and were conducted by a three-member research team consisting of experts in grounded theory and content. We initially used purposive sampling to recruit females aged 18–24 with a history of STDs because this age-group has the highest prevalence of STDs. Once categories of the social process of black female sexual development, and dimensions of those categories, were established, we used theoretical sampling to identify and recruit individuals who could help us achieve a richer
understanding of interactions among categories and identify sociocultural conditions that could explain those interactions. Early data analysis of 18–24-year-olds revealed a need for better understanding the influence that black women older than 24 and those with no history of STDs have on young black female sexuality. Therefore, we made a sampling decision to expand recruitment accordingly. Sampling continued until we reached saturation (20 interviews), a point where no new properties of categories, dimensions or conditions were identified.

Interviews took place between May 2016 and January 2017, in private settings chosen by participants (e.g., their home or the public library). Each participant completed one audio-recorded interview that lasted 28–95 minutes (mean, 55 minutes) and received $30 in remuneration. Audio recordings were transcribed verbatim and labeled with identification numbers.

Interview questions were developed by the research team and pretested by a community advisory group of black females who were demographically representative of the community and university sample used in the study. Initially questions were open-ended (e.g., “What has it been like for you to have had an STD?”). After identifying phases of sexual development from analyses of early interviews, we asked more focused questions—for example, “Some females have talked about being a girl, being grown and being a woman in terms of their sexuality. Does this make sense to you?” and “Can you tell me about your sexuality at each phase?” Responses to these questions helped us further differentiate and identify social processes and sociocultural conditions associated with them. Participants completed a demographic questionnaire at the end of the interview.

The University of Wisconsin–Madison Health Sciences Minimal Risk Institutional Review Board approved this study.

Analysis

Open, axial and selective coding, and constant comparative analysis, were used to identify categories of social processes—defined as how people interact and make meaning of social relationships, settings and experiences. Analytic discrepancies were addressed by reviewing original transcripts and reaching consensus.

We used open coding to analyze transcripts line by line, applying labels to segments of data and grouping conceptually similar data into categories. Axial coding helped us specify properties of, dimensions of and relationships among categories. Selective coding identified the core category, which is the phases of sexual development. We integrated codes into a conceptual framework that describes the sociocultural conditions that influence black female sexuality across phases of sexual development and STD risk. The validity of our classifications was assured by using a research team to analyze and discuss meaning and interpretation of the data; member checking to determine accuracy of categories, dimensions and conditions; and memo writing to inform sampling, data collection and analysis.
RESULTS

Sixteen participants were recruited from community locations and four from university settings. Fifteen individuals reported having had STDs, and six of these individuals had recurrent ones. Fifteen participants were black, two were black Latina and three were biracial. Most identified as heterosexual (17); one was bisexual, and two “experimented” with same-sex partners. Ages ranged between 19 and 62; the mean was 31. Age at first intercourse ranged from five (reported by a woman who had been raped) to 20 years old; the average age was 11.

Findings revealed three developmental phases in becoming a black sexual woman: Girl, Grown and Woman. We found considerable overlap in the age ranges of the phases. Participants identified two sociocultural conditions that influenced their progression from one phase of sexual development to the next: stereotype messaging and protection.

Developmental Phases

• Girl.—All participants reflected on their experiences of coming to understand their sexuality during the Girl phase, which typically occurred between five and 14. Most described being naive, feeling vulnerable and lacking control over their sexuality and sexual choices. Many described “society,” including family, friends, older men, their communities and law enforcement, as not viewing them as girls. As one 20-year-old reported, “When you’re [a] black [girl], you are not really treated like a minor.” The Girl phase included two dimensions: early sexual development and a lack of sexual knowledge.

Early sexual development began with the onset of secondary sexual characteristics and menses; onset was perceived by participants to be chronologically earlier in black girls than in nonblack girls. Participants said they developed “womanly curves” that drew unwanted attention from same-age and older males, and left them feeling uncomfortable. During the Girl phase, participants defined themselves by their bodies rather than other attributes (e.g., personality, intellect or talents). A 57-year-old participant recalled: “One of the things about being a little [black] girl is that I developed so quickly…. I was in the third grade with my breasts a little fuller, my hips were a little fuller.”

This physical maturation led to widespread unwanted male sexual attention (e.g., on the street, in church). Paradoxically, participants said that as girls, they were blamed and shamed for attracting male attention. Blame came from multiple sources, including older black women, men and peers. Participants internalized the blaming messages, and felt ashamed and confused about their sexuality. One 19-year-old explained, “The blame is always put back on the young girl…. I could be…molested or harassed in church, but it would be…put on me.”

Many reported having been sexual targets of black males, manipulated into having their first consensual sexual encounters as early as 10 or 11. All either had experienced sexual trauma or knew someone who had. A 22-year-old described her trauma: “When I was five, I was molested and raped by my mom’s two boyfriends. I ended up catching chlamydia the first
time.” Additionally, participants explained that because black girls tend to look older than they are, men often view them as having the capacity to consent to sex.

A lack of knowledge about sex added to females’ confusion during this phase. Participants said they had received no sexual information from parents, received misinformation from peers or suffered from a culture of silence. A 34-year-old participant described this silence: “Just being black in general and trying to keep things in the black community is hard enough. Then, when someone kind of steps out, or tries to reach out for help, … it’s like, ‘No, this is a ‘black community thing’ … because we’re ashamed.’”

A majority of participants reported that their mothers did not discuss sex with them when they were girls. Some also stated that they avoided talking with their daughters about their sexual experiences. A 34-year-old explained, “[Parents] don’t want to have their kids follow in their footsteps. You know, my mom was a teen mom. I was a teen mom…. My mom was 14. I was 17…. I think it’s just a scary conversation.” When their parents did talk to them about sex, the discussions focused on how to avoid getting pregnant. Consequently, many participants described being naive about sexual health, psychologically underprepared for sex and unaware of how to have safer sex. The naivete also made them vulnerable to sexual exploitation. One 34-year-old participant reported, “We’re young girls, we’re very naive and we get manipulated by men… and they trick us into having sex.”

Participants wished a trusted adult had provided them information about STDs and ways to handle unwanted sexual advances. A 20-year-old stated, “Why weren’t older black women talking to us about this before?” Many said that information provided in school-based sex education focused on preventing pregnancy, not protecting against STDs. In the absence of adult guidance or accurate information, participants felt confused about what constituted acceptable behavior for girls. To fill the void, they often turned to peers for sexual advice, learned by trial and error, or adopted behavior they learned about through popular media. Relying on these sources led to many misconceptions. For example, a 22-year-old reported a common myth about birth control: “If you have sex in a pool, you don’t need to use a condom because you wouldn’t get pregnant.”

• Grown.—The Grown phase typically occurred between ages 11 and 18 and was characterized as a challenging time, when participants were trying to figure out their sexual and personal identities and were influenced by peer relationships, social environments, communities and black culture. Grown is a cultural term described by participants as a transitional phase from child to adult, and had two dimensions: being labeled grown and engaging in sexual activity.

The time when a black female entered the Grown phase was either self-identified or identified by others. When self-identified, being grown meant being responsible, being capable of making one’s own decisions, meeting one’s own financial needs (i.e., holding a job and paying bills) or having to care for another person (e.g., siblings or one’s own baby). A 20-year-old participant summed up her experience of increased self-sufficiency: “Grown is when you got everything put together… a car, a house, your bills paid, you got a job…. I’m grown because basically I’m taking care of myself.” Older relatives often applied the
Grown label to girls. Being labeled as grown by others was associated with a more adult appearance or behavior than being a girl: “Grown to me was just like, what everyone else labeled me. I don’t actually feel like I was grown…. A lot of males kind of made me notice that I was grown when I wasn’t” (19-year-old).

The culture of silence prevented participants from understanding the behavioral expectations of their emerging sexuality and the meaning of being grown: “Parents should definitely teach their kids how to be grown and teach their kids about sex, and what to expect. Not just, ‘I’m going to give you the birds and the bees talk.’ Talk to me like I’m grown and not a little kid, so I can understand what to expect…because no one told me” (19-year-old).

During the Grown phase, many participants reported frequently engaging in unprotected sex. Several explained that once they left home and parental protection, they “forgot” the values their parents had taught them, such as that “sex [outside of marriage] is a sin” (19-year-old). Many echoed the sentiment of a 40-year-old, who commented, “The sex validated who I was back then.”

In the Grown phase, being “fast,” or promiscuous, was the norm, particularly in college, often posing risk for STDs. To fill their STD knowledge void, many participants sought information from peers, health care providers, the Internet and college courses (e.g., gender and women’s studies or black history courses). However, even with more information, many stated that they remained naive about their sexuality and sexual health.

•Woman.—The Woman phase was characterized as a time when black females gained a strong sense of themselves through their experiences of being both black and female. This phase typically began at age 18 or when participants became parents. The Woman phase had two dimensions: hardships and redefining the image of the black woman.

During this phase, many participants recognized the unique challenges of their intersecting identities. A 23-year-old stated, “It’s not enough that we’re black and that’s… you know, looked down upon already as the minority…but we’re women, too.” A 26-year-old remarked, “There is no black woman who has not suffered some sort of trauma or pain to a great extent.”

Having a child, a key feature of this phase, signaled the need to be responsible for, or protect, someone else. Some participants who had been teenage mothers said that parenthood accelerated the transition from the Grown phase to the Woman phase. A 52-year-old said that when she gave birth at age 17, “[that’s] when I made that choice, to be a woman.”

During the Woman phase, participants embraced their sexuality and took ownership of their bodies. Instead of having things being done to their bodies (i.e., sexual assault) or engaging in unenjoyable or unpleasurable sex, they became active participants in their sexuality and their sexual experiences. They also wanted a deeper emotional connection with their partners, rather than just having their sexual needs fulfilled. Women reported wanting to feel appreciated and understood by their partners. If they were not, many participants described
“walking away” from relationships. They viewed their willingness to end relationships as an act of strength, resilience and control.

All participants mentioned that this phase was characterized by enduring hardships—including physical abuse, sexual assault (or rape), betrayal or intimidation by partners; or loss of loved ones to death, incarceration or divorce. Some described childhood psychological traumas (e.g., removal from their family of origin, foster care placement or adoption) as significant hardships that impacted their sexual development during the Woman phase. Others described feeling betrayed when a partner became sexually involved with another woman. Such betrayals were often discovered when participants contracted an STD after having unprotected sex with their partner. A married 57-year-old described the difficulties of protecting herself from contracting an STD within a committed relationship: “My husband said you need to go to the doctor…and he accused me of actually cheating on him…. So I went to the doctor, and we actually did have chlamydia…. I was so ashamed…. I couldn’t protect myself [by using a condom] because that was my husband… I felt betrayed…because he tried to accuse me when it was him that cheated.”

Betrayals by men led two older participants to choose women as sexual partners, although they did not self-identify as lesbian or bisexual. These two participants remained silent about their same-sex intimate relationships to protect themselves from being shamed by members of their black communities, particularly those who held religious beliefs that black women were “made for black men.”

Finally, participants described how they “gave their all” in relationships, meaning that they made themselves sexually available to black men, although their loyalty was seldom reciprocated. However, many described being unwilling to suffer the kind of abuse they had experienced earlier in their lives. For example, a 40-year-old commented, “I cannot be in a relationship where somebody is putting their hands on me…. He tried to rape me.”

During the Woman phase, participants described redefining their roles as black women, beyond being sexual partners. For example, some older females provided financial support for families and cared for grandchildren and unrelated children in their communities. They also were the “eyes and ears” of the community, protecting youth and welcoming new people into their neighborhoods. During this phase, most participants viewed themselves and other black women as “independent, strong and just not trying to fit into…the world’s view of a black woman” (23-year-old).

**Sociocultural Conditions**

- **Stereotype messaging.**—Stereotype messaging influenced every developmental phase, having the most impact on Girl and Grown. Participants described being constantly bombarded with messages implying that black females were sexual objects and were expected to behave as such. Stereotype messaging centered on the importance of having a “good body” and had two dimensions: media and cultural messaging.

Participants described how media messages focused on sexuality demean black females by suggesting that they are valued only for their physical beauty and ability to sexually gratify
males. As a 19-year-old participant noted, “The message from society or media would be…
everything about black women is sexualized…. That’s our biggest shared experience.”
Participants noted that popular media (e.g., television, movies and music) often depict black
females as promiscuous and as sexual objects easily accessible to others, particularly men.
Some described how people used social media (e.g., Twitter, Facebook and Instagram) to
publicly humiliate women they knew by exposing an STD diagnosis. Many discussed how
black female celebrities are “fetishized” as the objects of male sexual gratification (e.g., by
being shown dressing provocatively, dancing seductively and singing lyrics with sexual
connotations).

During the Girl phase, participants viewed these celebrities as role models and tried to
emulate their dress and behavior. Many viewed themselves as sexual objects and mimicked
the provocative and promiscuous behavior of their role models: “Growing up, it’s all you see
on TV exotic-looking females dancing around for men, and you know…everybody wants to
be that girl” (23-year-old). Similar behaviors persisted into the Grown phase until
participants developed heightened awareness of stereotype messages and the impact they
had on their sexuality. Participants noted that understanding the history of racially based
enslavement, oppression and discrimination helped them understand how stereotype
messages can lead to behaviors that threaten their sexuality and health. This understanding,
in turn, helped them make choices that protected their sexuality and health. A 26-year-old
commented: “Being aware of my choices sexually will affect my confidence, my mental
state, my emotions and knowing what my limits are.”

Participants reported that media messages had little to no impact during the Woman phase,
because women rejected such negative messages in light of their redefined images of black
womanhood. Rejecting stereotype images and messages was a constant, but necessary,
process for participants to see themselves as strong, self-sufficient beings. One 19-year-old
described how society “misconceives the whole purpose of being a black woman. Like, it’s
not just about how sexy you are and how your curves are.” Another 19-year-old said that
black women reframe that conception: “Being a black woman…is to be yourself.”

Participants described cultural messages about expectations related to sexuality specifically
used in black communities. The term “glow up” refers to making oneself more attractive by
using makeup and clothing that are heavily influenced by images of black female celebrities
in the media. During the Girl and Grown phases, many participants measured their own
worth by how they measured up to sexualized images of beauty. Participants often described
older men encouraging them to glow up by giving them gifts of makeup or clothing to
emphasize their sexuality. Additionally, they described how the attention received from such
sexualized behavior reinforced their decisions to be with older men. A 19-year-old explained
that after you glow up, people want to be around you, and an older guy is “going to buy [you
things]. So you’re going to mess with and talk to the older guy.”

All participants identified “fast” as a universally understood term within black communities
to mean acting promiscuous or “slutty” or behaving like a “ho.” A 19-year-old participant
gave this typical description of the term: “You’re like, 15, and older guys, like 20, 30, [are in
your] face…. Or you’re just having sex and just real promiscuous and stuff. That’s just being
fast.” All participants had heard or used the “fast” label, or had been called or self-identified as fast.

Participants in the Woman phase described using the “fast” label in a protective way to call out girls’ behavior that placed them at risk. These participants explained that using the label was intended to prevent girls from “growing up too quickly” by sending a message of disapproval about how they dressed, how they behaved or whom they associated with.

The fast label was often used without explanation, and the protective intent often failed. In fact, some participants internalized this label as part of their identities and behaved accordingly. Consequently, its use often led younger girls to feel ashamed and reluctant to ask questions about sex or report unwanted sexual advances or assaults: “Being [labeled as] a fast girl when you’re younger,…the stigma and shame placed upon you make [black females] weary to talk about sexual assault things…. Victim blaming happens, and people quiet up” (20-year-old).

•Protection.—Protection played a role, but meant something different, in each developmental phase. Participants described needing protection during the Girl phase, protecting themselves during the Grown phase and becoming protectors during the Woman phase.

Needing protection in the Girl phase was related to protection from the “outside world,” such as older males who sexually exploit young girls and males of any age who might “break their hearts.” Several participants described the need during the Girl phase for a parental figure whom they could confide in to discuss concerns about sexual matters, intimate relationships, STDs and condom use. Participants also said black females in the Girl phase needed protection from stereotype messages that harmed their self-image.

During the Grown and Woman phases, participants described a shift from needing protection to protecting themselves and then to protecting other females by sharing health information and lessons from sexual experiences. A 23-year-old participant described the shift this way: “I’ll use my story to kind of…help my friends when they have a STD scare.” She said she wants her friends to feel better about themselves if they have had an STD, adding that she shares her experience “to, like, teach others to become more aware of their sexual health.”

Participants protected themselves by taking care of their own bodies and rejecting stereotype messages. Protection could be physical (e.g., condom use) or emotional (e.g., feeling protected, maintaining self-esteem). For many participants, contracting an STD was a pivotal event that motivated them to protect themselves. Some physically protected themselves by insisting that partners use condoms or undergo STD testing prior to having sex. Several did not trust their partner to do so by themselves, so they accompanied him to the clinic for testing. Participants also protected themselves by having fewer sexual partners or developing a relationship with a partner before having sex. Some used intuition to determine when to use protection during sex: “If I ever suspect something, or have this gut feeling….I’m like, ‘Let’s just use condoms for a while’” (23-year-old).
Participants protected other young females by breaking the culture of silence, discussing their sexual health experiences, offering information about sexual health and helping girls feel good about themselves. One participant, aged 20, created a space to share stories: “I had a workshop where we would all talk about, like, the ways in which we were introduced to sex. And have conversations about stigmas.”

Protection also meant attempting to break the cycle of sexualizing black girls by talking with them about stereotype messages and encouraging them to value their intelligence over their physical appearance. One 26-year-old described it this way: “I think it speaks to the larger issue…of how we perceive women in our society. Until we debunk those unrealistic expectations, you can’t break the cycle.”

Protection, in this context, was meant to halt rapid progression from the Girl to the Grown phase. Protectors were typically older black women, parents, family members or unrelated parental figures who were considered to be trust-worthy and credible sources of information about sex and sexual relationships. They often were motivated by their own experiences of sexual assault and a desire to protect young females from the same physical or psychological suffering they endured.

As protectors, participants used both physical and verbal strategies. Physical protection involved closely supervising children, keeping them close to home and limiting where and with whom they played. Some participants taught children to physically fight off assailants or sexual predators. Several provided younger females with condoms. A 52-year-old woman recalled telling younger women: “I need you to protect yourself…. Matter of fact, take some of these rubbers…. You are going to thank me later.” Women closely monitored the content of television, music and social media. One participant, aged 40, stated, “I tell my grandkids, the stuff they see on TV…is wrong.”

Verbal protective strategies included threatening to report potential perpetrators and using the “fast” label. One of the most common strategies was to use the “fast” label to verbally warn young girls who dressed provocatively or associated with persons considered to be threats. A 57-year-old participant put it this way: “Of course, it [fast] is used to protect. We are trying to warn you, to reel you back.”

DISCUSSION

Our findings significantly advance the understanding of black female sexual development by offering a conceptualization of sociocultural conditions that uniquely influence this population. Our study provides insights about what interventions may be needed, and where along the trajectory of development they may be needed, to prevent or reduce STD/HIV incidence among black females.

Previously, the process of sexual development has been understood through the lens of conventional developmental theories, such as that of Erikson, who described adolescents as struggling between autonomy and independence.34 We found similar tensions during the Grown phase. Yet, our findings offer an Afrocentric female perspective that is different from other perspectives because of the messaging black women receive.35 Our findings suggest
that black female sexuality is affected by sociocultural conditions, such as stereotype messages and protection, that are not addressed by conventional developmental theories.

It appears that interventions could occur at multiple junctures along the developmental process. The Girl phase may be an optimal window for interventions aimed at countering stereotype messaging and providing protection and guidance. During the Grown phase, interventions could focus on helping young adults develop self-protective strategies, such as engaging in effective communication with sexual partners and ensuring that they and their partners are tested for STDs. Participants described the possibility of developing interventions through the creation of safe spaces focused on empowering black girls, helping them build healthy relationships and normalizing conversations about sexual health. During the Woman phase, interventions could utilize the strength, power and resilience of black female voices to help nurture sexual development through sharing sexual experiences. Interventions could focus on instilling culturally tailored protective strategies among new parents or mothers. Additionally, creation of an assessment tool to identify an individual’s current phase of sexual development could inform patient-centered interventions.

The media have increasingly become a factor in adolescents’ sexual identity and behavior. Our findings are consistent with previous research showing that media messages can influence sexual behavior, shape society and perpetuate the stereotype of black females as sexual objects, which can lead to individuals’ conforming to negative stereotypes. Popular media reflect the values of the society in which they are created, as well as the society’s history. In particular, slavery justified the sexual exploitation of black women in ways that dehumanized and devalued their bodies. Animal-like and highly sexualized images of black women are still promulgated in the media, and black girls may internalize such messages. Schooler et al. found that frequent exposure to mainstream television may be associated with young black women’s expression of more stereotypical gender attitudes, but this needs to be further examined in qualitative work. Schooler et al. also found that regular exposure to media featuring black characters may be protective, as it is associated with having healthier body images among young black women. Given their powerful impact, media messages could become public health tools to provide counterimages that amplify the strength and dignity of black females and promote sexual relationships characterized by mutual respect and open communication.

Our findings point to opportunities to promote sexual health among young black females in schools. Participants identified inadequacies in the sex education they received during the Girl phase. Sex education needs to include culturally relevant messaging that replaces sexual stereotypes of black females with positive images. Our findings support the suggestion by Townsend et al. that girls need to be able to critically analyze stereotype messages and be aware that internalizing these messages may increase their sexual risk. Content about black history could help young girls contextualize stereotypes and empower them in their sexual health decisions and intimate relationships. Previous research has described the process of communicating history, cultural values and traditions as a mechanism to protect the identities of black girls as a part of “racial socialization,” but this process should also be considered an important process in the sexual development of black girls.
Participants expressed a desire to receive sexual health information from individuals other than their parents. This finding is consistent with those reported by other investigators that black college-age females described communication with parents as “nonexistent” or “coded.” An example of “coded” communication in our data was the “fast” label. Although the label has long been recognized in black American culture, its use has not previously been identified in the literature as a way to protect black females. Unfortunately, participants described how coded communication from parents was not well understood and was often misinterpreted; therefore, use of the label, at least by parents, was not helpful. Other researchers have explored the protective function of ethnic identity esteem \(^{16}\) and racial or ethnic esteem \(^{18}\) to combat sexual stereotypes, but further research is warranted, as the other protective strategies identified in our study remain understudied.

This study also describes the potentially vital role that protection plays in black females’ sexual development, and how it may change over the life course. Further verification via large, quantitative studies is needed to confirm the protective factors identified here. Future research should also examine the potential of interventions that include community-based older black women as protectors of black females. Such interventions would need to be studied longitudinally to measure their long-term impact.

**Limitations**

Given that this sample included only black females, most of whom were heterosexual, findings may not be applicable to people of other ethnicities, races or sexual orientations. Because participants retrospectively reflected on their sexuality as girls, recall bias may be involved. There also may be additional sociocultural conditions, or additional dimensions of stereotype messaging and protection, that were not discovered in our interviews.

**Conclusion**

Findings present black females’ perspectives on the powerful influence of sociocultural conditions on their self-image, intimate relationships and sexual health, including STD/HIV risk. Prospective research is needed to explore the views of black girls younger than 18 regarding their sexual development and the value of the protective strategies used by older black women. This line of inquiry may inform the development of more effective STD/HIV prevention interventions among black females at multiple levels of the social ecology throughout the life course.

**Acknowledgments**

This research was supported by grant 1F31NR016624-01A1 from the National Institute of Nursing Research and by the University of Wisconsin–Madison School of Nursing’s Robert and Carroll Heideman Research Award. The authors thank the participants, who shared their personal stories, and acknowledge the support of the University of Wisconsin–Madison, Public Health Madison & Dane County, and the Allied Wellness Center.

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