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An Explorative Study of Black Women's Sexual Health Throughout Womanhood

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ABSTRACT—Using data from the National Longitudinal Study of Adolescent Health, this research asks whether and how differences exist in sexual health among Black women ($N = 425$) across age. Specifically, this longitudinal research measures the effects of psychological distress, parental influence, and self-image on sexual behavior for Black women. Results indicate that depression had a significant positive direct effect on risky sexual behavior for emerging adults. Findings also reveal that parental relationships impact sexual behavior for both emerging and young adults. Implications for future research and practical applications are discussed.

KEY WORDS—Black women, Womanhood, Sexual Health, Self-Image, Sexual Behavior, Parental Influence

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THE NUMBER OF SEXUALLY TRANSMITTED DISEASES AND INFECTIONS continues to be disproportionately high among Black women. For example, recent reports by the Centers for Disease Control and Prevention found that while HIV infection rates in Black women were down 21% in 2010, Black women still have the highest rates of sexually transmitted infections (STI) compared to their White female counterparts (CDC, 2012). In 2012, Black women had a chlamydia rate six times that of White females (CDC, 2013). When categorized by age, Black women between the age of 20–24 years and those who were between fifteen to nineteen years had the first and second highest rates of chlamydia cases among all Black women (CDC, 2013). This alarming statistic was almost five times more compared to White women in the same age groups, respectively (CDC, 2013). Similarly, Black women between the age of fifteen to nineteen who had contracted syphilis had an infection rate twenty-three times that of White women in the same age group (CDC, 2013).

Although existing sociological and epidemiologic studies attempt to describe and explain sexual health for Black women, the large majority of studies tend to treat Black women as a monolithic group—failing to disentangle the complexities of social demographics, such as socioeconomic status and age. Thus, this study begins to fill that gap by asking whether and how differences exist in sexual health among Black women, by age groupings. Specifically, this longitudinal research utilizes panel data to quantitatively track patterns and influences of sexual behavior for Black women over time. By employing panel data, our study allows for the measurement of variation in sexual behavior from one period to another and whether and how the influences of sexual behavior change as Black women move from emerging adulthood to young adults. This work, then, provides insight into processes of social change in regards to the effects of psychological distress, parental influence, and self-image on sexual behavior for Black women. Finally, our work contributes to scholarly discourse about Black women’s sexual health throughout womanhood.

In the following narrative, we discuss the framework within which this study was conceptualized focusing on the literature regarding Black women’s sexual health. We examine the extant literature in terms of women’s sexual health trajectory as they age from emerging young adulthood to young adulthood. Following a description of the methods, the sample from which our results are generated, and the variables, we seek to determine the nature of Black women’s sexual health over time. We conclude

with a discussion of the implications of our research for future studies and policy-makers.

Sexual health research on adolescent emerging adults and young women typically focuses on risk, sexual experience, and reproductive health (Haydon, Herring, & Halpern, 2012; Kogan, Broday, Yi-Fu, Grange, Slater, & Di-Clemente, 2010; Mojola & Everett, 2012; Roye, Tolman, & Snowden, 2013). For example, Longmore et al., (2004) found that self-esteem and symptoms of psychological depression significantly predict sexual onset in adolescent. Additionally, girls who report more frequent symptoms of depression were more likely to engage in sex as an adolescent (Longmore, Manning, Giordano, & Rudolph, 2004). However, this research also indicates that symptoms of depression has less impact on sexual onset for Black girls compared to White girls (Longmore et al., 2004). The idea that self-esteem may impact sexual health is also seen in research related to body-image (Gillen, Lefkowitz, & Shearer, 2006). Research on body-image and risky sexual behavior suggests that undergraduate females seventeen to nineteen years of age who have a more positive view of their appearance and their body were less likely to report risky sexual behavior (Gillen et al., 2006).

Research investigating intercourse in rural Black young adults (e.g., eighteen to twenty-one years) reports that having a negative parental relationship and interacting with risk taking peers were significant risk factors for having unprotected intercourse among Black female adolescents (Kogan et al., 2010). The impact of parental relationship on sexual outcomes in adolescents is described in other work (Bersamin, Todd, Fisher, Hill, Gruge, & Walker, 2008). In a longitudinal study with adolescents twelve to sixteen years of age, Bersamin et al. (2008) indicate that adolescents who have higher disapproval of sex by their parents and more television limits were less likely to initiate oral sex and vaginal intercourse. However, this study also found that adolescents whose parents have a comprehensive conversation with them about sex were more likely to initiate oral sex and vaginal intercourse (Bersamin et al., 2008). This study also adds that the quality of communication between a mother and their child along with parental monitoring of what was being watched on television were not significantly related to the adolescent's initiation of vaginal intercourse (Bersamin et al., 2008). Other research suggests that Black adolescents in high school use condoms less than White youth, but they report more condom use over time throughout adolescence (Elkington, Bauermeister, & Zimmerman, 2010).

The idea that peer influence impacts sexual behavior is also seen in re-

search on risky behavior in rural adolescents. Rew, Carver, and Li (2011) report a significantly higher peer influence score among adolescents age fourteen to seventeen who engage in risky sexual behavior. Additionally, a study with adult women with a mean age of 26.2, where over half the sample was Black, found an association between having an older first sex partner and more occurrences of unprotected sex as an adult (Senn & Carey, 2011). This study also found significance with a greater age difference between partners at first sexual experience and women having more lifetime sex partners (Senn & Carey, 2011). For emerging adult Black women 18–29, one study contributes to the literature by suggesting that male characteristics and relationship preference (monogamous, casual, non-sexual) impacted how Black women defined safe and risky sexual behavior (Anaebere, Maliski, Nyamathi, Koniak-Griffin, Hudson, & Ford, 2013). Those in monogamous relationships perceived their risk of STIs to be low while those in casual relationships perceived their STI risk to be high because they were sleeping with more than one person (Anaebere et al., 2013).

Engaging in casual sex cannot only put one at risk for STIs, but it may also impact one's mental health. Research on casual sex in adolescents and emerging adults, men and women, report that having symptoms of depression and suicide ideation were significantly associated with being in a casual sexual relationship as an emerging adult (Sanberg-Thoma & Dush, 2014). The same study also indicates that among emerging adults engaging in any or multiple casual sexual relationships was significantly associated with suicide ideation among those who never considered suicide (Sanberg-Thoma & Dush, 2014). When examining Blacks only, one study added that race-related stress significantly predicted the number of sex partners for Black adolescents, high school juniors and seniors (Stevens-Watkins, Brown-Wright, & Tyler, 2011). The idea of stress being associated with the number of sex partners is also found in work on risk behavior in adolescence. This study suggests that an increase in psychological distress over time is associated with an increased number of sex partners and a decrease in condom use across adolescence (Elkington et al., 2010). This same study also reports substance use to be associated with an increase in sex frequency and a decrease in consistent condom use across adolescence (Elkington et al., 2010).

With this research, we expect the following: (1) emerging adult Black women will engage in riskier sexual behavior than young Black adult wom-

en do, (2) Black emerging adults and young adults who report greater psychological distress symptoms will engage in riskier sexual behavior, (3) parental relationship impacts sexual health in emerging adults, and (4) Black emerging adult and young adult women who report more positive self-image will engage in less risky sexual behavior.

Methods

Data

Data for this paper is derived from the National Longitudinal Study of Adolescent Health (Add Health), a representative sample of adolescents living in the United States who were in grades 7–12 in 1994 and 1995 (Harris et al., 2009). The primary sampling technique used for the Add Health study was a clustered school based design in which students were selected for inclusion from a sample of 80 high schools. High schools without a 7th or 8th grade helped to identify a total of 52 feeder schools—that is schools that included a 7th grade and contributed at least five students to the high school—resulting in a core sample of 132 schools.

Four waves of data were gathered beginning in 1994 and ending in 2008. Our analysis is based on the 3rd (2001–2002), and 4th (2007–2009) waves, with waves one and two being excluded due to the close interval between it and the first wave. Over 90,000 students completed an in-school survey in wave one (Harris et al. 2009). From each school, a random sample of students was selected for an in-home interview for a total of 20,745 in-home interviews completed. In waves three and four, 15,170 and 15,701 original wave one respondents were re-interviewed. To meet one of the objectives of this study, we employ a smaller subset of the total sample representing panel members interviewed in waves three, and four (approximately 4,118 respondents).¹ Because the primary purpose of the Add Health study is to understand the factors influencing health taking into account the multiple contexts in which people live as they age. Within this framework, we examine the fluctuations in Black girls and women’s sexual health behaviors as they transition from emerging young adulthood to young adulthood and the factors affecting their sexual behavior. It is important to note that only women who are sexually active were included in our analyses. Thus, our analysis is based on the 425 Black girls and women who were interviewed in both waves 3 and 4.

Measures

DEPENDENT VARIABLES

Sexual Behavior To construct a sexual health measure, a 3-item index was created. Respondents were asked whether they (1) had sex as a minor (i.e., 17 years and/or younger); (2) had sex without a condom in the past 12 months; and (3) been diagnosed with the following STDs/STIs in the past 12 months: chlamydia, gonorrhea, syphilis, trichomoniasis, genital herpes, genital warts, human papilloma virus (HPV), pelvic inflammatory disease (PID), mucopurulent cervicitis (MPC), urethritis (NGU), or vaginitis. Responses were coded as (1) yes and (0) no. Items were summed and range from 0 to 3, with higher values indicating riskier sexual behavior.

INDEPENDENT VARIABLES

Psychological Distress Distress was measured using a modified 9-item Center for Epidemiological Studies Depression (CES-D) Scale. Respondents were asked to think about the past seven days and report how frequently [(ranging from rarely (0) to most of the time (3)] they experienced a variety of symptoms. Specifically, respondents were asked how frequently they felt: (1) bothered by things that usually did not bother them; (2) that they could not shake the blues; (3) that they were just as good as other people (reverse coded); (4) they had trouble keeping their mind on what they were doing; (5) depressed; (6) too tired to do things; (7) happy (reverse coded); (8) that you enjoyed life (reverse coded); (9) sad; (10) that people disliked them. Items were summed and responses ranged from 0 to 30. Higher values indicate greater levels of psychological distress symptoms. Our modified depression scale had internal consistency (Cronbach's α of 0.800 for Wave 3 and 0.809 for Wave 4).

Parental Relationships Studies show a linkage between poor parental-child relationships and sexual health among emerging and young adults (Kogan et al., 2010). Four items were used to construct measures for parental relationships. Respondents were asked whether (1) their parents or caretakers left them home alone when an adult should have been with them; (2) their parents or caretakers did not take care of their basic needs, such as keeping them clean or providing food or clothing; (3) their parents or caretakers slapped, hit, kicked them; (4) their parents or caretakers touched them in a sexual way, forced them to touch them, or forced them to have sexual

relations; and (4) whether Social Services took them out of their living situation. Responses were coded yes (1) and (no). Thus, questions were only asked in Wave 3.

Because young adults are less dependent on their parents for formal support (i.e., basic needs), we only assessed the quality of relationships between young Black women and their parents.² Respondents were asked whether they are satisfied with the communication with their mom and dad. Responses ranged from (1) strongly disagree (5) strongly agree. Respondents were also asked, “how close they feel to their mother and father?” Responses ranged from (1) not very close to (5) very close.

Self-Image There were slight measurement variations in the self-image questions across waves 3 and 4. In wave three, respondents were asked “how (1) careful, (2) mature, (3) and intelligent are you?” Responses ranged from 1 to 4, with higher values indicating more positive perceptions. In wave 4, respondents were asked, compared to people your age, how (a) intelligent and (b) attractive are you?” Responses ranged from 1 to 4, with higher values indicating more positive self-image.

Social Support To examine individual’s perceptions of supportive relationships, respondents were asked the number of close friends they had, including people with whom they felt at ease, can talk to about private matters, and can call on for help. Respondents who reported having no close friends were coded as 0; one to two friends, coded 1; three to five friends, coded 2; six to nine friends, coded 3; ten or more friends, coded 4. Higher values indicate greater perceptions of support.

Mastery Respondents were asked the following questions to assess their levels of mastery. Within the last 30 days, they “felt unable to control important things”; “felt that difficulties were piling up so high that they could not overcome them”; “felt confident in their ability to handle personal problems” (reverse coded); and “felt things were going their way” (reverse coded). Responses were summed, ranging from 0 (low levels of mastery) to 16 (high levels of mastery). This scale had high internal consistency (Cronbach’s $\alpha = 0.709$).

Control Variables This study controlled for respondents’ age and level of education. Age was measured in number of years. Education was coded as

Table 1. Paired Independent Samples T-Tests in Depression and Sexual Behavior among Emerging Black Women and Young Black Women

Variables	Emerging Adults (Ages 18–27) Mean	N	Young Adults (Ages 25–34) Mean	N	p-Value ^b
Sexual Health					
Risky Sexual Behavior	1.47	425	1.36	425	**
Psychological Distress ^a					
Psychological Distress Symptoms	5.21	558	6.14	558	***

^aAll other significant mean differences for variables were tested using a paired samples t-test (p-value).

^bSignificant values $p < .05$, ** $p < .01$; *** $p < .000$

(1) less than high school diploma, (2) high school diploma, (3) some college; (4) bachelor's degree; and (5) more than bachelor's degree. Gender is a 0, 1 variable where 0 equals female and 1 male. The intention of this paper is not to examine gender differences but to focus on transitions women as a group experience. As such, we select only females for analysis. Race is assessed in much the same way, as a dummy variable where 0 equals respondents of all other races and 1 equals Black respondents. These measures were analyzed in waves 3 and 4.

The Add Health survey provides a number of mean scores for assessing the racial identity of respondents. One, a self-identified measure in which respondents are asked to report the racial group that best characterizes them, is used in waves one and three. The second measure, used in all three waves, is based on the interviewers' assessment of a respondent's racial group. In spite of the fact that one may have more consistency using the self-identified measure of race, we argue that the way others identify a person racially has a significant impact on their social status. A person's treatment and position within small groups, the education system, and paid employment, just to name a few, is largely based on others perceptions of a person's significant social statuses. Hence, the degree to which there is a connection between one's experience with depressive symptoms and one's membership in a variety of social structures, is likely to be impacted by other's perception of one's racial identity. As such, we employ the interviewer's

assessment of race.³ Table 1 presents the means and standard deviations for all the variables in the analysis.

Analyses

Our analyses were conducted in two stages. In *stage one*, we conducted a paired samples t-test to assess whether differences exist in sexual health behavior over time for Black women (see Table 1). In *stage two*, we estimated ordinary least squares (OLS) regression models to determine the effects of depression, parental supervision, and self-image on sexual health for emerging Black women (Table 2) and young Black adult women (Table 3). In stage three of our analyses, we estimated ordinary least squares (OLS) regression models.

To ensure that none of the independent variables were sufficiently correlated to cause problems in the estimation of regression coefficients, we performed multicollinearity tests with tolerance diagnostics. All computed tolerance values were above 0.4. These values are sufficient to exclude multicollinearity (O'Brien 2007).

Results

Variations in Sexual Health Between Emerging Adults and Young Adults

Table 1 presents mean differences in sexual health and depression across age for Black women. Findings suggest that Black emerging adult women (ages eighteen to twenty-seven) engage in riskier sexual behavior ($M = 1.47$; $SD = 0.83$) than young Black women ($M = 1.36$; $SD = 0.73$). However, Black emerging adult women report significantly lower psychological distress symptoms ($M = 6.14$; $SD = 4.42$) compared to young adult Black women ($M = 6.14$; $SD = 4.51$).

Table 2 and 3 present model estimates for Black women's sexual behavior across age. Specifically, Table 3 (Panel A) examines the relationship between mental health, parental relationships, self-image, and personal characteristics on sexual behavior. Table 3 (Panel B) examines the relationship between mental health, social relationships, self-image, and personal characteristics on sexual behavior.

Emerging Adult Black Women

For emerging adult Black women (Table 2; panel B), depression has a significant positive direct effect on risky sexual behavior. That is, emerging

Table 2. Descriptive Statistics and Ordinary Least Squares (OLS) Regression of Depression, Parental Supervision, and Self-Image on Sexual Health For Emerging Adults

Variables	Black Women Ages 18–27 Mean (Std. Dev)	Panel B (OLS) Model (Std. Error)
Sex Behaviors	1.48 (0.84)	—
Psychological Distress Symptoms	5.11 (4.48)	0.02 (0.01)*
Parental Relationship		
Forced to Move Out of Home (yes)	0.08 (0.28)	0.18 (0.14)
Left Alone (yes)	0.3 (0.48)	0.09 (0.092)
Basic Need Not Met (yes)	0.10 (0.10)	-0.35 (0.15)*
Parent Hit or Kick Child (yes)	0.23 (0.29)	0.28 (0.10)**
Social Services (yes)	0.06 (0.24)	0.05 (0.17)
Touched Inappropriately	0.04 (0.21)	0.10 (0.20)
Self-Image		
Careful	3.56 (0.59)	-0.17 (0.70)*
Mature	3.34 (0.47)	0.00 (0.07)
Intelligent	3.46 (0.98)	0.00 (0.06)
Level of Education	2.61 (0.93)	-0.03 (0.45)
Constant		1.71 (0.38)***

Note. $N = 431$; $R^2 = 0.08$
 Significant values $p < .05$, ** $p < .01$; *** $p < .000$

adult Black women who report greater levels of depressive symptoms also reported riskier sexual behavior. Moreover, our findings suggest that parental relationships have a significant effect on sexual behavior among Black women. Black women who feel that their basic needs were not met as children and who were physically abused as children also report riskier sexual behavior. Finally, the data reveals that there is a relationship between self-image and sexual behavior. Black women who perceived themselves to be more careful report less engagement in risky sexual behavior.

Young Black Women

For young Black women (Table 3; Panel B), we found no significant relationship between depression and sexual behavior. Findings suggest that paren-

Table 3. Descriptive Statistics and Ordinary Least Squares (OLS) Regression of Depression, Parental Supervision, and Self-Image on Sexual Health for Young Adults

Variables	Black Women Ages 25–34 Mean (Std. Dev)	Panel B (OLS) Model (Std. Error)
Sex Behaviors	1.35 (0.75)	—
Psychological Distress Symptoms	5.68 (4.28)	0.01 (0.01)
Parental Relationships		
Close to Mom	1.33 (0.73)	-0.18 (0.08)*
Communication with Mom	4.57 (0.84)	-0.10 (0.07)
Close to Dad	1.92 (1.13)	0.09 (0.05)
Communication with Dad	4.06 (1.16)	-0.01 (0.05)*
Self-Image		
Mastery	5.20 (2.97)	-0.16 (0.02)
Attractive	3.38 (0.06)	-0.04 (0.07)
Intelligent	2.45 (0.72)	0.01 (0.06)
Level of Education	3.42 (0.65)	-0.09 (0.04)**
Social Supportive Relationships	1.81 (0.85)	-0.07 (0.05)
Constant		2.49 (0.62)***

Note. $N = 304$; $R^2 = 0.06$
 Significant values $p < .05$, ** $p < .01$; *** $p < .000$

tal relationships are important to young adult Black women. Women who indicate having a close relationship with their mothers also report less risky sexual behavior. Finally, while levels of education had no effect on emerging adults, we found that education has a significant effect in young adults.

Discussion

As a portion of a larger study, we sought to understand the impact of depressive symptoms, parental influence, and self-image on sexual behavior for emerging adult Black women and young adult Black women. Although there is an abundance of theories that predict sexual behavior for women in health literature, the majority of research fails to disentangle the interlock-

ing of social demographics such as age, race, and gender (Hayden, Hering, & Halpern, 2012; Kogan et al., 2010; Mojola & Everett, 2012; Roye, Tolman, & Snowden, 2013). This study takes a step in that direction by using quantitative, panel data, to isolate the effects of being Black and a woman on sexual behavior. Specifically, we asked whether and how differences in sexual behaviors exist over time for Black women.

Starting with emerging adults, we found that emerging Black adult women engage in riskier sexual behavior than young Black women do. Given emerging adults' young ages (ranging from eighteen to twenty-seven), these women may not have as much access to health resources (e.g., health information and condoms) that would prevent them from engaging in risky sexual behavior, compared to young adults (ages ranging from twenty-five to thirty-four). Moreover, they may not fully comprehend the deleterious effects of perilous sexual behavior and, in turn, be more inclined to engage in risky sexual behavior. Also, for emerging adult Black women, we found that depressive symptoms have a positive, direct relationship with risky behavior. This finding is similar to a study completed by Sanberg-Thoma & Dush (2014) who suggest that having depressive symptoms is significantly associated with being in a casual sexual relationship as an emerging adult.

The majority of research that examines the impact of women's self-image and sexual behavior focuses on body image. We expanded the measure of self-image to include attractiveness, maturity, carefulness, and intelligence. We only found one aspect of self-image, perception of carefulness, to impact sexual behavior for emerging adult Black women. That is, emerging adult Black women who perceive themselves to be more careful report less engagement in risky sexual behavior than emerging adults who perceive themselves to be less careful. This finding is not surprising. Black women who perceive themselves to be more careful are likely to engage in safer sexual behavior. Interestingly, body image (i.e., attractiveness) had no impact on Black women's sexual behavior, despite existing findings on sexual behavior. However, these studies primarily examine the effects among White women. Body image may not be an adequate indicator for emerging adult Black women. These differences highlight the need for more research that disentangles the effects of race, age, and class among women as it relates to self-image and sexual health.

Finally, our findings suggest that for emerging adult Black women, parental relationships matter. Emerging Black women who report that their parents did not adequately provide for them indicated more engagement

in riskier sexual behavior. Emerging adults who did not receive adequate support from their parents might be more inclined to depend on others for support. For emerging adults who may not have the strong social network, they might depend on unstable relationships for support, which may, in turn, expose them to risky behavior in general.

Turning to young Black women, young Black women report greater levels of depressive symptoms than emerging adults. This finding may be a result of social and economic factors influencing variations in levels of psychological distress throughout Black women's life course. Given the strong correlation between depression and physical illnesses (e.g., infant mortality, cardiac disease, and obesity) and unhealthy behaviors (i.e., smoking, drug abuse, and unhealthy sexual behaviors), we believe that our findings give health professionals critical age points to target in terms of depression for Black women. Although young adulthood may be a critical age point to target in terms of mental health, we did not find a significant relationship between sexual health and depression for young Black women.

Similar to emerging adults, self-image (body image and intelligence) has no effect on young Black women's sexual behavior. Moreover, we found that young Black women who indicate feeling close to their mother also report less risky sexual behavior than young adults who did not feel close to their mother. Because some women become closer with their mothers as they get older, having a close relationship with one's mother may imply that they can talk to about different sexual and/or sensitive issues. Thus, this type of open and close relationship may cause young adult Black women to not engage in risky sexual behavior because they talk with their mother about sex and are able to have their mother answer any questions they may have or offer advice. Also, having a father or other guardian who can communicate about sexuality and can offer a different perspective on issues may also enable young adult Black women to be less inclined to engage in risky sexual behavior.

Finally, our findings illustrate that for some young adult Black women, education level has a significant effect on engaging in risky sexual behavior. An unanticipated but logical outcome of this study was that we learned that as some women become more educated, they tend to make better choices and life decisions around their sexual expression. As they become more aware of the issues with risky sexual behavior, they understand the impact of not engaging in safe sex practices. Also, with more education women are more likely to have access to health services that

allow them to be tested for STIs on a regular basis and to afford items needed to practice safe sex.

Finally, based on findings from this research, future work in the area of sexual health and Black women should focus on parental influence and sexual health. In addition, research should address childhood stress and its influence on sexual health outcomes in emerging adult Black women. Similar to work by Kogan et al., (2010), this research reports that parental relationships had a significant effect on sexual health in Black women. Having more research examine the role of parental relationships may begin to explain the disparities in STIs among Black women. Another study suggests that the different social determinants of health (poverty, gender power, family dynamics) not normally addressed in research may explain the health equity outcomes seen in STIs as it relates to Black women (Sharpe, Voute, Rose, Cleveland, Dean, & Fenton, 2012). Studying the role of the family and family stress may help explain the role that non-behavioral elements play in the sexual health of Black women. By focusing on elements outside of individual behavior (e.g. condom use), we may be able to understand what impacts one's ideas about sex, which would ultimately impact one's overall sexual health.

Future research should also examine the role depression plays in sexual health outcomes for Black women across the life span. Specifically, research should focus on women who exhibit depressive symptoms and stress not those who are diagnosed as being depressed or having other psychological issues. Research has reported a connection between different levels of stress and the number of sex partners (Elkington et al., 2010; Stevens-Watkins, Brown-Wright, Tyler, 2011). Most of this research focuses on persons who are diagnosed with depression or have experienced other psychological issues. However, many are not diagnosed as having psychological distress issues; therefore, research with depression or similar mental health outcomes, as measures may not fully capture the impact of stress and sexual health. Because stress overtime or daily stressors are elements that most people deal with, studying them may show the true impact of stress on sexual health outcomes.

Findings from this research can be used to help health professionals working with young adult Black women add elements to their programs around STI prevention that address parental relationships and family stressors. Since parental relationships had a significant impact on sexual health for Black women, programs targeted on decreasing STIs should add

elements specifically for parents. These elements should not only focus on parents talking to their children about sex and STI prevention, but they should also focus on how to be a parent. Because the elements of parental relationship are related to parenting skills such as communication, having programs that provide parents with skills on parenting may prove beneficial to their children and their children’s sexual health. Additionally, program elements that address how to cope with stressors at home may also prove beneficial for young adults as they learn how to deal with stress in a positive manner.

Although this research adds value to the health literature by exposing age differences in sexual health behavior and some factors that affect that behavior, it is not without limitations. First, because this study draws on secondary data analysis, some of the measures were not consistently asked in Waves 3 and 4. For example, Black women’s perception of closeness to both their mom and dad was only asked to young Black women (Wave 4). As previously mentioned, there is a significant, negative relationship between parental closeness and risky sexual behavior. Because this question is not asked to respondents in both waves, we are unable to make a clear correlation between parental relationship and risky sexual behavior over time for our sample of Black women. Second, while this study represents an initial attempt to understand the relationship between age and sexual health for Black women, it highlights the need for future research. Given that data only allowed for snapshots at early adulthood and young adulthood, future work should continue investigating mental health as Black women move beyond young adulthood.

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Claire M. Norris is an assistant professor in the Department of Sociology at Xavier University of Louisiana. Her research interests primarily focus on variations in stress, social support, social networks on mental health outcomes, specifically for Black women.

NOTES

1. We analyze the public use data, which includes a random sample of the core sample and of an oversample of African-American adolescents with highly educated parents. The total number of wave one respondents included in the public use data is approximately 6,500. The public use data for wave three includes a total of 4,882 of the original wave one respondents of all races

and wave four includes 5,113 respondents who were also in wave one. Approximately 92.5% of the original wave one respondents were located and 80.3% of eligible cases were interviewed.

2. In Wave 3, respondents who lived with a mother or father figure were asked, “how close they felt to their mother/father figure,” rather than biological mother and father. Therefore, this measure was not used in Wave 3.

3. While one might expect a fair degree of inconsistency from interviewer to interviewer across waves, of the 4,118 total panel respondents (all races) only 20 discrepancies emerged (for an error rate of .5%). These 20 cases are not included in the analysis.

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