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How Adopting Stereotypical Roles May Impact Sexual Risk Behavior among African American College Women

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ABSTRACT—One hundred ten African American undergraduate women attending a predominantly Black and urban university were recruited to participate in this study. Self-report surveys accounting for group demographics, and measures of sexual knowledge, stereotypical role adoption for Black women, and sexual risk-behavior were completed. Pearson product moment correlations and multiple regression analyses were run to assess the relationships among variables. Findings support a significant relationship between stereotypical role adoption for Black women and sexual risk behavior. However, relationships between sexual knowledge, religious attendance and sexual risk behavior were not supported as hypothesized. Implications for practice and future research are discussed.

KEY WORDS—stereotypical roles, sexual risk behavior, Black college women

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Introduction

For African American women, sexual expression has been scrutinized for hundreds of years. Sexuality, in the larger context, refers to the state of being and/or feeling sexual, consisting of both behavior and desire (Masters, Johnson, & Kolodny, 1995; Schwartz & Rutter, 1998). It is a topic that flows fluidly through the cultural streams of the Black community (Fullilove, 1990). Although sexuality is not confined by race, gender, age, or sexual orientation, researchers have exclusively explored how it is expressed among White, young to middle-aged, heterosexual adults (Dickerson & Rousseau, 2009; Kinsey, Pomeroy, Martin, & Gebhard, 1998). Empirical studies that explore the salient issues of sexuality, among Black women, have been slow to emerge. Context is an important consideration when exploring the sexual expression of African American women. Stereotypes, regarding Black women and their sexuality, are pervasive within American culture (Childs, 2005; Collins, 2005; Wyatt, 1997). Few studies examine how sexual stereotypes may shape behavior among Black women, particularly their *sexual behavior* (Childs, 2005; Thomas et al., 2004; West, 1995). Therefore, further research regarding the sexual stereotyping of Black women and its influence on their sexual behavior is warranted.

There are four stereotypical roles, derivatives of the institutionalization of slavery, specific to African American women. The roles have that have emerged, as part of the Black woman's experience in America, are: Mammy, Sapphire, Jezebel, and Superwoman (Abdullah, 1998; Greene, 1994; Mitchell & Herring, 1998; Thomas et al., 2004; West, 1995). Mammy depicts a character who always considers another's well-being above her own. During the institutionalization of slavery, she represented an obese, dark-skinned woman with broad features who worked in the master's house; often serving as nanny, housekeeper and cook (Greene, 1994; Mitchell & Herring, 1998; West, 1995). She is the woman who typically sacrifices her own needs to benefit someone else (Thomas et al., 2004). Sapphire, a character from the 1940s and 1950s Amos and Andy radio and television show, represents a nagging, emasculating, shrill, loud, argumentative woman who is a master of verbal assaults (Mitchell & Herring, 1998; West, 1995). The stereotype of Jezebel was derived from the sexual exploitation and victimization of African American women, often as a way to justify sexual relations with enslaved women. Jezebel represents a seductive, manipulative, hypersexed woman, who is animalistic in sexual desires and unable to

control her sex drive (Mitchell & Herring, 1998; West, 1995). Superwoman is characterized as a strong, tough, resilient and self-sufficient woman (Shorter-Gooden & Jackson, 2000), who often feels weak and vulnerable if in need of assistance; but expects to provide for and support others (Green, 1994; McNair, 1992; Mitchell & Herring, 1998). These stereotypes of Black women create unfounded expectations and assumptions of their sexual expression as well as place some women in social boxes that limit individual functioning. Inasmuch, it seems imperative that research discourse begins to consider how these stereotypes impact sexual risk taking behavior and the acquisition of sexually transmitted infections.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) occur in higher rates among Blacks than any other group. Specifically, Black women are infected at four times the rate of their white counterparts and twice the rate of Latinas (CDC, 2010). However, African American women contract HIV/AIDS at 23 times the rate of White women and four times the rate of Latinas. Even with the potential risk of contracting HIV/AIDS, Black women continue to take large risks in their sexual behavior. However, the mediating variables that inform this behavior are seemingly illusive. Many studies correlate intravenous drug use and substance abuse with high risk behavior (Duvall et al., 2013; Foreman, 2003; Jemmott & Jemmott, 1991; Lewis, Melton, Succop, & Rosenthal, 2000; Mays & Cochran, 1988). Empirical studies have also reported college students as a high-risk group for STIs/HIV, typically presenting with a low perceived risk for infection (Gayle et al., 1990; Hollar & Snizek, 1996; Lewis et al., 1997). African American women, particularly those in college, represent a unique population for consideration.

An emphasis on increasing knowledge and awareness of STIs/HIV when targeting preventive efforts, have been deemed priorities in the literature (DiClemente, Boyer, & Morales, 1988; Kalichman, Hunter, & Kelly, 1992). Albeit essential, knowledge alone has not proven to be sufficient in impacting sexual risk behavior (Adame et al., 1991; Bazargan et al., 2000; Hollar & Snizek, 1996; Jarama et al., 2007; McGuire, Shega, Nicholls, Deese, & Landefeld, 1992). Nevertheless, knowledge is recognized as a key factor shaping the perceptions used to inform subsequent behavior. Researchers suggest women's (particularly minority women's) perception, or rather *misperception*, of their sexual risk may be fatal (Bowleg, Belgrave, & Reisen,

2000; Kalichman et al., 1992; Misovich, Fisher, & Fisher, 1997). One factor that has proven to be culturally salient and fundamental within the African American community is religion. Blacks have been considered to maintain one of the highest levels of religiosity in the world (Bowie, Ensminger, & Robertson, 2006; McCree, Wingood, DiClemente, & Harrington, 2003; Poulson, Bradshaw, Huff, & Peebles, 2008). Historically, strong religious values have served as protective factors for African Americans in developing the coping skills and resilience needed to overcome racial barriers; and Black women are distinguished for upholding their faith-based values (Lincoln & Mamiya, 1990; Taylor, Chatters, & Levin, 2004). Demographic factors and social assumptions, unique to Black women, are often not considered in efforts to understand their sexual risk behavior.

Seventy-five percent of all HIV diagnoses among young people occur during the ages of 20–24, the college years (CDC, 2011). According to the College Health Surveillance Network (CHSN), initially funded by the CDC (2011), college students account for more than one-third of the young adult population in the United States. Although there has been no national database accounting for the health-related issues among this population, Gayle and colleagues (1990) estimated that 1 in 500 college students is infected with HIV (Gayle, Keeling & Garcia-Tunon, 1990). Factors such as peer pressure, lack of maturity, and alcohol and illicit drug use place students at risk for HIV infection. Further, the college environment is often ripe, providing vast opportunities for high-risk behavior (Duncan, Miller, Borskey, 2002; Lewis, Malow, & Ireland, 1997; Prince & Bernard, 1998). Students may engage in unprotected sex while under the influence of alcohol or other drugs, which is perhaps, contrary to their normal behavior. Abandoning safer sex while under the influence puts one at risk for potential infection of HIV and other sexually transmitted diseases or infections.

When addressing the issue of HIV/AIDS among African American women in the literature, low-income, urban, and/or intravenous drug using groups prevail. Few studies have focused on the incidence of HIV/AIDS within the population of African American women who attend college (Foreman, 2003; Jemmott & Jemmott, 1991; Lewis et al., 2000; Mays & Cochran, 1988; Newsome, Airhihenbuwa, Snipes, 2013). Ironically, college students are not widely considered an 'at risk' population, though the college years are typically wrought in precarious experiences that may compromise well-being (Gayle et al., 1990; Lewis et al., 1997). What is needed in the literature

is research that examines social risk factors for Black college women, such as the endorsement of stereotypical roles, which may lead to risky sexual behaviors and increased potential for contracting STIs. Additional components for consideration include knowledge and religious attendance, which may contribute to protective sexual practice for this population.

The purpose of this study was to scrutinize the cultural layers that have shaped African American women's sexual risk behavior. Specifically, this study sought to determine if the variables of stereotypical gender roles, religious attendance, and sexual knowledge served to predict sexual risk behaviors in a sample of young African American college women. Results are expected to offer insight as to how the adoption of gender stereotypes, sexual knowledge, and religious attendance may be related to, and subsequently impact, the sexual risk behavior within a population of Black college women. This study seeks to enrich the literature and heighten sensitivity to some of the salient factors related to sexual risk for STI/HIV exposure and infection, particular to young African American college women. Further, this study seeks to enhance STI/HIV preventive programs that attempt to quell the immense rate of infection in a group disproportionately represented in the United States, young adult Black women.

The three research questions for this study were:

1. Are the stereotypical roles for Black women (SRBW) related to sexual risk behavior?
2. Is there a relationship between sexual knowledge and sexual risk behavior?
3. Is religious attendance related to sexual risk behavior?

The hypotheses corresponding to the research questions respectively were:

1. Endorsement of the stereotypical roles of Mammy, Jezebel, Sapphire and Superwoman, will be a significant predictor of sexual risk behavior among Black women.
2. Increased sexual knowledge will significantly decrease sexual risk behavior among women.
3. Increased religious attendance will significantly decrease sexual risk behavior among women.

Methods

Research Design

A systematic, quantitative, non-experimental research design was used to examine the potential relationship between psychological and psychosocial variables (stereotypical roles for Black women, sexual knowledge, religious attendance and sexual risk-behavior). A correlational research method was used to identify relationships between variables as hypothesized. Data was used from a secondary data set, where there were no identifiable indicators of participants. However, the surveys were completed and collected from a convenience sample of African American college women at various times. Statistical power was considered based upon the conventional value of .08 in the absence of calculated values emerging from the literature. Adhering to Cohen's d, a medium anticipated effect size of $r = .30$ with an α level of .05 was chosen. Therefore, eighty-four participants were required for this study. Adequate power was achieved by the total sample size of one hundred ten participants.

Population and Setting

African American women attending a predominantly Black and urban university, were recruited to participate. The university is located in the city of Chicago, Illinois and represents one of four public state institutions within the metropolitan area. Of those enrolled at this institution, 78.4% are African American, 8.8% are White, and 6.5% are Latino, 71.2% are female, and 28.8% are male (SU, 2012).

Data Collection

The data in this study is from an archival data set. Potential participants in psychology courses were given an introductory letter explaining the purpose of the study, and a consent form. Several research assistants were involved in collecting the data and coding variables for data entry. Surveys were administered in a classroom setting. No financial incentives were offered. However, instructors did offer extra credit for participation.

Demographic Characteristics

The original research was designed to assess HIV knowledge and risk behavior in a sample of African American women attending an urban university. African American female students account for more than 59% of this college's undergraduate population. There were one hundred ten African

American female undergraduate participants. Class rank was as follows: 48% freshman, 19% sophomore, 17% junior, and 16% senior. Ninety-five percent identified with heterosexuality, one percent with homosexuality, and four percent with bisexuality. Fourteen percent were employed full-time, 43% were employed part-time, and 40% were unemployed. Household income was reported in terms of weekly earnings and in $100 increments. Income ranged from less than $100 to $600 weekly. Twelve participants (10.9%) reported earning less than $100 weekly. Seventeen women (15.5%) reported earning $101–$200 per week. Another seventeen respondents (15.5%) reported a weekly income of $201–$300. Twelve women (10.9%) earned $301-$400 per week, while nineteen women (17.3%) earned $401–$500 per week. The majority of participants, thirty-one (28.2%), reported a weekly income of $501–$600. In terms of religious affiliation: twenty-four respondents (21.8%) reported no religious preference, ten women (9.1%) identified as Protestant, seven participants (6.4%) classified themselves as Catholic, one respondent (0.9%) identified as Jewish, and the overwhelming majority, sixty-seven participants (60.9%), reported their religious affiliation as "other". Participants also reported how often they attend religious services. Frequency ranged from "less than once a year" to "more than once a week". Nine women (17.3%) reported attending religious services less than once per year, whereas sixteen women (14.5%) reported attending once or twice a year. Twenty-one participants were among those who attended 3–11 times per year, while five participants (4.5%) identified as attending once a month. There were twelve respondents (10.9%) who reported a higher frequency of attendance, 2–3 times a month. Nineteen women (17.3%) claimed to attend services once a week. Similarly, eighteen participants (16.4%) reported attending services more than once a week. Age was not queried in this sample.

Instruments

Stereotypical Roles for Black Women Scale (SRBWS)

The Stereotypical Roles for Black Women Scale (SRBWS) (Thomas et al., 2004), was designed to examine perceptions and stereotypes of African American women. Thomas et al. (2004) conducted a factor analysis to derive the SRBWS, representing a thirty-four item measure. For the purpose of this study, the internalization, or adoption of common stereotypical roles for Black women was assessed using the above scale. There are four sub-

scales that correspond to the stereotypes of Mammy, Jezebel, Sapphire, and Superwoman. A five point Likert-type scale, ranging from "1 = strongly disagree" to "5 = strongly agree", was used to rate items. Higher scores reflected more agreement or support of the various images. Mammy items included "I feel guilty when I put my own needs before others" and "People often expect me to take care of them." Jezebel items included "Black women will use sex to get what they want" and "Black women are often treated as sex objects." Sapphire items included "Black women are usually angry with others" and "People respond to me more if I am loud and angry." Superwoman items included "Black women have to be strong to survive" and "If I fall apart, I will be a failure". According to Thomas et al. (2004), moderate internal consistency reliability coefficients were found for each of the subscales ranging from .52 through .72. Townsend et al. (2010) also reported moderate estimates for the subscale range. In the current study, Cronbach's alphas calculated for the subscales are as follows: Mammy (.67), Sapphire (.78), Jezebel (.75), and Superwoman (.81). These reliability estimates, although slightly higher, were also confirmed as moderate. In addition, Thomas et al. (2004) found moderate overlap between the subscale variables was implicated by scale intercorrelations. The Mammy and Sapphire stereotypes were found to be negatively correlated with self-esteem, $\beta = -.24$, $p < .01$ and $\beta = -.28$, $p < .01$, respectively. Validity evidence for the SRBWS has been found to support a relationship between two of the subscales (Mammy and Sapphire) and self-esteem (Thomas et al., 2004).

Sexually Transmitted Disease (STD) Knowledge Score

The STD knowledge score (Beadnell et al., 2003), represents a set of 21 true/false questions used to measure knowledge of sexually transmitted disease/infections. The scale assesses knowledge of HIV, other STDs and preventive sexual behaviors. The scale had good internal consistency ($\alpha = 0.74$) and contained items of varying levels of difficulty. For the purposes of this study, STD knowledge score served to rate participants' sexual knowledge of disease and infection. A total score was calculated, where higher scores (of correct responses) represented greater STD knowledge (Beadnell et al., 2003).

Sexual Risk Reduction Index

The Sexual Risk Reduction Index (SRRI) (Beadnell et al., 2003), a 17-item self-report instrument, was extracted from an overall index, the Risk Management Motivation & Efficacy (RMME) (Beadnell et al., 2003). Unprotect-

ed sexual high-risk behavior included: receptive oral, anal, and vaginal acts (Beadnell et al., 2003). Each sex act was weighted, accounting for the different levels of sexual risk. Therefore, higher scores reflected a greater degree of sexual risk-taking, while lower scores suggested minimal risk-taking behavior (Beadnell et al., 2003). Within this study, SRRI served as an indicator denoting the type of risky sex acts participants engaged in. Participants indicated whether they engaged in the sexual behavioral items included in the measure. Sexual risk items ranged from least risky, to moderately risky, and finally most risky. Least risky items included "I don't do anything sexual (no kissing, petting or intercourse)" and "I am sexual (kissing, petting, masturbating) but am *not* having intercourse (penis in mouth, vagina or rectum)." Moderate risk items included "I am having sex with only one partner" and "I am not having sex with a person who uses needles." Whereas, the most risky sexual behavioral items included "I have reduced my number of sex partners" and "I have DONE NOTHING yet to make myself sexually safer." Participants were asked to check all items that applied to their behavioral practice. The index was treated as a continuous measure and a total score was calculated. Higher scores reflected more protective behaviors and lower scores reflected more risky behaviors. Validity and reliability for use of the sexual risk measure is reported by the author of the instrument (Caslyn et al., 2013; Masters, Beadnell, Hoppe, & Gillmore, 2008).

Demographic Scale

A four-item scale was developed to assess participants' general background information. Items reflected level of education, employment status, household income, religious affiliation and attendance, gender and race.

Results

Analysis of Questions and Hypotheses

A probability level of .05 or less was considered significant on all measures. Mean scores and scale ranges for each of the variables used are listed in Table 1.

RESEARCH QUESTION 1: ARE THE STEREOTYPICAL ROLES FOR BLACK WOMEN (SRBW) RELATED TO SEXUAL RISK BEHAVIOR?

The first hypothesis suggested there was a relationship between SRBW and sexual risk behavior. Pearson's product moment correlation coefficient (Pearson's *r*) was run to determine the relationship between the SRBW and

Table 1. Mean Scores for all Variables

Variable	*Mean*	*Standard Deviation*	*Minimum Score*	*Observed Minimum*	*Maximum Score*	*Observed Maximum*
Mammy	3.16	0.787	1.00	1.60	5.00	5.00
Sapphire	2.49	0.703	1.00	1.00	5.00	4.70
Jezebel	2.45	0.705	1.00	1.00	5.00	4.13
Superwoman	3.18	0.732	1.00	1.73	5.00	5.00
Religious Attendance	2.64	1.13	1.00	1.00	5.00	4.00
Knowledge	28.05	3.46	21.00	21.00	42.00	35.00
Risk	28.01	2.82	17.00	20.00	34.00	34.00

sexual risk behavior. Table 2 presents the Pearson's r for all variables in the study. Results support the first hypothesis, and identify a relationship among roles. Correlations between risk-behavior were found to be significant among Mammy ($r = .178$), Jezebel ($r = .168$) and Superwoman ($r = .270$) at $p < .05$ respectively. The Sapphire subscale was not significantly related to sexual risk behavior ($r = .144$, $p < .10$) (see Table 2). However, because significant relationships were found among subscales, regression analysis was also implemented.

Multiple regressions were conducted to analyze the relationship between Risk (behavior), as the dependent variable, and the stereotypical roles of Mammy, Sapphire, Jezebel, and Superwoman as the independent variables in order to determine the amount of variance in risk scores. A simultaneous regression was conducted. In simultaneous regression, all of the predictor variables (SRBW) are entered at once to determine their effect upon the criterion variable (risk behavior). Results indicate SRBW accounts for 5% of the variance in sexual risk behavior. The results indicate Superwoman as significant in predicting sexual risk behavior (see Table 3).

Additionally, to further explore the variables with significant relationships, although small, a stepwise regression was conducted to analyze the relationship between Risk, as the dependent variable, and Knowledge, Religious Attendance, as well as the stereotypic roles of Mammy, Sapphire, Jezebel, and Superwoman as the independent variables, in order to deter-

Table 2. Pearson Correlations among Variables

Variable	Risk	Mammy	Sapphire	Jezebel	Super-woman	Religious Attendance	Knowledge
Risk	—						
Mammy	.178*	—					
Sapphire	.144	.459*	—				
Jezebel	.168*	.382*	.662*	—			
Super-woman	.270*	.695*	.524*	.434*	—		
Religious Attendance	-.017	.044	-.053	.081	.023	—	
Knowledge	.143	-.032	-.145	-.151	-.049	-.129	—

*$p < .05$

Table 3. Simultaneous Regression Analysis for Stereotypes

*Variables***	*B*	SE_B	*T*
Mammy	-0.089	0.475	-0.187
Sapphire	-0.185	0.537	-0.343
Jezebel	0.354	0.504	0.703
Superwoman	1.036	0.534	1.939*

*$p < 0.05$, **Adjusted $R^2 = 4.1\%$, $N = 106$

Table 4. Stepwise Regression for Superwoman

*Variables***	*B*	SE_B	*T*
Superwoman	1.025	0.358	2.861*

*$p < 0.05$, **Adjusted $R^2 = 6.4\%$, $N = 106$

mine the amount of variance in risk scores. Stepwise regression identifies which predictor variables are the most powerful predictors of risk behavior. The results indicate 6.4% of the variance in risk score could be attributed to the predictor variable Superwoman (see Table 4).

RESEARCH QUESTION 2: IS THERE A RELATIONSHIP BETWEEN SEXUAL KNOWLEDGE AND SEXUAL RISK BEHAVIOR?

The second hypothesis suggests there is an inverse relationship between sexual knowledge and sexual risk behavior. Pearson's product moment correlation coefficient was run to determine the relationship between sexual knowledge and sexual risk behavior. No significant relationship between risk-behavior and knowledge was found ($r = .143$, $p < .10$).

RESEARCH QUESTION 3: IS RELIGIOUS ATTENDANCE RELATED TO SEXUAL RISK BEHAVIOR?

The third hypothesis suggests religious attendance will be inversely related to sexual risk behaviors. Pearson's product moment correlation coefficient (Pearson's r) was run to determine the relationship between the religious attendance and sexual risk behavior. Table 2 presents the Pearson's r correlations for all variables in the study. No relationship was found to be significant between attendance and sexual risk behavior (see Table 2). Therefore, regression analysis was not conducted.

Discussion

Women and their sexuality have often been a topic of interest for many years. Sexuality, it seems, is inextricably linked to gender and social roles, thereby it serves as an expression of the underlying norms within a given culture. According to the Census Bureau (CB) (2010), women account for 51% of the total population in the United States. Among women, those of childbearing years represent 40% of the group population (U.S. Census Bureau, 2010). However, for women, the risk for contracting sexually transmitted infections (STIs) remains a growing concern.

STI prevention issues for women of color are multifaceted and far-reaching. Several themes emerge from the literature including: the examination of gender roles, gender stereotypes, social conditions, and cultural expectations that serve to inform sexual decision-making (Collins, 2005; Pequegnat & Stover, 1999). This study attempted to explore some of the vari-

ables and cultural factors that contribute to the decision making of young African American women, placing them at risk for STIs and HIV. The goal was to consider the individual and collective dynamic between some cultural components, sexual risk knowledge, and risky sexual behavior. Specifically, this study examined the relationship between the stereotypical roles for Black women (SRBW), STD knowledge, religiosity as aligned with attendance and the sexual risk behavior among a group of Black college women. It is their subsequent sexual behavior that serves as a key indicator of risk for STIs, including HIV, among African American women.

Analysis of the first research question revealed that there indeed was a significant relationship between three of the SRBW and sexual risk behavior. The roles of Mammy, Jezebel, and Superwoman were significantly and positively correlated to sexual risk behavior. Specifically, the stereotype of Superwoman was the most significant role in predicting sexual risk behavior. There may be several reasons for this outcome. It would be plausible for the former roles Mammy and Jezebel to be related to risk, as the former is characterized as a people pleaser and the latter as hypersexed. However, accounting for the role of Superwoman may not be as apparent. The Theory of Gender and Power (TGP) might offer insight as to how the adoption of these stereotypes may correlate with risky sexual behavior.

Connell's theory (TGP) proposes that sexual inequities and the unequal distribution of power, based upon gender, are functions of deep-seeded societal structures and social norms (Connell, 1987; Wingood & DiClemente, 2000). In this framework, there are three social structures that account for the gendered dynamics between men and women: the sexual division of labor, the sexual division of power, and the structure cathexis (representing affect) (Connell, 1987; Mallory et al., 2009; Wingood & DiClemente, 2000). According to Connell (1987), these structures exist on two levels: societal (e.g., social norms, political forces, historical roots, etc.) and institutional (e.g., school, church, home, media etc.) (Connell, 1987; Wingood & DiClemente, 2000). Wingood and DiClemente (2000) extended Connell's theory to account for and distinguish the exposures and risk factors that increase women's susceptibility toward STIs, particularly HIV (Noar, 2007; Wingood & DiClemente, 2000).

The adoption of the Mammy attitude supports alignment with the TGP. According to the TGP, women who adopt the more conventional gender stereotype are less likely to feel empowered in the sexual decision-making within intimate relationships. Rather than drum up discord regarding pro-

tective sexual behavior, those who endorse the Mammy stereotype would be inclined to acquiesce according to their partner's wishes.

Those who endorse Jezebel attitudes may possibly assert themselves sexually, but could easily compromise sexual safety if the relationship is deemed as close (Brown, White, & Fennelll, 2013; Collins, 2005; Pequegnat & Stover, 1999). Considering the TGP, Jezebel may be capable of asserting her power, regarding sexual encounters, but may be compromised to affirm herself in other social areas (i.e., labor and cathexis). Therefore, Jezebel may even use her sexual power and prowess to get what she wants in other areas (i.e., the workplace, home, politics, etc.), where she is not treated equally, and jeopardize her sexual wellbeing.

The role of Superwoman is probably perceived as the strongest of all the SRBW. However, it may seem counterintuitive for it to be distinguished as a predictor of sexual risk. Conceptually, the name "Superwoman", suggests a person who is rather invincible, strong and confident. However, the role of Superwoman characterizes one who may use a façade of strength to mask her underlying weaknesses. (Green, 1994; McNair, 1992; Mitchell & Herring, 1998; Shambley-Ebron & Boyle, 2006; Shorter-Gooden & Jackson, 2000). Nevertheless, those who endorse Superwoman, much like Mammy, may put other people's needs before their own. Although she is characterized as strong, dependable, and successful, she is not empowered to value her needs above others' Mitchell & Herring, 1998; Shambley-Ebron & Boyle, 2006; Shorter-Gooden & Jackson, 2000).

Using the framework of the TGP to understand the characterization of Superwoman, she would be challenged by the inequities in gender roles, both at the societal and institutional levels. Therefore, Superwoman's inability to assert herself among intimate partners would speak to both the structure of cathexis and power in Connell's theory. Superwoman is not emotionally (cathexis) secure enough to assert her desire to engage in protective behavior; and is also yielding her voice (power) in the relationship, with regard to sexual decision-making, the greater weight given to her partner.

Although Sapphire was not significantly related to sexual risk behavior, this outcome may be rationalized by the characterization of her role. Sapphire is considered shrill, rude and obnoxious. Her very nature may serve to empower her in sexual encounters, enabling her to insist upon protective practice.

There is moderate alignment, among participants, with all four stereotypical roles, (see Table 1). It is plausible for all of the characteristic

behaviors across the stereotypes to be realized among African American women. However, Superwoman was the role most salient in understanding the sexual risk behavior among participants, associated with higher sexual risk behavior.

Analysis of the second hypothesis revealed there was no significant relationship between knowledge and sexual risk ($r = .143$, $p < .10$). This finding is supported in the literature. While it is recognized that knowledge is essential in STI/HIV prevention, alone it is insufficient (Bazargan et al., 2000; Hollar & Snizek, 1996; Jarama et al., 2007; McGuire et al., 1992). Although minimal, there were intercorrelations found among knowledge and two of the SRBW and religious attendance. Knowledge was inversely related to Sapphire and Jezebel roles, and inversely related to religious attendance.

Intuitively, it can be rationalized that due to the characterization of the Sapphire and Jezebel roles, knowledge would be inversely related. Sapphire is characterized as flippant and can be viewed as a head-strong, therefore resistant to receiving information. Jezebel is characterized as sexually out of control. Her inability to control her sex drive makes her vulnerable to risk behavior regardless of how knowledgeable she may be.

The inverse relationship of religious attendance to sexual knowledge is somewhat surprising. Historically, religious affiliation has been a staple in the black community. The Black church has had a vast impact on African American culture and has indirectly impacted behavior through the years (Hunt & Hunt, 2001; Lincoln & Mamiya, 1990). Nevertheless, the black church has also come under scrutiny and criticism for its silence regarding sexuality (Dyson, 2003) as discussions about sexual health may still remain taboo. Given this context, it is understandable that sexual knowledge is not strengthened by church attendance.

Analysis of the third hypothesis revealed no significant relationship between religious attendance and sexual risk behavior. It appears to be a universal stance, among various faiths, to encourage sexual modesty (Steinman & Zimmerman, 2004). Therefore, it makes intuitive sense that the direction of the last model was negative. Perhaps a more in depth measure for religiosity and a larger participant sample is warranted. Multi-item indicators use characteristics of attendance, affiliation, attitudes and religious attributions as measures of religiosity and religious assessment (Hunt & Hunt, 2001; Parsons, Cruise, Davenport, & Jones, 2006; Taylor, Chatters, & Levin, 2004). However, considering attendance alone maybe inadequate in assessing the influence of religiosity on sexual behavior. Some studies

support extending the scope of assessment when accounting for religion as a factor in research (Cornwall, Albrecht, Cunningham, & Pitcher, 1986; Zaleski & Schiaffino, 2000). Due to its influence in Black culture, it is quite relevant to try and understand the influence of religion on sexual behavior for young adult college women (Casarez & Miles, 2008; Shambley-Ebron, 2011). Nevertheless, because religion embodies a multifaceted characteristic, it may also be challenging to capture or measure.

Implications

Academic

Educators who seek to eradicate the infection rate of STIs/HIV among young Black college women should consider gender and cultural factors that may impact decision-making. One such factor includes SRBW. Attention should be given to the existence, interpretation and adoption of stereotypes for Black women. Coupled with an emphasis on increased STI/HIV knowledge, a focus on the aforementioned stereotypes can help educators understand characteristics and traits that undermine Black college women's ability to assert their power in maintaining and improving their sexual health. Also, due to the influence of religion in African American culture and among Black women (Lincoln & Mamiya, 1990; Poulson, Bradshaw, Huff, & Peebles, 2008; Taylor, Chatters, & Levin, 2004; Wingood, DiClemente, & Harrington, 2003), it seems necessary to continue to probe religiosity's impact on sexual behavior. Educators must seek to utilize more in depth queries of religious attendance to ascertain a greater understanding of its influence on behavior. Given the historical influence of the Black church on African American culture and the limited documented engagement of the church with issues of sex, sexuality, sexual health and prevention, it seems the church would be an appropriate setting for educators to engage Black women in sexual health workshops or seminars (Casarez & Miles, 2008; Shambley-Ebron, 2011; Walulu, 2011).

Practical

From a clinical perspective, debunking the myths of the stereotypical roles for young Black women are key, particularly those associated with sexual risk: Mammy, Jezebel, and Superwoman. More specifically, addressing the role of Superwoman is very relevant, given its association with sexual risk is counterintuitive to the very nature of the myth. Black women who adopt

this role need to understand that the image of being strong without expression of vulnerability is a mere façade, not representative of their reality. Further, maintaining a façade of strength may reduce the likelihood of them making positive decisions about their sexuality. Discrediting the myth will not only serve as a protective factor for sexual health, but also has mental health implications. The Superwoman role is also deemed a stressor for women and, according to the literature, can even propel women to consider suicide (Manetta, 1999; Yates, 1993). Also, it may be important to target the role of Sapphire and identify the corresponding traits that serve as sexual protective factors. If it is possible to distinguish the characteristics that support sexual wellbeing, they can be encouraged in preventive practice. Finally, more studies on the effects of religiosity should be completed so that additional light can be shed upon the impact that it has on the sexual decision making of Black women. Since, religiosity has been historically associated as a protective factor within the Black diaspora (Bowie, Ensminger, & Robertson, 2006; Casarez & Miles, 2008; Lincoln & Mamiya, 1990; McCree, Wingood, DiClemente, & Harrington, 2003; Poulson, Bradshaw, Huff, & Peebles, 2008; Taylor, Chatters, & Levin, 2004; Shambley-Ebron, 2011), it would be interesting to explore the combined influence of religiosity and understanding of sexual stereotypes as they relate to the sexual risk taking behavior among Black women.

Limitations

There are several limiting factors that merit consideration and may have impacted the results of this study. First, this study was based upon a convenience sample of participants. One hundred ten participants were polled from an urban Midwestern university. The institution serves a student population that is primarily Black and of a low to middle socioeconomic status. Results may have been considerably different if more young Black college women were polled from various demographic backgrounds and university settings. Therefore, generalizability would not be appropriate to the larger population of young Black college women. Secondly, data was obtained through self-report measures. Due to the sensitivity of the issues discussed in this study and the explicit nature of many survey questions, it is likely that some participants may have not been completely honest in their responses, confounding the accuracy of collected data. Another limitation involves the intercorrelations among SRBW. Many of the participants identified with the

characteristic attitudes of multiple stereotypes. These "eclectic" adoptions could cloud the ability to distinguish which SRBW has the greater leverage on subsequent sexual risk behavior. Further, many of the stereotypical roles could assert similar behavior characteristics. Finally, as iterated above, the assessment of religiosity as defined by religious attendance may be inadequate in addressing the influence of faith on sexual risk behavior. The literature supports the value of religion in the shaping and sustaining African American culture and behavior (Alex-Assensoh & Assensoh, 2001; Hunt & Hunt, 2001; Lincoln & Mamiya, 1990). Its insignificant impact in this study could be explained by the need to expand the depth of religious assessment (Zaleski & Schiaffino, 2000).

Recommendations

Based upon the findings from this study, several suggestions are recommended for future research and prevention efforts. Because a convenience sample was used, the data collected for this study did not fully represent the targeted population. Therefore, recruiting and collecting data from several academic institutions may offer a better representation of African American college women. Also, the use of internet-based surveys in conjunction with face-to-face surveys could serve to broaden the sample base and strengthen the accuracy of the collected data. Analysis of the cultural factors that mediate sexual decision-making among African American women, particularly of college age, is warranted. One instrument used in this study was the Stereotypical Roles for Black Women Scale (SRBWS). This particular instrument provides researchers the unique opportunity to understand, in part, how four common stereotypes (Mammy, Jezebel, Sapphire, and Superwoman) can impact Black women. More research is recommended utilizing SRBWS with African American college women to support the reliability and validity of this measure accordingly.

Findings from this study suggest that there is no significant relationship between religious attendance and sexual risk behavior. However, the influence of religiosity within the African American Diaspora is well documented (Alex-Assensoh & Assensoh, 2001; Hunt & Hunt, 2001; Lincoln & Mamiya, 1990). Further, Black women have historically been strongly affiliated with the Black church, religion often serving as a protective factor (Casarez & Miles, 2008; Lincoln & Mamiya, 1990; Shambley-Ebron, 2011; Walulu, 2011). To understand the influence of religiosity on sexu-

al risk behavior, this study considered the characteristic of church attendance. Perhaps this model was too narrow to understand the impact of religiosity. Further research is recommended utilizing a more in depth questionnaire of religiosity, on multiple dimensions including its impact of sexual stereotypes.

Future research should also consider the influence of stereotypical roles when attempting to understand sexual risk behavior among Black women. The results from this study indicated Superwoman was significant in predicting sexual risk behavior. Finally, further research targeting African American college women is warranted. Extending the scope of research for this population is critical in the effort to eradicate the high incidence rates for STIs and HIV, among Black women.

Essie M. Hall's research interests are in the area of social emotional learning competencies of urban students, gifted students, and the implementation of culturally responsive interventions.

Karen McCurtis Witherspoon's research interests are in the areas of racial identity, self-efficacy and the relationship between mental health and oppression.

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