

# *“It Was a Learning Experience”: Lessons Learned From Young African American Men and Women’s Sexual Debut*

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An estimated 38,356 adolescents and young adults ages 13 to 24 years are living with HIV infection in the United States (Centers for Disease Control and Prevention [CDC], 2017). A disproportionate number of these infections are among young African American men and women. Approximately 59% of males and 64% of females ages 13 to 24 living with HIV infection are African American (CDC, 2017). African Americans comprise more than half (55%) of new HIV diagnoses among youth (CDC, 2017). Young African American men and women are also greatly burdened by sexually transmitted infections (STI) such as chlamydia and gonorrhea, which increases their susceptibility to HIV infection (CDC, 2016).

The alarming rates of HIV and STI among African American youth have led to the development of several HIV behavioral interventions specifically targeting this population, and many of these interventions have demonstrated evidence of efficacy in reducing sexual risk behaviors. For example, a recent systematic review found that HIV behavioral interventions specifically designed for African American youth were effective in delaying the onset of sexual initiation, increasing condom and contraception use, increasing abstinence, and reducing the number of sexual partners and frequency of sexual intercourse, but only a few of

the interventions remained significant through the follow-up period (Marshall, Crepaz, & O’Leary, 2010). Therefore, further refinement of current prevention programs, specifically those tailored for African American youth, is warranted.

The application of a resiliency framework to HIV prevention research and intervention development is one promising approach to strengthen youth-focused behavioral programs. Resiliency theory contends that there are positive individual, social, and contextual factors present within the lives of youth (Fergus & Zimmerman, 2005; Zimmerman,

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2013). These factors, known as strengths or assets, may protect or inoculate youth from various adverse conditions. As such, many youth are able to exhibit positive outcomes and healthy development despite exposure to risk. Hence, in contrast to traditional approaches to HIV prevention research and intervention design, which are primarily concerned with reducing risks, resiliency models focus on enhancing strengths and assets as a strategy for promoting behavior change.

In this article, we argue for the use of a resiliency framework in the examination of sexual debut among African American youth. Several aspects of sexual debut, or an individual's first sexual experience, have been identified as important risk factors for HIV/STI. For example, earlier sexual debut has been associated with lower condom use, having sex under the influence of drugs and alcohol, having older sexual partners, and having nonconsensual sex at sexual debut (Heywood, Patrick, Smith, & Pitts, 2015; Kaestle, Morisky, & Wiley, 2002; Miles & Huberman, 1994; Sandfort, Orr, Hirsch, & Santelli, 2008). However, first sex is also an important learning context in which youth gain valuable insights and lessons beyond how sex is performed (Carpenter, 2005; Fortenberry, 2014; Norona, Roberson, & Welsh, 2015; Orbe, Johnson, Kauffman, & Cooke-Jackson, 2014; Ott, Ghania, McKenzie, Rosenberger, & Bell, 2012). These lessons inform motivations, expectations, and behaviors in subsequent sexual relationships (Michels, Kropp, Eyre, & Halpern-Felsher, 2005). Thus, the insights that youth gain from their sexual debuts can be used as tools to modulate HIV/STI risk in subsequent sexual experiences. Relatively little is known, however, about what information African American youth gain from their first sexual experiences.

The purpose of this exploratory, qualitative study was to explicate the lessons that African American youth learned from their sexual debuts. Understanding the lessons that African American youth take away from this initial sexual experience may play an important role in refining and strengthening youth-focused prevention efforts.

## Methods

### Recruitment and Procedures

Our study was part of a larger qualitative study examining the context of the sexual debuts of young African American men and women. Purposive sampling was used to recruit 10 African American young adults living in Philadelphia, Pennsylvania, with equal representation of males and females. Participants were recruited through flyers and direct outreach in various community settings. Participants were eligible to participate if they self-identified as African American, were 18 to 24 years of age, and had at least one sexual experience (oral, anal, or vaginal). All eligible participants were invited to participate in the study.

On the day of data collection, participants provided written informed consent, completed a brief demographic and sexual history survey, and selected a pseudonym to maintain privacy. At the beginning of the interview, participants completed a life history timeline in which they recounted memorable positive and negative experiences that occurred over their lives, including their sexual debuts. The purpose of this exercise was to understand whether participants viewed their sexual debuts as positive or negative. Positive experiences were written above a line on the life history timeline form and negative experiences were written below the line. Participants then briefly discussed each experience on the form with the interviewer. Participants then proceeded to verbally define their sexual debuts (i.e., oral, anal, or vaginal sex) and then describe various aspects of the event, including the broader context where sex occurred, the motivations for initiating sex, and the affective feelings experienced. Participants were also asked specifically about the lessons that they learned from their first sexual experiences. The interviews lasted 60 to 90 minutes and were conducted by the principal investigator. A semi-structured interview guide was used to facilitate the conversation; interview probes and follow-up questions were used to elicit more detailed responses.

All participants provided written consent and were compensated \$30 for their participation. The study

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