JOGNN

IN FOCUS

Socioecological Factors in Sexual Decision Making among Urban Girls and Young Women

Robin Stevens, Stacia Gilliard-Matthews, Madison Nilsen, Ellen Malven, and Jamie Dunaev

Correspondence
Robin Stevens, PhD, MPH, Rutgers University, 405-407 Cooper Street, Room 302, Camden, New Jersey 08102.
robin.stevens@rutgers.edu

Keywords
sexual health
adolescents
African American
neighborhood disadvantage
HIV
emerging adults

ABSTRACT

Objectives: To examine how girls and young women living in disadvantaged urban neighborhoods make decisions relating to sexual debut and HIV prevention.

Design: Thirty semistructured in-depth interviews. We used a socioecological approach to investigate the role of neighborhood and social context on sexual decision making.

Setting: Community-based organizations and on-campus interview sites.

Participants: African American and Latina girls and young women age 13 to 24 living in disadvantaged neighborhoods.

Methods: We examine their attitudes and beliefs about sex, first opportunities for sexual intercourse, prevention behaviors, and neighborhood environments.

Results: Lack of neighborhood safety and safe socialization places led youth to spend significant amounts of time indoors, often without adult supervision.

Conclusion: The findings provide insight into the socioecological context in which girls are situated as they navigate sexual decision making. Unsupervised, cloistered time coupled with peer norms to engage in sexual behavior may contribute to increased risky sexual behavior among some youth. Prevention efforts should consider neighborhood context and incorporate structural and community-level interventions to create social environments that support healthy sexual decision making.

JOGNN, 43, 644-654; 2014. DOI: 10.1111/1552-6909.12493

Accepted May 2014

Robin Stevens, PhD, MPH is an assistant professor in the Department of Childhood Studies, Rutgers University-Camden, Camden, NJ.

Stacia Gilliard Matthews, PhD, is an assistant professor in the Department of Sociology, Anthropology & Criminal Justice, Rutgers University-Camden, Camden, NJ.

Madison Nilsen is a master's student in the Department of Sociology, Anthropology & Criminal Justice, Rutgers University-Camden, Camden, NJ.

(Continued)

The authors report no conflict of interest or relevant financial relationships.

Despite continued intervention efforts, minority adolescent girls remain at high risk of contracting HIV and other sexually transmitted infections (STIs) and unintended pregnancy. According to the Centers for Disease Control and Prevention (CDC) (2013), African American adolescents and young adults accounted for 60% of new cases of HIV in 2011. Adolescent women generally made up 54% of new or current STI cases, with minority adolescents facing a disproportionately higher risk of infection (CDC, 2013). These health disparity statistics can be misread as evidence of disparate levels of risk behavior by African American youth (Stevens & Hornik, 2014). However, evidence shows that African American youth, male and female, are at greater risk of HIV and STI infection while practicing fewer risky sexual behaviors than their White counterparts (Hallfors, Iritani, Miller, & Bauer, 2007). The identification of the driving forces behind these disparities, even when identifying upstream root causes, does not lead to easy solutions (Williams & Collins, 2001). We examined sexual decision making vis-á-vis the social world embedded within disadvantaged neighborhoods.

Background

Environment is a key predictor of adolescent health and a variety of adolescent risk behaviors, including sexual risk (Elliott et al., 1996; Leventhal & Brooks-Gunn, 2000). The characteristics of disadvantaged neighborhoods include high levels of concentrated poverty and single-parent homes, high crime rates, minimal resources, and social disorder (Latkin, Curry, Hua, & Davey, 2007). Many of these environmental factors are also associated with increased sexual risk behaviors (Aral, Adimora, & Fenton, 2008; Biello, Niccolai, Kershaw, Lin, & Ickovics, 2013; Leichliter, Chesson, Sternberg, & Aral, 2010). Although social factors affect influence sexual risk behavior, evidence

indicates that neighborhood quality remains influential (Dupere, Lacourse, Willms, Leventhal, & Tremblay, 2008; Kerrigan, Witt, Glass, Chung, & Ellen, 2006). In addition, HIV infection rates are often associated with poverty, lack of quality health care, stigma, and discrimination, all of which are commonly associated with neighborhood disadvantage (Denning, DiNenno, & Wiegand, 2011). Adolescent pregnancy is associated with poverty, racial inequality, lack of resources, and low expectations for future success (Kearney & Levine, 2012).

Researchers have investigated structural context experienced through social interactions (DiIorio, Dudley, Soet, & McCarty, 2004). One group of researchers examined sources of sexual information among urban adolescent girls, focusing on the roles of the media environment, social norms, and adults in authority (Teitelman, Bohinski, & Boente, 2009). Another group found that neighborhood cohesion was related to increased condom use, an association that remained even after controlling for family and individual-level factors (Kerrigan et al, 2006). Penman-Aguilar et al. (2013) suggested that effective prevention efforts should address socioeconomic influences at the individual, family, and community levels. Additional authors using evidence-based approaches recommended targeting peer and community norms within their social contexts (Garwick, Nerdahl, Banken, Muenzenberger-Bretl, & Sieving, 2004). Although we know that poverty matters, it is not clear how youth experience these macrostructures. Adimora, Schoenbach, and Floris-Moore (2009) provided insight into a variety of socioecological mechanisms that influence HIV transmission among African Americans, though this research was not specific to adolescents. In this article, we describe sexual decision making in the context of social and neighborhood environment guided by three research questions: "How do girls and young women experience neighborhood disadvantage? How do girls and young women make decisions about initiating sexual activity? How does the social and neighborhood context interact with sexual decision making?"

Theoretical Framework

The integrative model of behavior change served as the theoretical foundation to systematically explore predictors of risky sexual behavior (Fishbein & Yzer, 2003). According to this model, engagement in risky sexual behavior is a function of intentions, attitudes toward the behavior, normative perceptions about the behavior, and perceived self-efficacy. To understand the nature of environmental constraints and contextual factors beyond individual cognitions, we used an ecological systems theory (Bronfenbrenner, 1992). Ecological systems theory, or the socioecological approach, provides a framework with which to examine various levels of an individual's social and physical contexts, including family, peers, and culture. With this approach, researchers consider individual behavior within levels of context as well as the interplay between multiple systems and behavior (DiClemente, Salazar, Crosby, & Rosenthal, 2005; Sameroff, 1995). By combining an individual behavior change framework with the socioecological framework, we approached sexual risk behavior as a multilevel challenge requiring individual, social, and structural interventions.

Sexually transmitted infections, HIV, and unintended pregnancy are intertwined with the fight for quality neighborhoods, safety, and employment.

Methods

Procedures

This study took place in a small, predominantly African American (48%) and Latin (47%) northeastern city. The city is typified by concentrated poverty, with a median household income of approximately $27,000, and 36.1% of the population lives below the poverty line (U.S. Census Bureau, 2010). This city is also characterized by a high childhood poverty rate (19%), high unemployment rate (11%), high rate of single-parent headed households (37%), and low graduation rate (66%) (U.S. Census Bureau, 2010). Additionally, this city ranked second to last in the nation for safety with 2,448 violent crimes for every 100,000 residents in 2010 (U.S. Census Bureau, 2010).

We followed human subject protection procedures approved by the University Institutional Review Board. Young women (N = 30) were recruited from various locations in the city including local schools, hangouts, parks, community agencies, and afterschool programs. The inclusion criteria included 13- to 24-year-old females, English speaking, living in the study city, and self-identified as African American and/or Latina. We obtained parental consent and youth assent from participants younger than age 18 years.

Ellen Malven is a doctoral student in the Childhood Studies Department, Rutgers University-Camden, Camden, NJ.

Jamie Dunaev is a doctoral candidate in the Childhood Studies Department, Rutgers University-Camden, Camden, NJ.