

Assessing Rural African-American Churches' Attitudes toward Adolescent Sexual Behavior— Implications for Curricula Development

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Abstract

This article highlights the results of the findings according to the Rural African-American Church Leader Assessment, with implications for the minister portion of the curriculum designed to address the desires of the church leaders as documented through the assessments. *Development of the Church Leader Assessment Tool.* The assessment tool was developed and validated as the result of a semi-qualitative focus group of 15 randomly selected ministers/church leaders. *Data Collection.* Assessment surveys were distributed in-person to identified senior church leaders (n=104) at their particular churches. *Analysis.* Analysis of the Church Leader Assessments consisted of frequencies, descriptive analysis, and Chi Square Analysis of Independence. The objective of the analysis was to identify the major knowledge, perceptions, and attitudes that the church leaders possessed regarding adolescent sexuality. Findings from the Church Leader Assessment highlighted an interest and commitment to the prevention of adolescent sexual activity. Eighty-eight percent (88%) of church leaders reported that sex education should begin before the age of 13. All responding church leaders indicated that sex education should be taught in the Church, yet only 58% of the leaders reported that their church provided some form of adolescent sex education. The results supported the idea that the development of church-based sex education programs must involve church leadership in rural African-American communities.

Introduction

Historically, African-American churches have served as the locus of economic development, education, and social reform within rural African-American communities. The church was often the center of social activities, as well as the meeting place of church-sponsored auxiliaries. The ministers of the congregations often served as community leaders and spokespersons. In addition to serving the spiritual and secular needs of the local Afro-American community, the church, along with fraternal organizations and newspapers, provided an important psychological link with the national Black community. Within the church, various health initiatives that deal with a wide range of subjects—including cancer, hypertension, diet, and diabetes—have been

implemented. In addition, the African-American church serves as a reliable medium for providing comprehensive sex education not only to its congregation, but also to the larger community [1](#). As a group, African-American adolescents constitute the highest rate of adolescent pregnancies and sexually transmitted infections, especially in the South.

Extensive research on the role of rural churches and religion within African-American culture documents that religion has a major impact on adolescent behavior. African-American communities find comfort, security, and refuge in their local churches. Youth initiatives are at the cornerstone of all church programs in rural communities because the rural African-American church is not only the house of worship, but also a community center that implements health programs, political meetings, and educational activities. [2](#) The church is presumed to give adolescents self-value, moral characteristics, and positive social support for future ambitions. The aim of the Rural African-American Church-Based Sex Education Initiative (RACSI) project was to research the shape and influence of religion and spirituality in the lives of rural African-American adolescents; to identify effective practices in the religious, moral, and social formation of the lives of youth; to describe the extent and perceived effectiveness of the programs and opportunities that religious communities are offering to their youth, according to parents and ministers' perspectives; and to foster an informed national discussion about the influence of religious programs in rural African-American youth's lives, in order to encourage sustained reflection about and rethinking of our cultural and church-based institutional practices with regard to youth and religion. The church provides an avenue for adolescent sexual health programs. However, the key is "buy-in" by the gatekeeper, who is the minister. The minister's perspective can have a lasting affect on the success of any church health program.

A new, high quality study on American youth and religion published by the national Study of Youth and Religion provides valuable information about the real value of religion and adolescents. In this "counter-culture" age of accessible sexually explicit audiovisual media, parents and adolescents are especially challenged. African-American churches provide a "safe haven" and an avenue for interventions related to parental and adolescent sex education. [3](#) In order to ensure that the church is an avenue for educational and social programs, collaboration between parents, adolescents, and ministers must be implemented.

The Role of the Adolescent. Much of the literature on the role of rural African-American churches' influence on mental health has brought about innovative methodologies to ensure abstinence among adolescents. An alarming number of teens engage in behaviors that place them at risk for pregnancy and sexually transmitted infections, including AIDS. [4](#) Intervention studies targeted at reducing risky sexual behavior and improving school retention and literature investigating how risky sexual behavior affects school performance were reviewed in order to develop the Social-Cognitive Model for sexual behavior during adolescence. [5](#) In a study of youth ages 11 to 25, respondents who were not sexually active scored significantly higher than sexually active youth on the importance of religion in their lives and reported more connections to friends whom they considered to be religious or spiritual. [6](#) One study of youth ages 12 to 17 found that 26% of teens who said that they attended religious services only "a few times a year" or "almost never" still identified "morals, values and/or religious beliefs" as the factors that most affected their decisions about whether to have sex. [7](#) In a study by the Rollins School of Public Health, 64% of the adolescents surveyed via a four-item scale religiosity assessment reported high religiosity scores. Female adolescents who had higher religiosity scores reported significantly higher self-efficacy in communicating to their male partners about sex, STIs, HIV, and pregnancy prevention. These adolescents were more likely to initiate sex at a later age, refuse unsafe sexual encounters, and possess more positive attitudes about using condoms. A clear relationship was indicated between religiosity and its effect on sexual behaviors, attitudes toward sex, and the ability to negotiate safer sex. [5](#) In addition, the levels of risk and the environments that African-American youth are in are directly related to their involvement in early sexual activity. [8, 9, 10](#) Therefore, it is very important that sexuality education and prevention of adolescent sexual activities are tailored specifically to the culture of the church, community, and adolescents living within the community. [11](#)

Project Description and Background

The Rural African American Church-Based Sex Education Initiative (RACSI), funded by the Texas Department of Health Innovative Grants program, was a 5-year collaborative project (2001-2006) between Texas A&M University and the Texas A&M Extension Service to develop a rural, African-American church-based curriculum to delay adolescent sexual involvement. It is important to engage the African-American church in health promotion and disease prevention because the church provides the community with a religious, civic, and political foundation. The strength of RACSI lies in the premise that the African-American church fosters fundamental core values and beliefs in the communities it serves. RACSI uses the rural African-American church as a culturally appropriate medium for the communication of public health initiatives, as it seeks to

The goals of the initiative were 1) to develop a Community Public Health Advisory Board; 2) to assess the knowledge, attitudes, and personal practices pertaining to sexuality among ministers, parents, and adolescents; 3) to develop a rural church-based education curriculum that attempts to delay adolescent sexual involvement (activities/behaviors); and 4) to develop a community infrastructure model for church-based prevention education programs for mass replication. The goals of RACSI center around 1) the role of the rural African-American church as the community public health infrastructure entity and its role in working to delay sexual activity among adolescents; 2) the utilization of parents as change agents to increase dissemination of sexual health education and culturally relevant communication strategies for parent-adolescent communication; and 3) the identification of the role of the ministers/church leaders as key components for sustainability of the program beyond the initial implementation of the RACSI initiative. This article will highlight the results of the findings according to the Rural African-American Church Leader Assessment with implications for the minister portion of the curriculum designed to address the desires of church leaders as documented through the assessments.

Methods

Setting. The targeted community, Washington County, is a rural central Texas county with an estimated population of 29,785 residents. It is ranked 87 th in population out of 254 Texas counties. The racial and ethnic make-up of the county is 73% White, 20% Black, 6% Hispanic, and 3% other. The birth rate among adolescent mothers is 6.1%, compared to the state average of 5.7%. The low birth-weight rate for the county is 11.9%, compared to 30.7% for the state. The late or no prenatal care rate is 25.3%, compared to 21.5% for the state. [13](#) A preliminary assessment of the county found over 60 African-American churches with memberships of between 50 and 300 members.

Development of the Church Leader Assessment Tool. The assessment tool was developed as the result of a semi-qualitative focus group of 15 ministers/church leaders who were randomly selected from the list of identified ministers/church leaders within Washington County, Texas. The Church Leader Assessment was a 19-item questionnaire that was approved and validated by the RACSI Community Public Health Advisory Board. The purpose of the Church Leader Assessment tool was to ascertain the knowledge, perceptions, and attitudes of the church leaders and to tailor the RACSI Church Leader Curriculum in response to the leaders' needs and desires. The objective was to document the church leaders' perceptions of 1) the role of the church in educating adolescents about sex; 2) the understanding of sexual health issues; 3) the knowledge, attitudes, and personal practices as they relate to parent-adolescent communication; and 4) the commitment of church leaders to the prevention of adolescent sexual activities.

Sampling Frame. Preliminary assessments were conducted to identify the number of churches in Washington County, Texas, that were predominately African American with African-American clergy. Twenty-seven (27) African-American churches were identified, including Methodist, Baptist, Pentecostal, Church of Christ, Church of God and Christ, Presbyterian, and Non-Denominational churches. The church population totaled approximately 3,000 members. Upon further analysis, the church membership was estimated to be 35% (n=1,050) adolescent. There were 58 ministers who worked within the churches. In addition, 102 more individuals were identified as senior church leaders (trustees, officers, and stewards). For the purpose of the survey, the researchers targeted a sample from the identified ministers and senior church leaders N=160. The final sample (n=104) consisted of ministers (44), officers of the church (36), trustees (12), and stewards (12), with a response rate of 65%. This final sample's knowledge, attitudes, and perceptions regarding sex education and the role of the church were utilized in the development of the RACSI Church Leader Curriculum developed in conjunction with the parent and adolescent curricula.

Data Collection. Assessment surveys were distributed in-person to those selected individuals at their particular churches. Throughout the duration of data collection, collection activities paralleled the data collection from the parents and adolescent members of the various churches (via the RACSI Parent Assessment and the RACSI Adolescent Assessment). Trained interviewers were present at each data collection point (church) and were readily available to aid, clarify, and answer any questions or concerns from the sampling population. The actual closed-end, pencil/paper self-administrated completion of the assessment ranged from 10 to 15 minutes. The Institutional Review Board of Texas A&M University, College Station, Texas, approved the RACSI Church Leader Assessment.

Analysis. Analysis of the RACSI Church Leader Assessment consisted of frequencies, descriptive analysis, and Chi Square

Analysis of Independence. The objective of the analysis was to identify the major knowledge, perceptions, and attitudes that the church leaders possessed and to determine the dominant sexuality-related issues. In addition, the assessment gathered information regarding current and past sex-education activities for adolescents that were implemented throughout the various churches. Because the implementation of RACSI depended heavily on the knowledge, perceptions, and attitudes of the church leaders, it was very important to assess accurately their particular concerns, perspectives, and gaps in knowledge with regard to adolescent sexuality education. The statistical package employed was SPSS 10.0 for Windows.

Results

The age distribution of the church leaders ranged from less than 35 (15%), 36 to 50 (46%), 51 to 65 (35%), and 65+ (4%). Gender distribution was equal, with 50% being female. Findings from the Church Leader Assessment highlighted an overwhelming interest and commitment to the delivery of adolescent sex education. However, the majority of churches displayed a sense of inhibition in educating teens about sex. When asked what age sex education should begin for adolescents, 88% reported that education should begin before the age of 13 (Figure 1). In addition, all church leaders (100%) stated that sex education should be taught in the church. However, only 58% of church leaders reported that their church provides some (formal/informal) form of sex education. Approximately 36% reported that their church was not active at all in educating teens about sex.

When asked whose responsibility it was to educate youth about sex, church leaders ranked parents (88%), schools (80%), churches (77%), television/movie/video (53%), friends/peers (46%), and others (46%), respectively. Conversely, when asked where youth probably receive sex education, church leaders responded with the following: friends/peers (88.5%), television/movie/video (88.5%), school (77%), parents (58%), churches (58%), and other (42%), respectively. When asked about how well they thought schools discussed sex education, 69% reported that discussions were poor, as opposed to adequate. Similarly, when asked about how well they thought parents discussed sex with their children, 61% reported that discussions were poor. Upon further analysis comparing ministers (n=44) and others (n=60), 91% of ministers reported that parents discussed sex poorly, compared to only 40% of others rating parents' discussions of sex as poor ($\chi^2 [1, N=104] = 5.163, p < .05$).

Church leaders were asked about their perceptions of the percentage of youth in their communities, as well as in their congregations, who were sexually active. Church leaders consistently reported community rates as being higher than their own congregation rates. When asked what percentage of teens in their congregation were having sex, church leaders responded 0 (4%), 1% to 20% (58%), 21% to 40% (30%), 41% to 60% (4%), and over 61% (4%). Conversely, when asked what percentage of teens in their communities were having sex, church leaders responded 0 (4%), 1% to 20% (19%), 21% to 40% (34.5%), 41% to 60% (27%), and over 61% (15.5%) (Figure 2). In regard to the ideal sex-education curricula, church leaders were asked what should be included in church-based sex-education curricula. The following components were discussed and confirmed: self-esteem/peer pressure (88.5%), abstinence (81%), responsible sex (81%), contraceptives (62%), homosexuality (54%), anal/oral sex (50%), and masturbation (46%). All of the church leaders (100%) in this survey reported that they were likely to promote and embrace a sex education program, such as RACSI, in their church, yet only about half stated that they were very likely.

Discussion

The RACSI Church Leader Assessment was very significant to the overall implementation of the RACSI project. Because the African-American church serves as the foundation of the project, the institutionalization of the Rural African-American Church-Based Sex Education Initiative depended heavily on the support and guidance of the church leadership. The results confirm that the development of church-based sex education programs must involve church leadership in rural African-American communities. The level of enthusiasm is important for acceptance and the opportunity for full implementation of a proposed intervention.

The support for sex education curricula being delivered by the church was well documented by the RACSI Church Leader Assessment. The problem of adolescent sexual activity was acknowledged, documented, and confronted through the assessments. The majority of church leaders believed that sex education should be offered to children before the age of thirteen. This detail was very promising and influential in the development of the adolescent portion of the RACSI curricula. The

acknowledgement of the important role that parents, schools, and churches should play in the delivery of sex education for adolescents was a critical prerequisite.

The fundamental objective of RACSI to use the parents, through the training medium of the church, as change agents and teachers of sex education to their children was highly dependent on supporting views from the church leaders. In addition to the church leaders' support of parents as the chief educators of sexuality for their youth, the subjects that they believed should be included were liberal (masturbation, homosexuality, anal/oral sex, etc.) Conversely, the lack of confidence that the ministers reported in the quality of parent discussions about sex with their children proved to be a motivational incentive for church leadership to support RACSI and to aid in building the communication structure between parents and their children. Even though all persons who completed the assessments reported that they would support an initiative like RACSI, the actual curricula had to be tailored according to the needs and desire of the church leaders in order to implement RACSI curricula in a supporting environment.

Implications

As a result of the RACSI Church Leader Assessment, a comprehensive curriculum was developed in order to address the knowledge needs and desires of the church leaders. The information documented the interest among rural African-American ministers to be involved in adolescent sexual health activities. More importantly, key findings were diffused throughout all components of the curriculum. The curriculum that was developed consisted of four distinct components. The first component highlights national, state, and county trends of adolescent sexually transmitted infections (STIs). This component educates church leaders not only about the number of teen infections, but also about the common type of STIs and their common treatments.

The second component highlights national, state, and local adolescent pregnancy trends. In addition, this component also discusses the emotional and financial cost of teen pregnancy from the perspective of society, as well as the family. The goal of the first two components is to highlight accurately the breadth and depth of the problems associated with adolescent sexual activities outside of marriage.

The third component of the RACSI Church Leader Curriculum highlights important issues that surround today's youth. The issues in this component center on understanding and encouraging adolescents to resist peer pressure, to enhance decision-making skills, to enhance communication skills, to develop positive attitudes about abstinence and "secondary virginity," and to facilitate parent-adolescent communication.

The fourth component highlights ways in which the church could become a proactive agent in the delay of adolescent sexual activity before marriage. Some activities discussed in this component involve ministers including messages of abstinence and "secondary virginity" in their sermons; providing guidance in the oversight of youth abstinence/sex education curricula; and fostering a culture that embraces abstinence/"secondary virginity" as a highly respected "norm."

The RACSI Church Leader Curriculum component responds to the knowledge needs, efficacy, and awareness of rural African-American church leaders in order to build their capacity to support, implement, and sustain an initiative, such as the Rural African-American Church-Based Sex Education Initiative. This initiative will be widely disseminated and will provide an avenue for rural African-American churches to address the role of adolescent sexuality within the context of their church and community.

Limitations

This project, as well as the RACSI Church Leader Assessment, was both exploratory and informative. The purpose of the Church Leader Assessment tool was to ascertain the knowledge, perceptions, and attitudes of the church leaders and to tailor the RACSI Church Leader Curriculum in response to the leaders' needs and desires. The results and findings of the assessment may not be representative of the views of African-American ministers outside of the region in which the sample was derived. Findings of this study reflect only the church leaders' perceptions and do not ascertain an explanation of why the church leaders hold their various views in regard to adolescent sexual involvement.

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