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The Role of the Black Church in Sexual Education

Kaleitha Nathele Brown

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THE ROLE OF THE BLACK CHURCH IN SEXUAL EDUCATION

Kaleitha Nathele Brown

B.A., University of Connecticut, 1997

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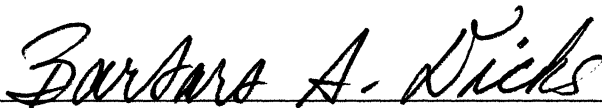
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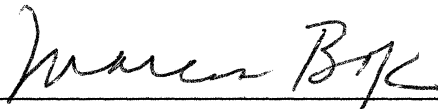
THE ROLE OF THE BLACK CHURCH IN SEXUAL EDUCATION

Presented by

Kaleitha Nathele Brown

Major Advisor 
Stephen Schensul, Ph.D.

Associate Advisor 
Barbara Dicks, Ph.D, MPH

Associate Advisor 
Marcia Bok, Ph.D.

University of Connecticut

2003

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INTRODUCTION

Connecticut Department of Public Health statistics demonstrate that sexual activity among young adults is a problem, specifically for Black young adults in Hartford, Connecticut (CT DPH 2001, 2002). There is a necessity for new and expanded prevention efforts to prevent risky sexual behavior among Black young adults. Black churches are unexplored resources through which messages can be delivered to delay sexual activity for youth who have not yet had sex, cease or reduce sexual activity for those youth who are sexually active, or encourage responsible sexual behavior for youth who remain sexually active. This study examines the extent of sexual education and prevention efforts being made within several Black churches in Hartford, CT; the effects of those efforts; and the relationship between sexual behaviors and religiosity among young adults in churches.

Teen Pregnancy and Consequences

Public health reports have indicated that teen pregnancy, birth and abortion rates have all decreased during the last decade. The Centers for Disease Control and Prevention (CDC) reports that the teen pregnancy rate fell 19% from the all time high in 1991 to reach a record low of 94.3 pregnancies per 1,000 women aged 15 to 19 years in 1997 (CDC, 2001). In addition, teen birth rates have decreased 12%. While these numbers are certainly encouraging, there are still about 900,000 pregnancies that occur each year among American teenagers aged 15-19. Most of these pregnancies are unintended and almost 190,000 teens aged 17 and younger have children (CDC, 2001).

The most recent publication of the CDC's Youth Risk Behavior Surveillance (YRBS) shows that 49.4% of high school students reported ever having sexual intercourse and 42% of these sexually active students reported not using a condom at last intercourse (CDC, 2000). Substantial morbidity among adolescents result from unintended pregnancies and sexually transmitted disease (STD) infections. About one fourth of the 12 million Americans infected with STDs annually are adolescents. It is also estimated that about one fourth of all new human immunodeficiency virus (HIV) cases each year occur in people ages 13 to 21, and half of all new HIV cases are among people under age 25. The majority of these infections are transmitted sexually (CDC, 2000).

The Maternal and Child Health Bureau (1998) stated that teen pregnancy is related to both individual and environmental factors. The bureau defined individual factors as: poor school achievement, behavioral problems in school, low self-esteem, dating starting before 9th grade, lack of future orientation/goals, and feeling unable to control life's circumstances. Environmental factors were defined as: positive parental attitudes toward early pregnancy, family dysfunction, lack of parental supervision, high levels of family and community stress, and individual and neighborhood poverty.

Considerable social problems result from the approximately 1 million pregnancies that occur each year among adolescents. There is not only a negative impact on youth, but on the economic system as well. Births to teens add to lost tax revenues, and increased spending on public assistance, child health care, foster care and the criminal justice system.

Being a teenage parent increases a teen's chances of lower grades, dropping out of school, unemployment, needing public assistance and a future of impoverishment. Their babies are often of low birth weight and have disproportionately high infant mortality rates. Babies of teenagers are also at a higher risk for abuse and neglect, inadequate education, living in poverty, and are more likely to drop out of school, get into trouble and to, in turn become teen parents.

Black Youth are at higher risk

These sexual risk statistics are even more serious for what the CDC categorizes as Black adolescents. Black youth have higher reported sexual activity rates than other American ethnic groups. The CDC reports that in 1999, 71.2% of Black high school students reported ever having sex, significantly higher than the national average, and higher than the sexual activity of Hispanic students; 54.1%, and White students; 45.1%. Blacks were also more likely than Hispanics and Whites to have been involved in a pregnancy. Blacks and Hispanics are disproportionately exposed to high levels of community stress and both individual and neighborhood poverty. These in addition to some of the other individual and environmental factors reported earlier may contribute to the ethnic disparities in sexual risk statistics.

The CDC also reports that Black students (53.0%) were significantly more likely than Hispanics (36.3%) and Whites (33%) to be currently sexually active. However, more than one fourth of those who ever had sex were sexually abstinent (had not had sex in the last three months preceding the survey). Black females were more likely than

White females, and 9th graders were more likely than 10th and 11th graders to be sexually abstinent.

Blacks also have a higher prevalence of AIDS. According to the CDC, racial minorities now represent the highest number of new acquired immunodeficiency syndrome (AIDS) cases and the largest groups of people living with AIDS in the United States. Although Blacks make up only 12% of the population, they account for 47% of all new AIDS cases.

Adolescent sexuality is a problem in Connecticut

Teen pregnancy in Connecticut has generally reflected the trends for teen pregnancy in the U.S. Recent trends demonstrate that sexual activity among young adults is a problem, specifically for Black young adults in Connecticut. Pregnancy and birth rates per 1000 Connecticut women, ages 15-19, from 1980 to 1998 showed a clear increase from 1980 to 1989, and a decrease since 1991 (State of Connecticut, 2001). The CDC reports YRBS results by state, which includes a sample of Connecticut students. The reported sexual behavior is as follows:

Table 1 Connecticut Sexual Behavior

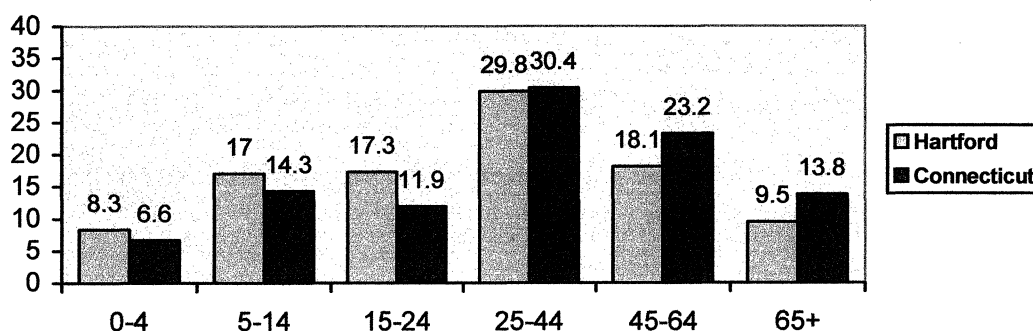
	Male	Female	Total
Ever had sex	49.1	39.3	44.3
Sex before age 13	16.2	2.4	9.3
Currently active	30.0	29.7	30.1
Currently abstinent (no sex in the 3 months proceeding the survey)	38.5	25.2	32.0
Use condoms during last sex intercourse	61.2	48.5	54.7
Use birth control pills before last sexual intercourse	8.3	21.2	14.9
Have been or gotten someone pregnant	9.2	5.2	7.2
Four or more sexual partners during lifetime	22.1	9.8	15.9
Have had HIV/STD education	89.8	93.5	91.4
CDC Youth Risk Behavior Surveillance (2001)			

On average, 90 percent of teen mothers in Connecticut were unmarried in 1996. In 1996, 96% of teen births in Connecticut occurred to unmarried, Black teens, compared to 84% for Whites, and 88% for Hispanics. In addition, the decline in the teen birth rate in Connecticut between 1991 and 1996 was one of the smallest in the United States.

The City of Hartford

The City of Hartford disproportionately reflects many of the sex related issues of the state of Connecticut. To understand why, it is helpful to first look at the demographics including age, gender, race and social economic status. Education, employment and income, which address socioeconomic factors, can certainly influence the health of the individual, and the community as a whole.

Figure 1. Estimated Populations of Hartford and Connecticut by Age

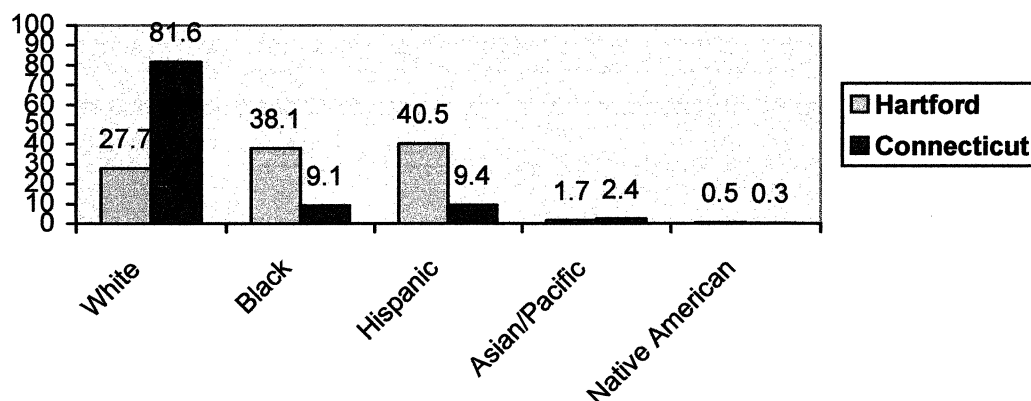


2000 US Census

The estimated total population of the City of Hartford for 2000 is 121,578. Hartford is a relatively young population with 42.6% of its residents less than 25 years of age, compared with Connecticut at 32.8% for this age group. (Table 1). These differences

in population age distribution are further reflected in Hartford's population median age of 29.7 years, compared with Connecticut State's at 37.4 years. (Table 1). The impact of the population's age distribution on currently available public health services creates a greater need in the City of Hartford for services for children and young adults, immunization and injury prevention, and services for young women, family planning, prenatal, and obstetric care.

Figure 2. Estimated Populations of Hartford and Connecticut by Race / Ethnicity



2000 US Census (percentages add up to more than 100 due to census participants checking more than one race)

The City of Hartford is much more diverse than the state of Connecticut. Its Hispanic population makes up the largest ethnic group at 40.5% of the total city population, (Table 2 above). This includes mostly Puerto Ricans with a small population of Cuban and other Latin Americans. Hartford's Black (African American and Caribbean and Virgin Islander) population comprises a further 38.1%. Whites, mostly of western European heritage, make up 27.7% of Hartford's population. This distribution differs from the State of Connecticut which is 81.6% White and 9.1% Black.

Table 2. Socio-economic Status of Hartford and State of Connecticut Residents

	Hartford	State of Connecticut
Education (1990)a		
High School Graduation Rate (among adults 25 years or older)	60.4%	79.8%
Per Capita Income(1998)b	\$13,271	\$27,078
Median Household Income (1990)a	\$22,525	\$41,721
Unemployment Rate (1997)c	10%	5.1%
Poverty Rate (1990)a	27.51%	6.61%

US Bureau of the Census 1990 and Connecticut Dept. of Economic and Community Development, Town Profiles. 1998-1999.

Hartford's high unemployment rate (10%) is almost twice that of the state average (5.1%). Hartford's low average per capita income of \$13,271 is only half that of the state average per capita income of \$27,078. The poverty level in Hartford is 27.51%, which is four times that of the state at 6.61%. These can all be expected to negatively impact the health status of this city's population, especially youth. (Hartford's Community Health Partnership, 1999). Employment in the United States has long been linked to health insurance coverage, which in turn impacts access to health care, including health education. Education and income have a significant correlation with health behaviors and all three socioeconomic factors determine living conditions. Socioeconomic status is ultimately a major factor in the determination of health status, and thus both an individual and environmental factor impacting teenage pregnancy.

Adolescent Sexuality in Hartford

The percent of total births born to teens in Connecticut varies by town, however the Connecticut Department of Public Health (2001) reports that Hartford is included among the towns with the highest percentage of both total births born to teens and repeat births to teens. Breaking the Cycle, a pregnancy prevention program, explains that though Hartford's numbers have declined from 747 teen births in 1990 to 458 in 2000, the teen population will continue to grow, creating the possibility of even more births to teens in the future. Teen births totaled to 458 in 2000, consisting of 20 births to young women under age 16, 176 to 15 through 17 year olds, and 262 to 18 and 19 year olds. Hartford is one of three Connecticut towns, along with Waterbury and Bridgeport, where the number of repeat births to teens is higher than the statewide average (CTDPH, 2001).

According to the City of Hartford Health Department 2001 HIV/AIDS surveillance Report, in 1999, 109 new diagnosis of cases of AIDS among Hartford residents were reported to the Connecticut Department of Public Health, the lowest number since 1991. This declining pattern of new AIDS cases among Hartford residents parallels a similar pattern among Connecticut residents. The percentage from heterosexual transmission rose from less than 10% of cases in late 80s and early 90s to 16% of cases from 1997 through 1999. In contrast to the declining pattern of new AIDS cases reported in the past 2 years, the number of persons estimated to be living with AIDS in Connecticut and in Hartford has doubled since 1992. Hartford adult residents with AIDS account for 22% (1,246) of adult AIDS cases statewide as of June 30, 2000 out of an estimated 5,589 adults living with AIDS in Connecticut.

The percentage of reported AIDS cases that are female increased from 18% to 30% from 1990 to 1999. With the decline in overall incidence of AIDS in the late 1990s,

the number of AIDS cases among women has not declined as rapidly as those among men. In the 1990s, statewide and in Hartford, women were reported with AIDS at a younger age than men (20.8% vs. 12.6%) in the 13 – 29 years age group. There are estimated to be 16 children less than 10 years of age, and another 9 youths, aged 10 to 19 years with AIDS in Hartford (see table 5) equally distributed among boys and girls. This gender distribution changes significantly from age 20 years, with men accounting for two to three times the number of AIDS cases compared to women. It is important to note that many of the adults living with AIDS contracted HIV when they were adolescents.

Table 3. Persons Living with AIDS in Hartford by Age Group

Age Group (Years)	Male (n=892)	Female (n=325)
0 – 9	8 (.08%)	8 (3%)
10 – 19	4 (.04%)	5 (2%)
20 – 29	109 (12%)	63 (19%)
30 – 39	425 (48%)	154 (47%)
40 – 49	283 (32%)	76 (23%)
50 – 59	51 (6%)	13 (4%)
60 +	12 (1%)	6 (2%)

Connecticut Department of Public Health December 2000

There have been changes in the ethnic distribution of AIDS cases in Hartford in the past decade. The percentage of Black AIDS cases rose from 45% in the 1980s to 50% in the 1991 - 1993 period. This rate declined to 42% by 1994, and has remained level since. Currently, of the 1,246 adult Hartford residents living with AIDS, 47% are Hispanic, 40% Black, 12% non-Hispanic white, and 1% other race (CT DPH, 2002).

Operational Statement

The data lead to numerous research questions: What can be done to encourage safer sexual behaviors for young Black people? What kinds of programs are sponsored in Black communities and what has been effective in attracting teenagers and young adults? What can these communities do in regard to the challenges of teenage pregnancy and HIV/AIDS? One possible answer to many of these questions may be found in the Black churches of Hartford. Due to their historically strong social network in Hartford communities, the Black churches could have a significant impact on the sexual behaviors of young adults. The premise is that the more involved young adults are in church and the higher quality of a church's sexual education efforts, the more likely the young adults in these churches will have healthy sexual behaviors.

This thesis explores the extent of sexual education in several Black churches in Hartford, CT, the sexual behavior of young adults in these churches, and their level of religiosity. The thesis also provides an additional quantitative component to support the study by examining data from the National Longitudinal Study of Adolescent Health (Add Health), conducted by Richard Udry of the University of North Carolina at Chapel Hill. The hypothesis is that many Black churches in Hartford do not have an impact on sexual behavior because they neglect to provide sexual education for their young people. This hypothesis was tested through participant observation at churches in Hartford, interviews of pastors and other church members who work with young people in the churches, focus groups, individual interviews and surveys conducted with young adult church attendees, and secondary data analyses.

LITERATURE REVIEW

History of the Black Church

It is important to understand that there is no “Black Church” in the conventional understanding of the phrase. The phrase “the Black Church” is used as a kind of sociological and theological shorthand reference to capture the pluralism of Black Christian churches in the United States (Lincoln & Mamiya, 1998). There are denominations, composed of congregations of Black persons and under their control, and there are many free-standing congregations, but there is no one entity that can be called the Black church (Jones, 1999). For the purposes of this study, “Black churches” refers to churches whose congregations are comprised of primarily African-American or West Indian-American members.

The historic Black church was Black-led and controlled, teaching an all-inclusive gospel at a time when Blacks were often excluded from many aspects of society. W.E.B. Du Bois states in *The Souls of Black Folk*, “Thus one can see in the Negro church today, reproduced in microcosm, all the great world from which the Negro is cut off by color-prejudice and social condition.” Acting as the communication, distribution, and inspirational center of the Black community, it was the main source of information for current events affecting the lives of Black people. The church offered emotional and spiritual freedom, as well as temporary physical relief from bondage that helped it become one of the few stable and coherent institutions to emerge from slavery (Lincoln and Mamiya, 1998).

It is possible that some cultural and religious concepts of African heritage faded away and were forgotten due to the harsh conditions created by slavery. For example, it may have been difficult to communicate African religious concepts in English after the slave owners forced the slaves to stop using their native African language (Perry, 1998). Yet, several foundational characteristics of the Black church today seem to have a direct tie to its African roots. The customs of African religious practice created a context where belief in a supernatural being already was acceptable and served as a foundation for accepting Christianity. The centerpiece of West African culture was God and all of life was interpreted in terms of the Divine. This would explain why there was such a quick and easy gravitation toward Christianity. If God was the African slave's reference point for all of life, He would be the first one to whom the slave would appeal, particularly in a time of crisis (Perry, 1998).

Another characteristic included the elevation of the African priest as community leader. The African priest passes on values and history from generation to generation. Even after leaving Africa, the elder took on this role, and eventually the Black preacher assumed the role in the community. Slave religion had a strong reliance on oral communication. The Black church's preaching was unique and verbal, usually in the call and response format. This emotional style of worship was heartfelt. Taken from the worship patterns of the tribes and having evolved out of a culture of slavery, it sought to bring hope (Perry, 1998).

The Black church also had a significant role in developing worshipping communities of faith. Slaves were dependent on communal environment for survival, but

when family connections were severed during slavery, the church became a surrogate family that provided a place of connectedness. This communal nature of the church became its key strength (Perry, 1998).

From the beginning of the Atlantic slave trade, Europeans claimed that the conversion of slaves to Christianity justified tearing people from their ancestral home in West Africa for enslavement. The Portuguese and Spanish were the first Europeans to deal in the Black slave trade. They rationalized the enslavement of Africans by asserting that it was God's way of bringing the Black heathen into contact with Christianity. (Perry, 1998). Slave owners were concerned about labor, not about saving their slaves' souls (Perry, 1998). At first, slave owners were opposed to exposing slaves to Christianity due to the suspicion that laws forbade the enslavement of Christians, and therefore would require slaveholders to emancipate any slave who received baptism. However, a colonial legislation was created that ruled baptism did not alter slave status.

The slave owners next thought that Christianity spoiled slaves because Christian slaves would think too highly of themselves and became disrespectful and rebellious. They were also uneasy about slave's claiming Christian fellowship with white people. To Christianize slaves would confuse the distinctiveness of the races, given that colonists saw religion as part of their identity (Perry, 1998). The incorporation of Africans into the church community changed the relationship of master and slave into one of brother and sister in Christ, a relationship that threatened the social order by contradicting the racist belief in Black inferiority on which slavery depended (Raboteau, 1995).

These fears were eased when the Church of England created the Society for the Propagation of the Gospel in Foreign Parts in 1701 to support missionaries to the colonies

and help overcome the opposition to converting slaves. They encouraged slave holders by telling them Christianity would make them better slaves because Christianity taught each person to remain content with his place in life and would therefore convince the slaves to obey their masters out of sense of moral duty to God rather than fear of man. They used Ephesians 6:5 as religious foundation to support slavery, “Servants, be obedient to them that are your masters according to the flesh, with fear and trembling, in singleness of your heart, as unto Christ” (Ephesians 6:5, Holy Bible, King James Version).

Slaves, in contrast, interpreted the gospel as a message of freedom. Some slaves accepted Christianity because they thought it would make them free or at least hoped baptism would raise their status and ensure the eventual freedom for their children, if not for themselves. Throughout Black history the term “freedom” has found a deep religious meaning in the lives of Black people and is a major aspect of Black Christian belief. The White church in America developed in the absence of oppression, allowing it to dichotomize the gospel – dividing faith and practice, applying gospel to spiritual issues but not social ones. Slavery caused the Black church to develop a theology that was more holistic and stressed themes of freedom, created a theology of hope as a focal point to the gospel message (Perry, 1998).

In the Caribbean, the African slaves who heard the gospel rejected any attempts to spiritualize it. Their response was in a freedom-oriented faith. The notion of freedom was unconfined to salvation from sin, but rather it included life in all of its dimensions. The African American tale, as described by Dash, is that of a people’s journey toward

freedom and a search for that uplifting and inclusive community in which justice is honored (1997).

From the very beginning of the Black experience in America, one sense of freedom has remained constant: freedom has always meant the absence of anything which might compromise one's responsibility to God. The idea has persisted that if God calls you to discipleship, God calls you to freedom. And that God wants you free because God made you for Himself in His image (Lincoln and Mamiya, 1990).

Even more Blacks became attracted to Christianity through The Great Awakening, with the preaching ministry of Jonathan Edwards in 1734. Methodists and Baptists experienced tremendous growth in their denominations due to the emphasis on reaching out to the common man. Slaves began attending their master's church, though they were restricted to sitting in back rows and not allowed to hold leadership roles. Many slaves continued to worship on their own and in secret meetings. (Perry, 1998)

In 1740 slaves converted in large numbers during revivals that periodically swept parts of the colonies. Evangelicals succeeded where Anglican missionaries failed and threatened social and religious order by accepting slaves into their societies. Anglicans preached a slow process of indoctrination whereas Evangelicals preached immediate conversion as primary requirement for baptism, making Christianity more accessible. They de-emphasized instruction and learning and welcomed all classes of society, including the poor, the illiterate and slaves, to participate in services. The emotionalism of revivals encouraged outward expression of religious feeling and Evangelical worship resembled the religious celebrations of the slaves African heritage. However, the Evangelical challenge to slavery in the late eighteenth century failed (Raboteau, 1995).

Missionaries found that even after instruction and baptism, slaves still mixed Christian beliefs with the traditional practices of their African homelands (Raboteau, 1999). Slave religion developed as a distinctive response to the experiences and conditions Africans knew in American surroundings. It was the Bible that enabled many of the slave ancestors to learn to read and write. The Bible was the first book most of the slaves were exposed to. The slaves interpreted the message for themselves and translated it in terms of their own experience (Dash, 1997). The Bible tells of the miraculous feats of a God who intercedes in human history to overcome and punish evil oppressors and save the oppressed (Raboteau, 1995) .

The heritage of African American religion relates to the way Blacks in this country encountered Jesus. In their oppression slaves found it natural to identify with the sufferings of Jesus. Their own woes took on meaning in the light of the torments of Jesus, who became an omnipresent and intimate friend. The passion of Jesus spoke deeply to the slaves as the sorrow and pain of their lives paralleled His. Jesus was the model and author of their faith and they interpreted His crucifixion both as tragedy and hope (Dash, 1997).

The story of Exodus related to the slaves a sense of being a specially chosen people, whose selection and destiny were of historic importance in the divine intervention of God. Exodus proved that slavery contradicted God's will and so would inevitably end – the promise of deliverance was certain. The slaves' sense of identification with the children of Israel was driven deep into their self-awareness by the song, sermon, prayer, and dance of worship. For example, Negro spirituals such as "Pharaoh, let my people go," (Raboteau, 1995).

As Christianity spread through the slave quarters, many slaves were required to worship in secret on the plantations in groups of what came to be called the “invisible institution.” Hid away in cabins, woods, thickets, hollows, and brush arbors – named “hush harbors”, they held service in their own way, with their interpretation of the gospel and orthodox doctrine. These slaves suffered severe punishment if they were caught attending secret prayer meetings, which whites viewed as a threat to the social order. Slaves were often flogged when caught singing or praying at home (Lincoln and Mamiya, 1998). Many slaves were still allowed to attend only the white churches of their masters or separate Black churches under White leadership and supervision, and pastored by white clergymen. White slave masters feared that meeting without white supervision would empower the slaves to create dissension and organize rebellion. However, a few slaves were allowed to worship in separate Black churches with Black leadership.

The first such Black led church was established in America between 1773 and 1775 in South Carolina by a White preacher named Palmer. George Liele, a slave freed by his master when he became a preacher, pastored this church. Many churches in the north were run by free Blacks, but in the south, many were established and pastored by slaves (Perry, 1998). Evangelical churches had licensed Black men to preach. A group of Black preachers in the 1770s and 1780s began to pastor their own people. The congregational independence of the Baptists gave them more freedom to preach than any other denomination. The Baptist denomination informality was the bridge between Christianity and the experience of slaves – helping to interpret the Bible to fit their day-to-day lives.

Methodists conferences in 1780, 1783, and again in 1784 strongly condemned slavery. They passed increasingly stringent regulations against slave owning, slave buying, and slave selling. Baptist leaders began freeing their slaves as well and in 1789, the General Committee of Virginia Baptists condemned slavery (Raboteau, 1995). These free Blacks began to build an independent Black church in the last quarter of the eighteenth century (Raboteau, 1995). Richard Allen founded the Free African Society with Absalom Jones in 1787 to function as a benevolent mutual aid organization as well as a nondenominational religious association. Allen, who wanted to organize a separate Black church, preferably Methodist, quit the Free African Society. After leaving, it moved toward becoming an African church and began to take on the functions of a religious congregation (Perry, 1998). Later, when the Black Methodists were motivated to create their own church, the Free African Society took the lead in the campaign to raise funds for the church. Richard Allen rejoined the society. In 1794, the African Church of Philadelphia, a Protestant Episcopal church, was created. Later that year in 1794 Allen created a separate Methodist church named Bethel African Church.

Among free Blacks, mutual aid societies and churches were among the first institutions created by Black people. During the period of Reconstruction the pattern for the main institutional role of the church was set when they became the centers of the numerous Black communities that were formed as former slaves were separated from the plantation bases to which they previously belonged. Blacks settled in these nearby communities, often led by their pastors, and their churches were the first communally built institutions. Black church members pooled their limited financial resources to buy land to erect church buildings. Du Bois has called the building of these Black churches

the “first form of economic cooperation” among Black people (Lincoln and Mamiya, 1999). Black churches helped to create the first major black financial institutions such as Black owned banks, life insurance companies, mortuaries and funeral parlors, building and loan associations, and cemetery associations.

The economic ethic of the Black Church played a crucial role in the transition from slavery to freedom. As they spread among the newly freed Blacks during Reconstruction, church virtues had a major role in establishing the Black self-help tradition during a time when there were no social welfare agencies. From their pulpits many Black preachers preached moral messages of saving for a rainy day, learning to read and write, getting an education, finding a job and working hard, supporting the family and raising children respectably and industriously. Individual churches and clergy helped Blacks gain employment by announcing jobs from the pulpit or by posting them on the church bulletin board, a tradition of helping people find employment that continues to this day in many Black churches (Lincoln and Mamiya, 1990).

As Black churches were being built in various communities, the denominational significance began to develop. For the Black church, denominationalism was important. It served as an identity badge that traveled with the worshipers as they moved from one community to the next. Different denominations arose by common heritage, identity and background; theological distinctions created by breaking away from one denomination because of a disagreement with teachings or beliefs or practices; and missionary initiatives encouraged by a commitment to see itself reproduced in new communities (Perry, 1998).

Both in North America and in the Caribbean, slaves were drawn to the preaching of Methodist, Baptist, Presbyterian, and Congregational clergy (Dash, 1997). Allen felt the Methodist simplicity was better suited to the evangelization of the Blacks than the more “highflown” instruction of the Episcopalians. He liked the Methodist system of discipline as an effective method of reforming and ordering the lives of individuals and groups. Methodists encouraged both individual and group participation through small class meetings. They provided a detailed prescription of how one should live, instructed communities to observe and encourage one’s moral progress and reinforced one’s commitment to a good life by emotional praying, preaching and revival meetings. The Methodists and Episcopal churches combined in 1816 to create the African Methodist Episcopal (AME) church. Between 1790 and 1810, African Baptists, Methodists, Presbyterians and Episcopalians concluded that religious freedom applied to them too and founded churches, asserting their autonomy from white elders and associations (Raboteau, 1995).

Though each of these denominations has specific belief structures and traditions, which vary even by the individual churches, there is a sense in which all Black congregations and denominations respond to the same external circumstances and share common internal strengths, pressures and tensions (Jones, 1999). Black church leaders were supporters of the Underground Railroad and freedom for Blacks. Civil rights movements had their foundation in the Black church and even today the church continues to strongly support efforts that pursue equality. Most Black political leaders have come right out of the church, but it is the church that still has the ability to politically galvanize the African American community. Set in motion by their participation in the activism of

the civil rights period, and in war on poverty programs, a growing number of pastors of large black churches are becoming involved again in economic initiatives and projects in their own communities. Middle-class black churches and church members are being challenged to reach out more effectively to their surrounding communities. Cutbacks in social programs have forced many churches to take on concerns such as education disparities, inadequate health care, substandard housing, neglected elderly, and poverty.

Historically the Black church has been a central component of the Black experience in America. It gave an oppressed group of people the strength and guidance to continue striving for freedom and equality, through the hardship of slavery and lifelong obstacles during centuries to follow. It was the beginning of education for Blacks, providing a network that enabled the community to access educational, economic, and political opportunities. The Black church was the primary forum for the dissemination of information to the community and it shaped public opinion. It helped to encourage economic mobility by promoting self-help economic ethics and by nurturing Black owned financial institutions and helping to link job seekers with gainful employment. It played a significant role in the civil rights movement and continues to be involved in current social issues. The Black church's centrality to the Black community today, especially around issues of youth, health and sexual education, will be discussed in the following sections.

The Black Church Today

Black churches have provided a place for young people to associate with peers and older adults, who serve as behavior or role models for them. Much of the

socialization for children and youth occurs through the process of modeling – observing, evaluating and emulating, the behavior, examples, and values of others (Lincoln and Mamiya, 1998). Both Carter G. Woodson and Charles S. Johnson have pointed to the molding influences of churches on youth, who were not only aware of the positive aspects of going to church but were also critical of the double standards in adult behavior. In an early study of Black families, two out of the top three adult role models for Black youth were the ministers and Sunday school teachers (Scanzoni, 1971).

Unfortunately, there is movement away from religion by a generation of African Americans, who no longer feel loyal to a religion or a church as their parents and grandparents did. (Perry, 1998) Social analysts have listed the declining influence of religious values upon inner-city Blacks as a contributing factor to the current crises of teenage pregnancies, illegitimate births, absent father households, drug abuse and Black on Black crime (Rabouteau, 1995). The Black church must regain the confidence of its people by ministering to the needs of the families and individuals (Perry, 1998).

In the last two decades the view of the Black church, at one time the most vocal and strategic institution in the Black community, has declined in northern inner-city communities. In the early 60s, young Black men and women, many of whom had grown up in the traditional Black church rejected the historic Black church due to the perception that it was irrelevant to, and at times over-critical of their lives and began looking for an alternative religious tradition.

Parachurch organizations originated in response to these perceptions. These training and ministry systems, such as Campus Crusade for Christ, were affected by conservative evangelical worship and beliefs, and developed outside of the church to

reach persons who did not “know Christ.” They attempted to address the idea that historic churches were ineffective in evangelism and equipping of leadership. These groups came into contact with African Americans on college campuses. Parachurches caused young Blacks’ worldview to be influenced by Euro-American values, and were effective in relating to them. They offered a sound theological system (true to conservative, orthodox Christianity) and used sophisticated ministry skills in evangelism and discipleship. However, they also triggered bias against historically traditional Black worship style, and misunderstanding of the validity and credibility of the African American religious tradition. After exposure to these groups in college, many young Blacks began to seek educational experiences consistent with their new found understanding of religion (Perry, 1998).

To add to the problem, the role and impact of the Black preacher has weakened within the wider community partly due to the increase of other role models in the community from entertainment, sports, and business and their visibility through the mass media. However, the issue cannot be blamed solely on the media, as the pastors and church leadership themselves have some responsibility. Black churches today disproportionately focus their programs and efforts on adults. Lincoln and Mamiya (1998) surveyed outreach programs for young people in Black churches and found that churches most often conducted youth group activities such as youth choirs, evangelism activities such as revivals and educational programs such as Bible study. The least conducted activities were recreational and social programs such as sports, athletic teams, summer fun, fashion/talent shows, picnics, dinners and skating parties. These recreational and social activities, which are popular ways that young people spend their

time and can be attained outside of the church, pose a direct competition to the evangelistic, educational and youth group activities. In addition, 24.7% of churches reported that they did nothing for youth.

Youth are a kind of afterthought in the church's schedule of significant ministry. Too many pastors do not concern themselves with this aspect of ministry, but simply assign the religious education of youth to someone else. Lincoln and Mamiya found that programs requiring actual clergy involvement ranked low, such as counseling (1.6%) and youth ministries (2.0%). For many Black pastors, preaching is still seen as their major task. In Lincoln and Mamiya's (1998) survey of pastoral responsibilities, 60% of 1531 clergy ranked preaching as their top priority, while 23.4% ranked teaching as their primary responsibility. No other pastoral responsibility, including youth ministries, received more than 5% support.

Preaching is the top priority, yet this staple is lacking substance as well. Knight (1999) explains that the demand for relevant, needs-meeting, issue-addressing preaching has never been greater. People are coming to the church with the expectation that the men and women who have a place in the pulpit do in fact have a word from God that will speak specifically to the needs and issues of society in their generation. It is important for people to hear sermons that address themes of faith, hope and love in the light of an HIV/AIDS epidemic and in an environment of racism, sexism, and economic recession.

In a sermon titled "We are the Branches," Robert Chapman (1982) expresses the urgency of the Black church's responsibility,

If we [the churches], ourselves, do not get on with the business of nurturing the minds of our children; if we do not enter into or get behind

the public school systems and make them produce education for our children; if we do not enter into or get behind those aspects of the criminal justice system which make it a system that has declared an open season for slamming bars behind Blacks; if we do not force through program that will rehabilitate and build the housing in our rotting inner cities – where they keep the masses of Black people; if we do not enter into the ministry of our Lord – the social ministry as well as the sacerdotal ministry – if we do not rise to do these things, we are as branches that bare no fruit.

The Black church does not hold the same position it once did, yet it has made attempts to address many of these problems. Dash (1995) feels the Black church “exhibits ingredients” of what it means to be the “people of God” in the world. This includes working together to help others and build community, as well as appreciating and respecting diversity. In addition to being a house of worship, it serves as a unit of social identity, a means of solving political and educational problems, and a potential resource for health issues. African-American churches have long served as centers not only of spiritual growth and development, but also of political and civic activity, and in recent decades, of health promotion and disease prevention (Mitchell-Beren, 1989; Smith, 1989; Campbell, 2000; Jackson, 2000; Resnicow, 2000; Resnicow, 2001). The church serves as a buffer between the larger society and its members, providing feedback and validating behavior.

The underlying assumption of church-based health programs is that Black churches are natural support systems and thus can help improve health among their

members. Because of their tradition of functioning as an extended family, these churches are supportive in all areas of life, including health promotion. Black families and churches have a dynamic interactive relationship. Black churches are intimately involved in the complex network of Black extended families. Families constitute the building blocks for Black churches, and the churches through their teachings, belief systems and morality provide a unity that binds families and the community to each other (Lincoln and Mamiya, 1998). Due to its direct or indirect contact with a majority of the Black population, the Black church is a significant health care resource. Black churches can serve a valuable role in helping members with the developing and sustaining healthy lifestyles by providing various types of support – knowledge, skills, and social, emotional, and practical (Smith, 1989).

In Hartford there are churches that have been in existence for nearly two hundred years. In several of these churches the congregations are made up of community leaders and Black authority figures. Such churches possess the community legitimacy as well as the organizational structures and roles necessary to facilitate health programs in their settings (Chatters et. al., 1998).

Black Churches and Sexuality

The Christian tradition has had great difficulty in dealing with issues of sexuality, such as premarital sex, abortion, and homosexuality. This difficulty is also the case for the Black Church. There is a hesitancy and a defensiveness to recognize or deal with developing social problems in the Black community by academics, intellectuals, leaders, and experts on the Black family (Ladner, 1986). Black churches tend to be even more

conservative with respect to women's roles in the church, non-marital sexual activity, and abortion (Brewster, et. al, 1998). They also tend to take a more communal, prescriptive approach that is forgiving of moral transgressions by youth (Lincoln and Mamiya, 1990).

Joyce Ladner explains the failure of many churches in confronting the problem in her study on teenage pregnancy among Black Americans,

“The Black church, which serves as a focal point for the community, has not assumed a leadership role on teen pregnancy prevention. Most Black churches tend to be conservative on the issues of premarital sex, contraceptives, and abortion, especially for teens. Therefore only the most secular-oriented progressive churches can be expected to take a leadership position on this problem.” (Ladner, 1986)

The most serious aspect of the teen pregnancy problem is the fact that most of these young people are alienated, disadvantaged, and disconnected from the mainstream of the society and the Black community. Far too many Black youth are trapped in poverty's cycle of indecent housing, substandard schools, lack of health care, inadequate employment opportunities, and nonexistent recreational options. This is especially so for teenage parents and has contributed to the present crisis. Widespread alienation from the traditional norms and institutions that once socialized Black youth constitutes a major problem for many Black churches. Black teenagers must be properly equipped with the tools to survive under circumstances that would defeat them (Ladner, 1986).

Beasley (2000) found that clergy may underestimate the extent to which their young parishioners participate in risk behaviors. About half of the clergy thought that at

most, 10% of their young adolescents had had sexual intercourse. In contrast, a survey conducted in 1993 and 1994, showed over half of African American middle school students in the study reported having had sexual intercourse. Most of these sexually experienced young adults reported attending church at least once a month, possibly at the very churches ministered to by the respondents (Beasley 2000).

Tesoriero (2000) found that health related services and AIDS support services for young people are seldom offered in the predominately Black congregation churches and with Black senior ministers in the northern United States. The Black church is instructing youth to say no to sex, but not engaging in a sexual discourse of resistance that empowers young Black women and men to celebrate and to love themselves. Douglas (1999) states that if the Black community could communicate such a message, Black teenagers may be less likely to engage in self-destructive, self-hating behaviors as risky sexual behavior. She explains the connection between spirituality and sexuality:

“Spirituality involves more than worship or prayer life or simply going to church. Spirituality concerns a person’s connection to God and, thus, inevitably involves her or his sexuality. Sexuality is that fundamental dimension of human beings that governs intimate, sensual, affective, emotional, and sexual relationships. Human sexuality and spirituality are inextricably linked because both involve a person’s relationship to God.”

The Black Church, as stated earlier, is being called on to address the social issues in today’s Black communities. Its reluctance to take an active role in confronting the HIV/AIDS epidemic is changing and Black churches are increasingly instituting

HIV/AIDS ministries and youth programs in regard to sexuality. Coyne-Beasley (2000) conducted a study to investigate the attitudes and beliefs of clergy from African-American churches toward sexuality education and the provision of sexuality education in their churches. They surveyed a convenience sample of clergy leaders from the churches, asking about priority health topics, prevalence of sexual and drug risk behavior and the desire for health education programs. They found that the highest priority issues were drugs, violence, HIV/AIDS, pregnancy and alcohol. The clergy all wanted health seminars for their adolescents, though 30% did not want some sexual topics such as anal sex, bisexuality, homosexuality, masturbation and oral sex. Only 6% would make condoms available in church, but all would allow contraceptive education. Beasley concluded that many African American churches are open to sexuality education.

James M. Tesoriero surveyed religious congregations in New York State to document the extent to which HIV/AIDS related education and prevention services were being offered; to identify barriers to offering services, and to assess respondents' willingness to meet with HIV/AIDS service providers in their communities. Only 16.7% of congregations provided or facilitated HIV/AIDS related prevention services. Another 48.6% offered referrals for services and more than one-third (34.7%) of congregations did not provide, facilitate, or offer referrals for services (Tesoriero 2000).

The services most commonly offered in the New York study were literature distribution and HIV/AIDS education. Some other commonly offered services were HIV/AIDS support groups, HIV/AIDS education taking place off-site but facilitated by the congregation, HIV/AIDS counseling, and human sexuality classes. Less commonly offered services were parenting classes, referrals for HIV testing, information about

needles/ syringes, and condom distribution. Out of the 3147 congregations studied, 286 were over 50% African American. HIV related services were facilitated or provided at 22.4% of these congregations, 39.2% reported no services, but offered referrals, and 38.5% reported no services and no referrals offered.

Thirty-three percent of congregations felt there was a high need for HIV/AIDS services in their community, 42.9% felt there was moderate need, and 23.7% felt there was low need. When asked if the congregation would be willing to meet with HIV/AIDS providers, 289 African American congregations out of 3140 responded and 73.7% were willing to meet. The most commonly cited barrier to offering services or referrals was that HIV/AIDS-related services were not seen as part of a congregation's mission or primary service activities. Lack of qualified staff, lack of experience or expertise on the part of clergy leaders, lack of financial resources for prevention programs, and a general lack of knowledge or information about HIV/AIDS were also commonly cited. The finding that more than half of respondents cited both attitudinal and resource-related reasons for not providing services suggest that HIV/AIDS providers attempting to reach out to religious groups will need to be ready to address both types of barriers.

Youth, religious involvement and sexual behaviors

The church is an especially important institution for advancing sexual health among Black youth. There is no other institution that reaches a larger proportion of the population than faith-based organizations. Religion is an important socializing force in America, and at least 210 million Americans, more than four out of five of the total US population, belong to an established religious denomination or group. This is especially true for minority communities. Jones (1999) writes that no one knows the exact

membership of the black churches, but it is estimated that the total numbers of Black Baptists are in excess of 8 million, with the National Baptist Convention, Inc., having approximately 6.3 million members; the Progressive National Baptist Convention, 750,000; and the National Baptist Convention, Unincorporated 1 million. The total membership of Black Methodist bodies is around 2.8 million. The largest Pentecostal body, the Church of God in Christ, estimates its total membership at 3 million, and there are uncounted numbers of persons affiliated with less well-known denominations and thousands of free-standing congregations. Jones (1999) reports approximately 61 percent of Blacks are members of Christian churches. By this standard, a total of 13.4 million Blacks are carried on church rosters, though the active membership may be higher.

These numbers indicate a potential for Black churches play a powerful role in the fight against teen pregnancy, STDs and HIV/AIDS. There are wide networks of religious denominations dedicated to HIV/AIDS prevention. One example is the AIDS National Interfaith Network (ANIN), a nonprofit organization made up of approximately 2000 AIDS ministries. The CDC has developed a Faith Initiative to educate religious groups about HIV/AIDS resources and to foster the creation of faith based HIV/AIDS resources.

Johnson (2000) points out that survey research has long indicated that a majority of American youth are exposed to religion early in their lives. A commitment to religious values and beliefs can have both an immediate and a long-term impact on their behavior. Many studies show that religion has a negative impact on delinquency. In this regard, religion could be treated as both direct cause of delinquency and an individual characteristic that influences an individual's tendency toward negative or risky behavior.

Research has shown that religion positively influences health, though little of the research has focused on youth. Ellison and Levine (1998) explain that most religious communities have moral and ethical teachings which discourage certain behaviors that increase the risk of health problems and encourage positive life-style choices. Thorton and Camburn (1989) present an inverse relationship between religious involvement and risky sexual behavior. They show that young people who attend church frequently and value religion in their lives have sexually conservative attitudes and are less experienced sexually. Youth who attend religious services frequently are more likely than others to develop sexual attitudes and behaviors that are consistent with their religious teachings and a greater commitment toward sexual abstinence until marriage.

Lammers (2000) found that among 26,023 7th to 12th grade students, greater religiosity showed a significant association with lower levels of sexual activity. The risk of becoming sexually active at an early age for females who reported greater religiosity was approximately four fifths that of an age-comparable female group with less religiosity (RR=.083, $p<.0001$). Males who saw themselves as more religious were less likely than peers to initiate intercourse early (RR=.87, $p<.001$).

Holder (2000) examined the spectrum of adolescent spirituality and the association between dimensions of spirituality and voluntary sexual activity (VSA) in adolescents. His study surveyed urban youth 11-25 years old from a hospital based clinic. They operationalized spirituality by religious attendance, religious importance, intrinsic and extrinsic motivation, belief in God, belief in divine support, existential aspects of spirituality and spiritual connectedness. 61% of respondents were African American. 90% felt religion was somewhat important in their lives. 56% reported a

history of VSA. Greater spiritual connectedness and higher spiritual interconnectedness with friends were inversely associated with VSA. They also found that spiritual interconnectedness with friends and age were independent predictors of VSA.

The benefits of going to church also include having strong social support, both formal and informal, a factor that has been shown to improve health. Evidence suggests that regular church attendees have larger and denser social networks among members of the church, and more frequent and varied exchanges of information than less frequent attendees. This network of church members can provide informal socio-emotional support to youth, boosting morale through confiding and companionship. Involvement in church may enhance the chances of young people making friends with peers who have restrictive attitudes toward premarital sex. Frequent participation in religious services and activities may simply mean less time for sexual activity. Support can also come formally through church programs. Ellison and Levine (1998) have shown the importance of church-based efforts to disseminate health information and services. This is especially so because church youth have increased contact with adults who might be influential in leading them to delay sexual involvement.

Rappaport and Simkins (1991) assert the inherent power in the “community narrative” or shared story used by social groups to inform, unite and empower members. Spiritually interconnected youth may be exposed to a number of positive self concepts, such as “You are lovable and valuable, etc.” They also may participate in church groups and activities, which could influence behavior and promote resiliency toward abstaining from health-risk behaviors. In this way, these community narratives could have a

connection with the relationship between spiritual interconnectedness and delayed sexual activity.

The opportunity for students to explore and internalize their own spirituality has also been found to be a protective resource for college students. In a study of young adults ages 18-30, African Americans did somewhat better in prevention and treatment programs with spiritual-based applications. Kass and Douglas (2000) report that prevention strategies on college campuses have consistently failed to recognize the power of spirituality to increase the propensity for effective intervention. Prevention efforts are limited by their neglect to consider spiritual development as a deterrent to health risk behaviors. Their studies have found that educational opportunities in which students learn to develop a deepened sense of connection to self, others, and the spiritual core of life, students are enabled to form a more resilient worldview and to reduce health-risk behaviors. Internalized spirituality can be a motivator for change and is related to favorable prevention outcome.

The above data and literature make a case for church involvement in sexual education for young people. To substantiate any push for churches to address the issue in Hartford, it would be valuable to first determine if religion actually has an impact on sexual behavior. Is there any relationship between religion and sexual activity for Black youth? It is also important to find what the structure and organization of the churches are, that might facilitate or impede sexual education efforts. This thesis is a preliminary study that attempts to answer these questions on a small scale.

METHODS

Research Design

The research was conducted in three stages: formative research, secondary data analysis, and primary research. The research methods included participant observation, secondary data analysis, individual interviews, focus groups and surveys. These research methods allowed for in-depth study of local Black churches, their sexual education efforts, and insight into the young adult members of Hartford churches. The secondary data provided further information on the link between church involvement, religiosity and sexual activity.

Stage 1: Formative Research

Sample

To get an idea of the extent of sexual education efforts in the church, two Black churches in Hartford, a Seventh Day Adventist Church and a Christian Methodist Episcopal Church, were approached for permission to make observations and to conduct focus groups. These initial churches were chosen because the investigator was familiar with the pastors of both churches and felt comfortable requesting their assistance.

Procedures

Youth group leaders of the churches were contacted to arrange times to facilitate discussions with the young people. Sabbath services and youth groups were observed at

both churches. One church was in the process of conducting abstinence workshops. They agreed to allow observation in these workshops. The observer described the purpose of the study and asked permission of the youth and parents to attend. Notes were taken.

The other church allowed a discussion to take place during a youth service, at which adults were present. Teenagers from the youth group also agreed to focus groups and individual interviews. The focus group took place with five young women at the Hartford Public Library. Individual interviews were conducted with all five young women. These interviews took place in various locations, such as in libraries, at their homes and in the park.

The questions for the preliminary research discussion, focus group and individual interviews were drawn from the literature. The group discussion included a general discussion of teen issues, teen involvement in the church, health issues and abstinence in the church. The focus group explored more sensitive sexual issues in the church and among their peers. The interviews were structured with survey style questions to examine knowledge of the issues and levels of religiosity and spirituality.

Stage 2: Secondary Data Analysis

Sample

Secondary data analyses were conducted on the National Longitudinal Study of Adolescent Health (Add Health). The Add Health survey was conducted by Richard Udry of the University of North Carolina at Chapel Hill. Wave I of the study examined the general health and well-being of 20,745 adolescents grades 7 through 12 in a sample

of 80 high schools and 52 middle schools in the United States, including, (1) the behaviors that promote health and the behaviors that are detrimental to health; and (2) the influence of factors particular to the communities in which adolescents live on health. Follow up interviews were conducted in Wave II of the study, with 14,783 adolescents.

The Add Health public use data set includes 50 percent of the core sample plus 50 percent of the well-educated Black sample (African American adolescents with a parent who has a college degree) from Wave I and Wave II. The total number of respondents in the public use dataset is 6,504. The community characteristics of this data set are as follows: Fifty-two of the respondents were from completely urban block groups. Sixteen percent were from areas where the modal race was black, 79% from areas where the modal race was white, and 4% from areas where the modal race was other. Nine percent lived in areas where the Hispanic proportion of the population in their block group was medium to very high. Twenty-two percent of Add Health participants lived in block groups where the proportion of the population with income below the poverty level was greater than 23.6% or block groups among the highest 25% in low poverty. Another 23% lived in block groups where the proportion of the population with income below the poverty level was between 11.6% (the median proportion) and 23.6%. Sixty-six percent of respondents lived in areas of medium to high unemployment rates; block groups with the unemployment rates between 6.5% (the median rate) and groups among the top 25% in unemployment. Sixteen percent of participants lived in areas where the modal educational attainment of individuals aged 25 years and over had no high school degree or equivalency, and 72% lived in areas where the modal educational attainment was a high school degree without a college degree.

This thesis examines the Wave I, In-home Interview data (one record per adolescent) public use data set. The secondary analysis initially focused on 470 variables related to sexual behavior, sexual knowledge, religious involvement and demographics.

Procedures

After using SPSS to study descriptive statistics for all of the variables, 1619 cases of African-American respondents and 99 variables were selected for analysis.

Correlations and reliability analyses were run with variables on confidence in answering questions regarding sexual knowledge and religion before creating scales. Other variables were included in analyses to assess the impact of religiosity on sexual behavior. These included: ever had sex, pregnancy, condom use, STD transmission, moral beliefs about birth control, being a “born again Christian”, service attendance with parents, occurrence of meeting a sexual partner at a place of worship, and taking a virginity pledge.

Stage 3: Preliminary Research Sample

Research was conducted with Black churches in Hartford of African-American and West Indian-American congregations, through in-depth interviews, a focus group and surveys. Lists of churches in Hartford were gathered from various sources, including The Black Pages of New England, Black internet sites, and the Southern New England Yellow Pages. These lists were compared and combined into one large list. The number of churches from each denomination was counted and the five major ones representing Black churches in Hartford were identified. These were Methodist, Baptist, Pentecostal,

Congregational and Non-Denominational. Three churches from each major denomination were randomly chosen. A letter introducing the investigator, explaining the study and describing the roles the churches were being asked to play was sent to the 15 churches. Follow up phone calls and visits were made to the churches one to two weeks later.

Interviews were set up with five of the churches (one representing each major denomination). Interview participants included four pastors, an associate minister, a Christian educator, a youth leader, and one young adult.

Young adults were needed to act as key informants to provide insight into the relationship between church involvement, sexual education and sexual behavior. Pastors either provided group leader contact information in order to set up focus groups with young adults, or contacted the group leaders themselves. Three churches reported that most of their young adults were away at college. One church announced the focus group invitation during services, but no one responded. Another church was only able to get two young adults to agree to participate, but their schedules did not permit them to meet at the same time. One of these young adults agreed to a one on one interview. The other young adult simply filled out the survey. The fifth church was able to set up a focus group with three young adults.

The focus group participants and one of the young adults from the church that could only get two youth filled out surveys. The surveys were also distributed by youth leaders to young adults of three of the other churches (the fourth church did not return phone calls).

Procedures

Most interviews took place in the churches, though some participants chose locations outside of the churches. Prior to the interviews, the participants read and signed the consent form, were asked for permission that the interview be taped, and then answered open-ended questions. During the focus group of key informants, the young adults read and signed the consent form and filled out a survey. The consent forms and surveys were placed in separate envelopes. The group was asked for permission that the focus group be taped and then answered open-ended questions. The group leader was present during the interview, but sat outside of the group and did not participate.

Youth leaders from each of the three other churches were given a pack of return addressed, stamped, stuffed envelopes. Each participant was to receive two envelopes. One envelope contained a consent form and a letter describing the investigator, the nature and purpose of the study, instructions for participating and contact information for questions or concerns. The other envelope contained the survey. The group leaders agreed to mail the envelopes to their young adults who were away at school. This ensured that each participant received a consent form, instructions and a survey. They were instructed to read, sign and mail the consent form back in one envelope, and fill out the survey and mail it back in the other envelope. This ensured anonymity in that the names on the consent forms would not be attached to the responses on the surveys.

Interviews first explored basic demographics of the churches, including church size, length of time in Hartford, gender, age and marital status of congregation members. The participants were asked about their roles in sexual education, views on sexual

activity, roles the church should play in sexual education, the level and nature of any sexual issues addressed in the church, young peoples' involvement in the church and sexual behavior of young people. The key informant interview of young adults consisted of the same questions in the focus group. The interviews were transcribed by the investigator and entered into the qualitative analysis programs EZ-Text and Nudist.

The focus group questions were similar to those in the in-depth interview, and asked the participants about their views on sexual activity, roles the church should play in sexual education, the level and nature of any sexual issues addressed in the church, young peoples' involvement in the church and sexual behavior of young people.

The focus group and young adult interview were transcribed by the investigator and entered into the qualitative analysis programs EZ-Text and Nudist.

The survey was created with questions from the Add Health and other sexual measure instruments. The survey asked demographic questions such as age, gender length of time attending the church and whether the participant was a member of the church or not. The survey measured religiosity by asking about frequency of church attendance, youth group attendance, prayer and importance of religion. It examined topics discussed in church, such as abstinence, masturbation, pregnancy, dating, etc.

Participants were simply to check the item if it had been discussed in the church. The last section asked about sexual behavior of the participants. Questions inquired about whether the participant was sexually active, age at first sex, number of partners in the past year, number of sexual encounters in the last year and number of times a condom was used during the encounters. Survey data was managed and analyzed with the Statistical Package for the Social Sciences (SPSS).

RESULTS

The study is seeking to establish that religiosity matters in the sexual behavior of young people and that there is a role for this connection in Hartford churches. The secondary data analysis investigates religious and sex related variables for a sample of African American youth. The interviews and surveys are a small assessment of churches in Hartford and their potential or hindrances to sexual education for youth.

Secondary Data Analysis

Secondary data analysis on the 1619 African-American cases provided information about the religious and sexual characteristics of 26% of the Wave I In-Home survey from the public use data set. The sample was approximately half female (52.3%) and half male (47.7%). Estimated age was calculated from year of interview and year of birth. Twenty-three percent of the sample was 12 - 14 years of age, 53% between 15 and 17 years of age, and 25% between 18 and 21 years of age.

The moral and religious characteristics of the sample were mixed. Half of the sample (50.5%) considered themselves born again Christians.

Table 4. Service attendance

once a week or more	56.1%
less than weekly, at least once a month	24.9%
less than once a month	12.4%
never	6.6%

Over half attended service once a week or more.

Table 5. Youth group attendance

once a week or more	31.2%
less than weekly, at least once a month	21.7%
less than once a month	14.6%
never	32.5%

Fifty-three percent participated in youth groups at least once a month or more.

Table 6. Importance of religion

very important	69.6%
fairly important	27.4%
fairly unimportant	2.1%
not important at all	0.8%

Seventy percent felt religion is very important.

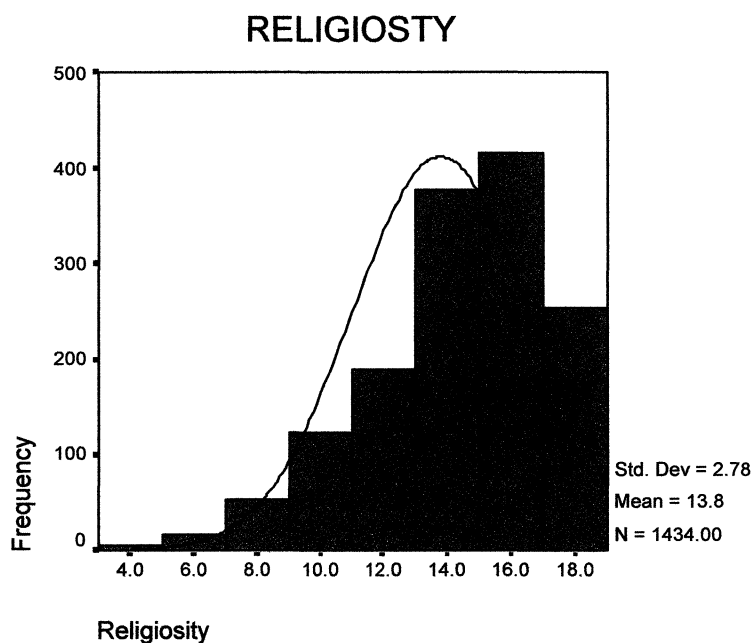
Table 7. Frequency of prayer

once a day at least	61.7%
once a week at least	21.6%
once a month at least	7.7%
sometimes, but less than once a month	5.7%
never	6.9%

Sixty-two percent prayed at least once a day.

These four variables were combined to create a religiosity scale ($\alpha = .6628$, standardized $\alpha = .6927$). The actual questions were as follows: “How important is religion?,” “How often do you pray?,” “How often do you attend service?,” and “How often do you attend youth groups?” This scale was somewhat skewed so non-parametric measures were used for further analysis.

Figure 3. Religiosity Scale



Over half of the cases (52.6%) selected in the secondary analysis had sex. Thirteen percent had taken a pledge to remain a virgin.

Table 8. Age at first sexual intercourse Mean Age = 13.9

Under 13	24.1%
14-17	71.1%
18 or older	4.8%

The average age at first sex, calculated from year of birth and year of first sexual intercourse, was 14, though almost one fourth began younger than 13 years of age.

Table 9. Birth control use is morally wrong

strongly agree	5.5%
Agree	4.1%
neither agree nor disagree	15.3%
disagree	29.7
strongly disagree	45.4%

Over half disagreed with the statement that birth control is morally wrong.

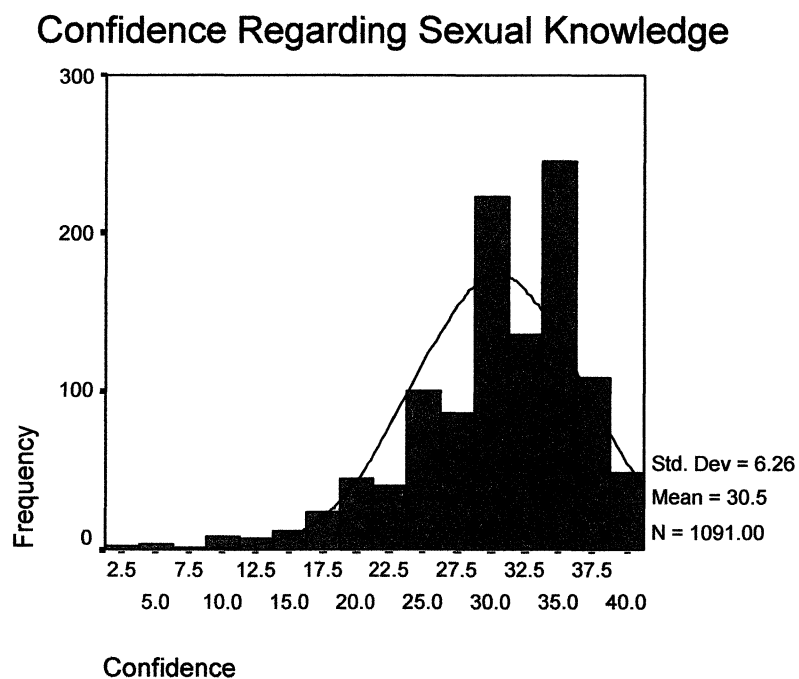
Table 10. Frequency of condom use

all the time	26.4%
most of the time	24.0%
half of the time	15.7%
some of the time	29.8%
never	4.1%

Thirty-five percent had never used a condom and of those who had, only 26% used one all of the time. Eleven percent had ever had an STD, 24% had been pregnant and 24% of those had 2 or more pregnancies.

A scale with 10 variables measuring confidence regarding sexual knowledge ($\alpha = .8029$, standardized $\alpha = .8056$) was created from the Knowledge Quiz section of the survey.

Figure 4. Confidence Regarding Sexual Knowledge Scale



The participants were instructed to state whether each statement was true or false and then answer how confident they were that their answer was correct. The quiz included the following statements: “When a woman has sexual intercourse, almost all sperm die inside her body after about six hours,” “When using a condom, the man should pull out of the woman right after he has ejaculated or come,” “Most women’s periods are regular, that is, they ovulate or are fertile 14 days after their periods begin,” “Natural or lamb skin condoms provide better protection against the AIDS virus than latex condoms,” “When putting on a condom, it is important to have it fit tightly, leaving no space at the tip,” “Vaseline can be used with condoms, and they will work just as well,” “The most likely time for a woman to get pregnant is right before her period starts,” “Even if a man pulls out before he ejaculates, in other words, even if ejaculation occurs outside of the woman’s body, it is still possible for the woman to become pregnant,” “As long as the condom fits over the tip of the penis, it doesn’t matter how far down it is unrolled,” “In general, a woman is most likely to get pregnant if she has sex during her period, as compared with other times of the month.”

The following findings showed the relationship between religiosity, confidence in sexual knowledge, and sexual activity. Religiosity is associated with lower sexual activity. A nonparametric test, Mann Whitney U, was used to compare means between the religiosity scale and the variable “ever had sex.” $Z = -4.613, p < .001$. A logistic regression was also run to assess that young people who have higher religiosity are 2 times more likely to not have ever had sex. This supports the suggestion that religious involvement of young people can have a positive impact on sexual decision making, as Johnson, Ellison and Levine, and Thornton and Campbell state in their literature.

Those with higher religiosity are more likely to have taken a pledge to remain a virgin. A Mann Whitney U was run to compare means between the religiosity scale and the variable for the virginity pledge. $Z = -6.697, p < .001$. This finding would make sense as most churches encourage abstinence until marriage, and several have virginity pledge programs.

Those with higher religiosity were also more likely to have attended service with their parents ($Z = -15.341, p < .001$). Young people's service attendance with their parents is an opportunity for positive interaction with adults. Lincoln and Mamiya (1998) wrote about the church's role in providing a space for young people to associate with adults, and for adults to act as a positive role model for young people.

Religiosity is associated with a belief that birth control is morally wrong. $R = .071, p = .019$. This can mean that young people who are more religious do not agree with or believe in the use of birth control. The data does not indicate whether this is a specific type of birth control or birth control in general. It is not surprising that religiosity may be connected to this belief, as there are some denominations that believe that birth control is against God's will.

There is a relationship between having been sexually active and having met their sexual partners at their place of worship ($F = 19.762, p < .001$). This does not support Ellison and Levine's study that suggests that young people involved in church may hang out with peers who have restrictive attitudes toward sex. Churches need to take more of an active role in sexual education for young people who may be dating in church.

Belief that birth control use is morally wrong is not associated with sexual activity, ever having an STD or ever getting pregnant, however it is associated with confidence in sexual knowledge. Young people's beliefs about birth control use do not have an impact on pregnancy, STD transmission and prevention, or sexual behaviors. Those who believe birth control is wrong do not necessarily have different sexual habits than young people who agree with birth control use. However, youth who believe birth control use is wrong may know more about sexual knowledge because they do not use birth control. They may be sexually active and have to find other ways to prevent themselves from pregnancy or STDs. Therefore, they may make more of an effort to learn about their sexual body.

Religiosity is not associated with confidence in sexual knowledge. A bivariate correlation was used to compare the religiosity and confidence scales. Young people who are more religious do not necessarily feel that they know more about sex. This is not helped by the fact that churches are hesitant to teach sex education, as stated previously.

Religiosity is also not associated with age at first sex, ever having an STD or ever getting pregnant. There is no impact on delaying sexual initiation for virgins, or preventing negative consequences for those sexually active.

Confidence in sexual knowledge is associated with increased sexual activity. A one-way ANOVA was used to compare means between the confidence scale and the variable "ever had sex." $F = 50.379, p < .001$. A logistic regression was run to determine that young people who have higher confidence about their sexual knowledge are 2.5 times more likely to have ever had sex.

Confidence in sexual knowledge is negatively associated with age at first sex. A two-tailed, bivariate Pearson correlation was used to compare the confidence scale against age. $R = -.113$, $\text{sig} = .029$. Youth who became sexually active at a younger age have greater confidence in their sexual knowledge.

Confidence in sexual knowledge is not associated with ever having an STD or ever getting pregnant. The knowledge youth gain about sex is not adequate to protect them from STDs or pregnancies.

The results show that there is a relationship between religiosity, sexual activity and confidence in sexual knowledge. Religiosity is associated with lower likelihood of ever having sex. Religiosity is also associated with a lower confidence about sexual knowledge. This indicates that there is a potential to prevent or reduce sexual activity among young people in church. However, it also points out a need for sexual education in the church to protect young people who do become sexually active. The following interview results will provide some insight into the issue of sexual education in churches.

Interview Results

The interview portion of the study was an initial evaluation of the structure and organization of sexual education in a small sample of Hartford's Black churches.

Pastors, youth group leaders and youth members participated in the interviews. They were representative of major denominations of Black churches in Hartford, including Pentecostal, AME, Baptist and Congregational. They had been in existence for a range of 22 to over 180 years, and ranged from small congregations of about 60 members to very large congregations of 500 members. The percentage of youth members in the congregations also varied, from 10% to about 1/3 of the congregation.

Table 11. Characteristics of Churches in Study

Denomination	Years in Existence	Size of Congregation	Percentage of youth
Pentecostal	22	250-300	30%
Church of God	35	400-500	33%
AME	60	60	18%
Baptist	129	500	10%
UCC	181	250	10%

Churches and Sexual Behaviors

The attitudes of the pastors toward sexual activity and guidelines of the Bible were all similar. They felt that sex outside of marriage, or fornication, is an abomination to God and a sin. However, they did emphasize that sexual activity is healthy and beautiful when it is exercised within a marriage. One pastor said, "God has designed sex a thing of pleasure and reproduction. At the same time he has set the standard and the

laws are there...the parameters have been set up...so God has provided the provisions, the needs by which we can remain pure.” Other similar sentiments were that the human body is the temple of the Holy Ghost, and therefore should be respected and kept healthy. A pastor explains how this understanding is based on scripture, “What I read in scripture, is teaching them the beauty, the awesomeness, the wonder of our sexual, the part of our sexual beings, that it’s a gift from God. To acknowledge that. And also then to help them understand what God intended it for, and how that, what God intended it for to be enjoyed in the state of matrimony, and outside of that we are to be abstaining.”

Pastors and adult members felt that though their youth were “committed to Christ” and believed what the Bible or the “Word of God” says, they still faced tremendous sexual pressure in today’s society. A pastor explains, “It’s really hard in today’s society to allow the scriptures to dictate how [young adults] live their lives, if at home those same values are not valued. And so they come to church and the ministry and minister are saying one thing, and they go to school and their peers are saying something else, and they go home and...you know, it gets to be a little tricky for young people.”

A youth leader states, “They’re in the church and they’re being taught according to what the scripture says, but they’re facing issues outside of the church. You have the CDs, you have the music, and all those kind of things. The knowing and the doing are two different things.”

“[Young adults] are influenced by society at large and their peers in school, and from their natural desires. The difficulties they are having are generally overcome as they become more committed to the Lord. They do have the ability to [be committed] if not

on their own but in the Lord. There is the matter of obedience to the Word of God and as a child of God, they ought to be obedient.”

The young adults agree that it is hard for their peer group to follow Biblical teachings around sexuality. A young adult member reflects, “I’d like to wait until I’m married until that happens again. But I know that in the time that we live in, that that’s not something that is a popular idea, if even considered by a lot of the youth. I don’t think that others in the church are living by those guidelines. Like so few of us do. I think just like a lot of other things, everybody else is doing it. You know, it’s, I don’t want to say it’s a fad, but to not be sexually active is not the norm I would say. I definitely think we all can [follow Biblical guidelines]. I know, I could say of the people I know, very few do. Very few have questions about life or issues and think, ‘Oh, let me go to the Bible.’”

Education and Responsibility

Pastors are responsible for the overall ministry of the church, including education. In relation to sexual education, many pastors felt that their role is one of guidance and direction. One pastor explains, “I see my role as pastor teacher is involving the spiritual wholeness life of individuals of this church, and undoubtedly that also means that it at some point has to involve the education of the spiritual, sexual dimensions of our life.”

Pastors and youth leaders felt that the majority of sex education should start at home so that youth can have a foundation for the church to build on. A youth leader explains, “I do strongly believe that it does start in the home. That is where the initial or primary, you know, obligation is with the parent, because that’s where the kids will spend most of their time, and that’s where they’re born and do most of their growing up. But I do believe that since it’s something that is addressed in the Bible, that it does have it’s place

in our church, in churches.” Interview participants agreed that parents should teach their children values and morals at home and then the church has a responsibility to follow up and educate their community. Another youth leader explained, “[The church] needs to be proactive in terms of education, and well rounded. We need to be aware of what’s happening in and around and outside of our circle; issues of concern like sex education, issues that are pertinent to the city. The spiritual is always going to be there, but I think the practical needs to be emphasized more.”

A pastor explains why churches should teach sex education, “It is becoming more acceptable. It was kind of a taboo before, but I would say over the last 15 - 20 years the church has become more open. It is being taught in the public schools, and friends are sharing. The parents believe that as Christians, if the young people are receiving instruction on the area, then it ought to come from the parents and the church. We believe that we are better equipped morally to communicate.”

A young adult member discusses why youth need the church to be involved in sexual education, “ I think, I really think that the church should be the main educator of sexual activities. Yes the school is there, but school would not put the Biblical principles in there. I think the church should really step up and educate the young people about sex. The reason why I say that is that if we are supposed to be representing God, and if God is giving us the guidelines of our lives, and how we should live, then I strongly believe that He wants his people to be educated on sex. The dos and the don’ts, why, so and so, how to go about your feelings, your emotions, you know. I think the church should be a mainstream thing for sexual activity. I really think so, and I really think they should be open to young people. Whatever questions or situations that they might be dealing with.”

Interviewees generally agreed that the Black church especially needed to address sexual issues among their youth. A youth leader says, “It is entrenched in much cultural and traditional behavior and attitudes and perceptions. Embarking on changing and resistance to change in most organizations is very strong. We are slowly etching our way into a new frontier. We need not only to be practical, you know we do the spiritual, but we’re going to have a stronger hand on the spiritual, more reachable, measurable, and just stronger goals that we can pinpoint and say this is working, that’s not working.”

Church as Extended Family

Interview participants stressed the importance of the church’s role as extended family. This was very much tied into their reasoning why churches need to teach sexual education. One young adult member explains, “The parents should be responsible 100%, and I think as much as the church. Because the church is like, you have your family, but once you join a church, or once you become part of a church, that’s like a family as well. So as much as the family gives, as much a family like, supports a child or helps a child understand sex or sexual activities, I think the church should be just as involved. Because there’s a family bond between a church and a family. Because most churches are built on families. I think it should be equal. Equally distributed among the family and the church. Because some families, some parents are very ignorant towards that subject. And if the child is in a church, and can’t get it from home, then that’s where the church should play a part. So I think the church should be just as involved in educating a child about sex, as the family.”

A pastor supports this sentiment, “What is a very powerful part of the Black Church is that we function from the Black African extended family understanding in the church. And just like it was traditional back in the 40s and the 50s and our young people got in trouble. For those who struggle to live a Christian life, in the church we’re extended family, and we’ve got to help them. And so what we try to do is bring people back to a right relationship with God, restore them to fellowship. And the Black church historically has to be that web of extension. Even more so in this new generation because we don’t have the community support anymore. We don’t have Ms. Sam who’s gonna watch my baby for me and stuff. So we’ve gotta be able to at least in the church, say, ‘I’ve made a mistake’, but to be embraced in the church and raise that child and support that woman and also speak to that young man.”

Sexual Education Efforts

Most of the pastors did not conduct any specific sermons or classes on sexuality. The extent of many sex education efforts in the participating churches are youth group activities, community service activities, where sex may come up in informal discussion. One explains, “My role is to try and give information that would make education about sexual issues and sexuality available to the congregation. Not that I’ve held any particular classes on sex education or sexuality. Usually that happens on a one to one basis. You can mix it into the soup, especially if you’re preaching those scriptures that talk about things that are an abomination to the heart of God. That’s an opportunity to address those sexual issues. I would approach it in sermon matter, strictly from the scripture and then being able to make it applicable to our everyday lives.”

The youth activities that churches plan, may not be enough to protect youth. A young adult member explains, “I don’t think activity alone does it. I think it’s a personal thing. Yeah you have the activities there to help you, and the groups and the forums and whatever to help you deal with certain situations and certain matters. But after hearing that, when you leave here, it’s really going to depend on you, of whether you’re going to keep what you were taught, what you’ve learned. It’s going to be up to you automatically after everything is said and done.”

When youth experience a negative sexual outcome, churches give youth the spiritual support they need to continue with their lives. “Scripturally, everybody has, God has given us choices. And we don’t all make the same choice or decision. I believe because of our culture, that person would not be ostracized, but that person would be embraced.”

Churches understand the need for sex education and are making attempts to include it in their church ministries, however many still have a hesitancy about the topic. One preacher notes, “Preachers and ministers and pastors have probably backed up, because we don’t want to offend anybody or get anybody upset.”

A pastor explains how churches differ in their preparedness to incorporate sexual education, “The funny thing, there are some churches that are more fitted for that. The churches who have a sense of who they are, an image. And so you don’t have people who are going to really come down, and come down to a real grass level with them. And then you have churches who’s characteristics and personalities are really, who are more suited, like they’re the ones who are out on the streets and in the prisons and deal with people, and can deal with people on the street. All churches have personalities. And some are more fitted because of the persons in their congregation to meet certain needs

and critical issues in the community. Because they're not far from it, and not that these folk are not far from it, but they're like, you know they grew up in Bellevue Square but now they live in Simsbury, so they're not going to walk that way and talk that way. Again there are some churches who are more fitted for that, and who can."

Communicating with Young People

Most pastors and adult members agreed that it is difficult to get youth to discuss sex within a church setting. One pastor talks about comfort levels of youth discussing sexual issues within the church. "[Youth] are more comfortable with the Christian Education Director, people that are closer to their age group, but I think it is kind of a top secret thing. Because the church opposes it, they will keep it private. Unless they get pregnant, we never know."

"It's kind of hard sometimes to get the young people to open up and let somebody know what they're feeling around it. More times than not, they're kind of silent on the issue."

Another pastor says, "I would hope that as their pastor that they would feel comfortable enough to come and share. I would hope that my presence and my relationship with the young people here affords them the opportunity, but I would hope that their first step would be to their parents."

"The challenge to us is how do we talk frankly about it to them when they're constantly getting, their hormones and their senses are constantly getting bombarded. And too many of us, you know, we get older and we forget what it feels like. So it's not only telling them what the Word of God says and what God requires in terms of keeping

our bodies and our temples holy unto him, but how do we live that in the year 2000? You know, it's one thing to tell somebody you know you ought not to be doing that. But how do you tell them how do you handle your natural desires and natural urges when they're hyped up even more so in our society. And so that's the question. And I think many times churches back away from it because they don't even know how to do that. And so rather, I think for those churches that will say, "Don't do it!" That's all they say.

Another pastor expressed the inadequate communication between churches and youth, "[Churches] tell the girls 'keep your dresses down and your draws up' you know, well okay, but after all of that, then what?"

A young adult member offers a reason why youth don't speak to adult members more often, "I wouldn't go to anybody else. And I guess that's because most of the other people are either married or I don't think that they would be someone who could guide me to the answers to the questions that I have because I think that they may have some of the same questions or have the same limited knowledge that I do."

Youth prefer to have adults speak openly and frank about sexual issues. A young adult member describes a pastor who communicated well with youth, "I really liked him, because he was really for young people. He made an effort to be around the young people and he spoke to us about sex. He not only spoke to us, but he let us know the value, the meaning of keeping your virginity. He let us know what you can lose when you give up your virginity. He flat out said words like penis, vagina and stuff like that. So he was really, I really loved him because he was on a down to earth type for the young people. And he spoke about subjects like this and he preached about subjects like this. So I thought he was very good on educating the young people about sexual issues."

Youth need real explanations to apply to their real lives and situations. A young adult member reflects on the church, “My church will talk about it, but then they wouldn’t talk about it, and they’re holding back stuff. It’s not enough for [adults] just to say, ‘Don’t have sex, don’t have sex.’ We need to know exactly why you’re saying, ‘Don’t have sex, don’t have sex.’ A lot of young people, yes they’re in the church and they’re trying to live the best that they’re living, but they’re struggling with these issues, they’re struggling with their feelings and they need to know exactly how to deal with it. People really are searching for answers. Yes we believe in the Bible, we believe in the teachings, but why does the Bible say certain things? Why do we have to abstain? Why marriage?”

Church and Youth Culture Today

Several interviewees reflected on the church’s difficulty in relating to today’s youth. A young adult responds to a statement about the lack of youth in the church today, “Just like we were talking before about progressive pastors. Basically, you take the world today in any facet of it and when methods are outdated, they’re outdated. As progressive as I think this era is that we’re living in, and as much as our youth are, or just people our age or people younger than us, are forced to mature so much earlier than we had to or we think they should, I think that the Word is delivered. Because the Word doesn’t change, that’s unchanged. But the way it’s delivered and the way it’s manifested and the way the pastor brings it, has to be as progressive as the audience you know? It’s the way that the Word is being delivered. Nobody wants to hear that old... nobody wants to hear that anymore. Nobody wants to hear about, the Word the way that whoever preached it 10,

20, 30 years ago. You have to speak the language of the people, and it's not being done in that way, for the majority of churches I think."

A young adult member explains the level of involvement in the church that is typical of today's youth, "There's a lot of young people that are in the church, but not necessarily because they are in the church, they have that zeal towards church structure, towards God. What I'm trying to say is that not all of them that are in the church are saved. They attend church on a regular basis, yes, and they probably take part in church activities, but they're not really dedicated, or their lives is not leaning towards God as fully as they should. So those people are on the borderline. They know what's right and they know what's wrong, but because they feel in their heart that they're not totally committed, they could do such and such. And most of the young people, I've found, that were raised in the church, when they were at home, or in high school, or middle school, so forth, they were able to stay away. But as soon as they go off to college, and went around that environment, they were able to experience that freedom that they have when they go to college, they somehow lose focus."

A pastor agrees, "Unless the gospel message has been fitted for them so they can see it applied to every situation that they're living, on campus, in classes, when they're at the clubs, and everything like that, they don't see the parallel. They don't see how it relates, the relevancy. And so for them, being part of the church and being active is irrelevant, because it's not real for the situation that they're experiencing. In many ways the church doesn't preach the gospel as relevant to everyday situations, and knowing how to live it and apply. So I think many of them draw this division and don't see how it can be reconciled, so they go out and they live their lives."

Survey Results

A total of thirty-five surveys were distributed to key informants and eighteen were returned. The low response rate was due to a low number of young adults within the church and many of those members away at college. Adult contacts were not able to obtain completed surveys from young adults. In spite of these limitations the findings are presented since they can act as relative benchmarks about youth involvement and youth sexual activity in relation to Black churches. The survey participants are considered key informants into the relationship between church involvement, sexual education and sexual activity.

The average age of participants was 24.67, ranging from 18 to 31, most were females ($n = 18$). All but one were official members of their church, and most had been attending for several years ($M = 12.781$ years). Fourteen participants considered religion to be very important (77.8%), 15 prayed daily (83.3%) and 13 attended services at least once a week (72.2%).

Survey respondents reported that many of the sexual topics listed were not discussed in church. The most discussed topics were abstinence, pregnancy, intercourse, and what to look for in a mate. The least discussed topics were where to go for information if one suspects they have an STD, birth control resources, specific birth control methods, and masturbation. These survey results are in line with the literature and interview findings that the church is reluctant to discuss sex.

Table 12. Sexual Topics Discussed in Church

Sexual Topic	Percentage
Abstinence	55.6
Pregnancy	50.0
Intercourse	44.4
What to look for in a mate	44.4
Dating & Romantic Relationships	38.9
Homosexuality	33.3
HIV/AIDS Prevention	33.3
Menstruation	27.8
STD Prevention	16.7
Abortion	16.7
Birth Control	11.1
Masturbation	5.6
Where to go to get birth control information	5.6

Twenty-seven percent of the respondents were presently in a romantic relationship and 44.4% of them were presently sexually active. Sixty-one percent had a boy/girl friend in the last year, and 44.5% had sex with one of these boy/girlfriends. Only 16.7% of those who had sex with a boy/girlfriend used a condom every time. Seventy-eight percent had ever had sexual intercourse, with the average age of initiation at 16.5 (the minimum was 12 and the maximum was 20. The pastors of these churches may not be aware that these young people have been or currently are sexually active, as Beasley (2000) found in her study.

Of the reasons cited for remaining abstinent, most focused on spirituality. “I am a Christian – saved.” “I believe that sex before marriage is not pleasing in God’s eyesight.” “Premarital sex is a sin.” “My religion is all I need.”

One young adult explained this in detail, “ It seems like everybody is having sex. It seems like it’s the thing to do, or if you’re not doing it you’re not cool, or if you’re not in the in group if you’re not having sex. But I’m a living testament that that’s not true

because there are a lot of young people that are really saving themselves until the time. So I would say young people that are in the church would follow teachings more than young people that really don't associate with the church. The reason for me abstaining from sex, or staying away from it for a while, and [I admit], I have the feelings, I have the drives, but I try not to focus on it too much or try not to feed into my feelings. I have something higher to gain in my spirituality, in my faith, rather than distracting from it and going out there and doing whatever."

The secondary analysis along with the words of the churches themselves tell us that religiosity plays a part in sexual activity for young people. Anyone working with churches must recognize that this role has both negative and positive aspects to it. The church has strengths that make it a prime vehicle for sexual risk reduction. Youth who attend church regularly are more likely to not have had sex and are more likely to buy into such movements as the virginity pledge. The Black church is still able to reach a large portion of its community. More and more church leaders are coming to realize the importance of sexual education and are making attempts to include it in their ministries.

The church has several weaknesses that need to be overcome before any lasting impacts in sexual education can be made. The church is only reaching a portion of the young people it can potentially come in contact with. The church is having difficulty both attracting and keeping youth, and it has lost some of the community centrality that it once had. The church still has some ambivalence when it comes to sexual education. Pastors and leaders agree that sex outside of marriage is undesirable, but are hesitant to teach youth the skills to make safer choices. These advantages and disadvantages to church involvement in sexual education will be discussed in the following chapter.

CONCLUSION

Summary

Churches can have a significant impact on the sexual behavior of young people due to their strong social networks, role model and forum for information exchange. The secondary data analysis supports this with results showing that youth with higher religiosity are less likely to have had sex. In the preliminary research surveys, young adults who were abstinent indicated religious reasons for being so. Young people may have received frequent religious messages concerning premarital sex, and their religious involvement may facilitate their acceptance of the teachings of their religious institutions. Youth involved in religion may be more likely to avoid “sinful” behavior such as smoking, drinking and engaging in risky sex. Youth may regulate their individual lifestyles and health behaviors due to being in church (Ellison & Levin, 1998).

Social networks and forums for information exchange can happen through service and youth group attendance, all included in the religiosity scale. Unfortunately, the exchange of information does not seem to be happening in churches today. Religiosity can be a protective factor, however once young people cross over into being sexually active, religiosity does not protect them from pregnancy or STDs or later age of sexual initiation. This study’s findings indicate that confidence in sexual knowledge has an even higher positive correlation with sexual activity, but religiosity and confidence in sexual knowledge are not connected. Therefore church attendance, prayer, and other variables included in the religiosity scale are not having an impact on sexual knowledge that can protect young people from sexual risks. This illustrates that young people are gaining

sexual knowledge through other means. Pastors and youth leaders acknowledged the church's failure to discuss sex education in the interviews and young people confirmed this observation in the local surveys. Important health topics such as STD and HIV prevention are reported as not being discussed in the church.

Young people involved in the church may have a lower likelihood of having sex but if they did decide to become sexually active, not only may they not get any information from the church, they may also have a negative attitude about birth control. The secondary analysis results show that religiosity is connected to moral beliefs about birth control. If a young person from the church becomes sexually active, they may be against birth control, and therefore at risk for pregnancy and possibly STD transmission (depending on the type of birth control they are against - especially since pregnancy is positively associated with STD transmission). Most of the key informants reported not using condoms every time they had sex. The survey results showed that only 16.7% of young adults reported use of condoms each time they had sex. These key informants, who are in church, are at risk for pregnancy and STDs. In addition, the analysis shows that confidence in sexual knowledge, which is gained outside of the church, has no impact on STD transmission or pregnancy. The knowledge that sexually active youth are gaining outside of the church is not protecting them from the dangers of sexual activity.

The higher one's confidence about sexual knowledge, the younger their age of sexual initiation. This may be because persons who were younger at age at first sex have had more time and incentive to gain sexual knowledge. This may pose a problem for persons with higher religiosity. If they are protected against being sexually active, they may have sex later and therefore have less sexual knowledge - especially since they are

not receiving it in church and therefore more at risk for negative sexual consequences when they become sexually active. If churches were more involved in teaching sex education, they could possibly prevent this situation for many young people.

General implications of findings

The results of this thesis lead to the conclusion that the more involved young adults are in church and the greater a church's sexual education efforts, young adults in these churches have a higher likelihood of having safer sexual behaviors. Youth involved in church activities have a greater potential for avoiding sex-related problems due to the social network of the Black church. Churches need to tap into this internal resource and further arm young people with the protection they need against STDs and pregnancy.

Ellison and Levine (1998) list several ways the church can impact youth sexual behavior. Being in church may promote positive self-perceptions such as self-esteem and personal mastery. Youth can gain a sense of self-worth and control by developing a close personal relationship with God, who is perceived to love and care for everyone unconditionally and will provide companionship, comfort and guidance. Youth are also able to identify their own life circumstances with situations in the Bible and come to define and interpret their situations from the point of view of what God might expect them to do. Religious involvement may also minimize feelings of hopelessness and powerlessness in their lives when they live by the belief that "with God all things are possible." (Matthew 19:26, Holy Bible, King James Version) Youth in church may have more coping resources to manage their environmental demands. For example, relying on

God for a source of strength may enhance a young person's confidence in their ability to manage difficulties and choose healthy behavior lifestyles (Ellison and Levine, 1998).

In addition, regular interaction with others who have similar backgrounds and beliefs may reinforce role identities, expectations and commitments. Youth gain affirmation that their lifestyle behaviors, values, responses to personal events and actions in the community are reasonable and appropriate. Churches also provide an environment where youth are not evaluated by material, educational or occupational attainments or on physical capabilities or appearance. Instead youth are evaluated by distinctive criteria such as their inherent uniqueness and worth as individuals, their sociability and service to others and their spiritual qualities (Ellison and Levine, 1998).

Interviews with pastors, church members and youth reveal that attempts are being made within the church to address the need for sexuality education, however lack of resources, staff, congregational support and other factors make it difficult to provide young people with the level of information necessary to make positive life choices. Youth have a desire to learn, but are currently gaining much of the sex related information from peers and not from their church. This information has a higher impact on sexual decision making than religiosity and young people in the church are still having sex. The Black Church needs to fill this gap for young people at risk.

Limitations

This study was conducted with a small sample of Black churches in Hartford. The goal was to examine the relationship between sexual behaviors among young adults, church involvement by these young adults and the extent of education and prevention

efforts being made within the churches. The study found that there is a need for more sexual education within Hartford's Black churches. Surveys were administered to a convenience sample of youth in the participating churches. The 50% (18 out of 35) return rate of the surveys was low. It was difficult to gather young persons to conduct focus groups and interviews. This was partially due to the fact that some churches did not have a large number of young people involved in the church beyond service attendance. They were therefore unable to connect with their young members to encourage participation. Another reason is that the young persons who were more involved in the church had extremely busy schedules. These tended to be persons who were not only involved in church, but in community activities, college, and worked part time or full time. It was difficult to schedule time when they could meet in a group or individually.

Future Directions

The results of this study indicate that churches can have a much larger impact on sexual activity than they presently do. Someone attempting to set up sexual education programs in Hartford's Black churches may need to begin by addressing the barriers. The hesitancy that both pastors and congregations have must be solved before any programs can be instituted in the churches. Young adults, who were vocal in the interviews about the need for adults to speak frankly with them, should have the opportunity to share their concerns with adults in the churches. This may not only help reduce the anxiety of adults around sexual education, but also help young people to feel more connected to the church. This second point is just as important, if not more than the hesitancy around the topic. If Black churches finally reach the point where they feel

comfortable teaching sexual education, it is worth nothing when there are no youth in the churches to teach. Black churches need to find ways to draw young people back into the church. They need to keep youth by making their programs and ministries reflect the needs and the lives of Black youth today.

Once these two major hurdles are addressed, Black churches have a wide range of opportunities and choices in developing their sex risk reduction programs. It is helpful to have a guiding framework or theory to assist churches in their attempts to address this issue. Everett Roger's Diffusion of Innovations theory (1995) can be used to improve the influence that Black churches have on the sexual behaviors of young people. Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system. An innovation can be an idea, behavior or object that is perceived as new by an adopter. In the case of this study, the innovation would be the adoption safer sexual behaviors among young adults. Such behavior could include continued abstinence from sexual activity or using condoms for those who choose to be sexually active. In particular, this theory can help churches determine how and to what extent are safer sexual behaviors communicated to Black young adults involved in Hartford's Black churches.

There are three main stages of the diffusion model: antecedents, process and consequences. The antecedents are the circumstances of the event or characteristics of the people involved which make it more or less likely that an individual will be exposed to the innovation. These antecedents include receiver variables, for example personality characteristics, social characteristics and perceived need for the innovation. Antecedents also include social system variables such as, social system norms, tolerance of deviancy

and communication integration. Social characteristics include much of the demographic information about the church, such as size, location, gender and age make up, and economic status. For the church, this encompasses personality characteristics of individual church members and leaders, as well as the church as a whole entity. For example, congregants within the same church may be more conservative or liberal than others. Even within the church's leadership there may be differing opinions, methods, and messages about safer sexual behaviors, or none at all, being communicated to their young adult members. Furthermore, Hartford's Black churches have distinct "personalities" and reputations that may affect the process of diffusing the adoption of safer sexual behaviors by those most in need of intervention.

An ideal point to continue further studies would be to examine various churches in Hartford to determine their social characteristics. A more comprehensive study of sexual education efforts of Hartford churches including more churches than included in this study, as well as further study of sexual behaviors of more young people involved in church would validate the findings of this study. It might also be helpful to have a comparison group of the sexual behaviors of young Hartford adults who are not involved in church. This could be followed by an examination of the various sex education programs that have been conducted in churches. Exploring denominational differences in both programs and sexual behavior might reveal additional information about what works and what does not work for youth. Studying both successful and unsuccessful programs might shed light on which types of programs are best suited to different churches. After examining characteristics and reviewing various programs, Hartford churches would have some direction for instituting their own programs.

Black churches will be better prepared to move into the process stage once they have determined the personality and social characteristics that will have an impact on the success of sexual education programs. The five main elements in the diffusion process are knowledge, persuasion, decision, implementation and confirmation. The church leadership may need to educate the adults about the need for sexual education in the church and convince them to form favorable attitudes about instituting such a program within their church. The adults will either agree with or reject this idea. If the adults agree with the need for sexual education programming, the church must decide on programs to use and implement them. During the time programs are being conducted, the churches will naturally assess if the programs are compatible with them and are having the impact they desire. This will determine if they continue to support or reject the programs. Simply put, the diffusion of sexual education programs is a process of exposure and awareness, to a change in attitude, to adoption or rejection of the innovation, to reinforcement or reverse of the decision.

Understanding this diffusion process will help churches to design programs as well as measure the impact of their programs and behavior change. The first steps that Black churches may need to take are strategies that will draw young people back into the church. This study found that there is a definite lack of young persons involved in churches. Sexual education programs will be a waste of time and money if there are no young people to participate in them. There is also an even smaller level of participation by males, as most of the church membership and responses to this study, were reported to be female. Black churches can create coalitions and collaborate in this effort together to share and capitalize on each other's experiences. Once there is a target group to work

with, each church might first want to conduct a sexual assessment to determine the specific educational needs of their young people. The churches then can choose curricula and design programs appropriate for their needs.

Sexual education programs do not happen overnight and churches can receive assistance to become more effective in developing and implementing them. Tesoriero (2000) found that the most common barriers to churches wanting to offer services were lack of qualified staff, lack of clergy experience or expertise, lack of financial resources and general lack of knowledge or information. There are many local, regional and national programs that offer support to churches. Churches can approach these organizations and collaborate with them to design sexual education programs.

Church members themselves can be trained as lay health advisors. Eng and Hatch (1991) explain that people already exist in the Black church to whom others naturally turn to for advice, support and help. In turn, these unidentified lay advisors naturally respond to these requests and provide informal assistance. This “hidden health care system” can be strengthened and promoted to model positive social norms and have an effect on behavior change not only in their church, but in other churches of members they communicate with, and among family and friends who do not participate in church. In this way lay health advisors can act to encourage the adoption of sexual education programs among multiple Black churches as well as encourage safer sexual behaviors in the larger un-churched community.

Churches can choose from several curricula and programs to begin their sexual education ministries. Sexual education programs range from abstinence only, to abstinence plus, to safer sex. Abstinence-plus programs encourage abstinence, but also

teach about STD prevention through condom use and make condoms available to students. Abstinence-only programs focus on non-sexual activity. Many abstinence-only programs incorporate other characteristics such as education, job preparation, goal setting, self identity and healthy life choices. Supporters of abstinence-only programs often also support the virginity pledge. These supporters feel that the virginity pledge has important health implications and can be successful if it is not compromised by mixed messages often contained in condom instruction and availability (Physician's Consortium, 2001). There is disagreement about which programs work best, as well as research that supports both all three types of programs. In one comparison of abstinence-only versus abstinence-plus programs, it was found that abstinence-only participants were more likely to say they would postpone sex and to understand why they should wait to have sex (Saunders et. al. 2001). Depending on the needs of the youth members and the comfort level of the congregation, a church can choose which type of program best fits their sex education ministries.

The battle against the negative consequences of teen sexual activity is being fought in many arenas, including schools, health centers and community organizations. It is time for Black churches tackle the issue as well. With recent emphasis on faith based initiatives, churches now have more opportunities and resources to join these efforts.

Appendix A

Formative Research Focus Group

What is the hardest thing about being a teenager today?

What views or opinions do you think most people your age have on life?

Do young people today have respect for others and/or themselves?

What pressures are on young people today?

What are some positive and/or negative influences on young people?

What is risky behavior?

What are some risky behaviors young people have today?

What causes young people to have risky behaviors?

Do you think most young people today have moral standards of right and wrong?

What impact does media have on the behavior of young people?

Do most people your age have romantic relationships?

What things do most young people do in relationships?

What does it mean to be physically intimate with someone?

What encourages young people to become physically intimate?

What are the consequences of becoming physically intimate?

Do you think young people can control their physical urges? How?

How can young people show love for each other without becoming physical?

What is abstinence?

What are things you can abstain from?

Are most people your age practicing abstinence? Why or why not?

What are some reasons to remain abstinent?

What are some things that help young people to remain abstinent?

What are the rewards of remaining abstinent?

Do you think most parents discuss sex with their kids?

How can the church help a young person to make the right decisions in life?

Appendix B
Formative Research Interview

Date
Gender?
Age?
Grade?
School?
Town?
Country born in?
Years in US?

How much do you agree with the following statements?

(Strongly agree, agree, disagree or strongly disagree)

1. Young people should not have sex before marriage
2. Premarital sex is all right for a young couple planning to get married
3. I believe in God (creator or universal spirit).
4. God observes my actions all of the time
5. God rewards or punishes me for my actions.
6. God loves me.
7. There is a Heaven.
8. There is a Hell.
9. Jesus Christ is God or the Son of God.
10. I try to follow the teaching of my religion.
11. I pray often.
12. I read the Bible weekly or more.
13. My religion is very important to me.

What is your religious affiliation?

How often do you usually attend religious services?

Why do you attend religious services?

What groups or activities are you involved in at church?

Does your religious institution discourage premarital sex? How?

What is your definition of abstinence?

What is your definition of sex?

Are you in a relationship right now?

If yes, how long have you been in the relationship?

Is the relationship physically intimate? How?

Have you ever had sexual intercourse?

If no, what are your reasons for not having sexual intercourse?

If yes, at what age did you first have intercourse?

How many partners have you ever had sexual intercourse with?

How many times have you had intercourse in the last month?

Appendix C
Letter to Churches

February 19, 2000

Dear Pastor,

I am a graduate student of the University of Connecticut Health Center Master of Public Health Program. I hope to graduate in May 2000, and am currently completing my thesis on The Role of the Church in Sexual Abstinence among African-American Youth in Hartford, CT.

Being an African-American born and raised in Hartford, I am well aware of the risks our youth must deal with each day. Though many public health reports have indicated that teen pregnancy, birth and abortion rates have decreased during the last decade, our young people are still involved in pregnancies and contracting sexually transmitted diseases. Some African-American youth have higher sexual activity rates than other American youth and, unfortunately ours are the only group for which these rates have increased during the 1990s. The statistics demonstrate the necessity of an intervention that encourages delayed sexual activity for youth who have not had sex, and ceased or reduced sexual activity for those who are sexually active.

For my thesis, I propose that youth involved in church activities have a greater potential for avoiding sex-related problems. Having been raised attending Christ Church of Deliverance in Hartford, and now attending Calvary Church in West Hartford, I know first hand the positive influence involvement in church activities can have on young people. However, these youth are equally at risk for unhealthy behaviors as others.

The immediate goal of my thesis is to determine how sexuality issues are being addressed in African-American churches in Hartford, CT. I would like to interview pastors or other church members who work with young people of churches in Hartford. I would also like to conduct a focus group with some of the congregation members between the ages of 18 - 21 to find out their views on sexual abstinence. Finally, my research will look at different abstinence programs to determine what information might be valuable to the churches of Hartford and recommend an intervention. I will gladly share all the results of my project with you.

Please consider consenting to an interview or recommending church members for my thesis project. The interview will take about an hour and, with your permission, will be tape recorded strictly for my notes. All information will be kept completely confidential and anonymous. I will call within the next week to discuss setting up an interview. Feel free to contact me before then with any questions or concerns you have during the day at (860) 278-2044 x275 or in the evening at (860) 298-9055. I have included a letter of support from the pastor of my church. Thank you for considering my proposal.

Sincerely
Kaleitha N. Wiley

Appendix D

Pastor Interview

Congregation Demographics

How long have you been a pastor of this church?

How long has your church been in existence?

How large is your congregation?

How many are male and female?

How many are unmarried?

Are most people members or regular attendees?

How religious would you say most people are in your church?

How many are under age 21? (male/female, unmarried, religious, members?)

How many are under age 18? (male/female, unmarried, religious, members?)

Sexual Issues in the Church

What is your role in the church when it comes to sexual education?

What are your personal attitudes toward sexual issues between young adults?

What do you believe the Bible says about sexual issues?

Do you believe most members and attendees agree with Bible teachings around sexual issues?

Do you believe most members and attendees follow Bible teachings around sexual issues?

What culturally held beliefs exist in your church around sexual issues?

Is it acceptable to discuss sexual issues within the church?

What role do you think the church should play in education around sexual issues?

Do you conduct sermons addressing sexual issues? When did you begin addressing these issues?

What issues do the sermons address? How are they addressed?

Are these sermons targeted at specific members or attendees in the church?

Does your church have other programs addressing relationship issues? When did these programs begin?

What issues do the programs address? How are the programs conducted? How often? By whom?

Are the programs targeted at specific members or attendees within the church? How many attended?

Church Norms

How many young members of your congregation do you believe are sexually abstinent?

How difficult do you think it is for young people to follow these teachings?

What should someone do if they have difficulty following these teachings?

Do you think members and attendees discuss sexual issues with each other?

What happens if it is known that a young person is sexually active?

What happens in your church if it is revealed that someone has an STD or is pregnant?

How does the congregation react? How do you address it?

Appendix E

Youth Leader Interview

Congregation Demographics

How long has your church been in existence?
How long have you been a member of the church?
How large is your congregation?
How many are male and female?
How many are unmarried?
Are most people members or regular attendees?
How religious would you say most people are in your church?
How many are under age 21? (male/female, unmarried, religious, members?)
How many are under age 18? (male/female, unmarried, religious, members?)

Sexual Issues in the Church

What is your role in the church when it comes to sexual education?
What are your personal attitudes toward sexual issues between young adults?
What do you believe the Bible says about sexual issues?
Do you believe most members and attendees agree with Bible teachings around sexual issues?
Do you believe most members and attendees follow Bible teachings around sexual issues?
What culturally held beliefs exist in your church around sexual issues?
Is it acceptable to discuss sexual issues within the church?
What role do you think the church should play in education around sexual issues?
Does the pastor conduct sermons addressing sexual issues? When did he/she begin addressing these issues?
What issues do the sermons address? How are they addressed?
Are these sermons targeted at specific members or attendees in the church?
Does your church have other programs addressing relationship issues? When did these programs begin? What issues do the programs address? How are the programs conducted? How often? By whom?
Are the programs targeted at specific members or attendees within the church? How many attended?

Church Norms

How many young members of your congregation do you believe are sexually abstinent?
How difficult do you think it is for young people to follow these teachings?
What should someone do if they have difficulty following these teachings?
Do you think members and attendees discuss sexual issues with each other?
What happens if it is known that a young person is sexually active?
What happens in your church if it is revealed that someone has an STD or is pregnant?
How does the congregation react? How do you address it?

Appendix F

Key Informant (Young Adult) Focus Group

Sexual Issues in the Church

- What are your personal attitudes toward sexual issues?
- What do you believe the Bible says about sexual issues?
- What role do you think the church should play in education around sexual issues?
- Does the pastor conduct sermons addressing sexual issues?
- What issues do the sermons address? How are they addressed?
- Do you think these sermons apply to you?
- Does your church have other programs addressing sexual issues?
- What issues do the programs address? How are the programs conducted?
- Do you think these programs help you make decisions around sexual issues?

Church Norms

- How religious would you say most young people are in your church?
- What beliefs exist in your church around sexual issues?
- Is it acceptable to discuss sexual issues within the church?
- Do most young people agree with Bible teachings around sexual issues?
- Do most young people follow Bible teachings around sexual issues?
- How many young members of your church do you believe are sexually abstinent?
- How difficult do you think it is for young people to follow these teachings?
- What assistance is there for people who have difficulty following these teachings?
- Do you discuss sexual issues with other people in your church?
- What happens if it is known that a young person is sexually active?
- What happens in your church if it is revealed that someone has a sex-related problem?
- How does the congregation react? The youth leaders? The pastor?

Appendix G

Key Informant (Young Adult) Survey

1. What is your age? _____
2. What is your sex? *Male Female*
3. How long have you been attending this church? _____years _____months
4. Are you a member of this church or do you just attend services? *Member Attend Services*
5. How often have you attended services in the past year?
Once a week or more Less than weekly, at least once a month Less than once a month Never
6. How often have you attended youth groups in the past year?
Once a week or more Less than weekly, at least once a month Less than once a month Never
7. How often do you pray?
Once a day at least Once a week at least Once a month at least Less than once a month Never
8. How important is religion to you?
Very important Fairly important Fairly unimportant Not important at all
9. Place an X next to all the following sex-related topics you have discussed in church groups:

_____ Menstruation	_____ Masturbation
_____ Pregnancy	_____ Homosexuality
_____ Intercourse	_____ Romantic Relationships
_____ Birth control	_____ Abstinence
_____ Specific methods of birth control	_____ What to look for in a mate
_____ HIV/AIDS Prevention	_____ Dating
_____ Prevention of other STDs	_____ Abortion
_____ Where to go for help if I need birth control information	
_____ Where to go for help regarding birth control information or if I suspect I have an STD?	
10. Are you presently in a romantic relationship? *Yes No*
11. How many boy/girlfriends have you had in the last year? _____
12. How many of these boy/girlfriends have you had sex with? _____
13. How often did you use condoms?
Every time Almost every time Half of the time Almost never Never
14. Are you presently sexually active? *Yes No*
15. If no, what are your reasons for being abstinent? _____
16. Have you ever had sexual intercourse? *Yes No*
17. How old were you when you first had sexual intercourse? _____

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