



PEER INFLUENCE ON SEXUAL BEHAVIOR: WHAT WE KNOW ABOUT AFRICAN AMERICAN TEENS

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Over the past decade, despite a narrowing of the gaps between adolescents of different racial or ethnic groups in the frequency of various sexual behaviors and associated outcomes, African American adolescents remained more likely to contract sexually transmitted diseases (STDs). In addition, among females, black female adolescents remain more likely to become pregnant. One contributing factor is the greater tendency for African American teens (than their counterparts of other races or ethnicities) to engage in risky sexual activities, in part due to the influence of their peers. Research published between the late 1970s and the early 21st century suggests that all the following peer-related factors influence the sexual behaviors of African American adolescents: the behavior and characteristics of their peers, the racial or ethnic composition of their school setting, and the “school climate” (Leigh and Andrews 2002). Peer influences can be both negative and positive, and some peer influences operate differently with African American teens than with teens of other races. In addition, among African American adolescents, some peer influences have a different impact on males than females. One key to modifying adolescent sexual behaviors is to fully understand how adolescents are influenced by their peers and to create environments in which negative influences can be minimized and positive influences can be maximized.

Background Data

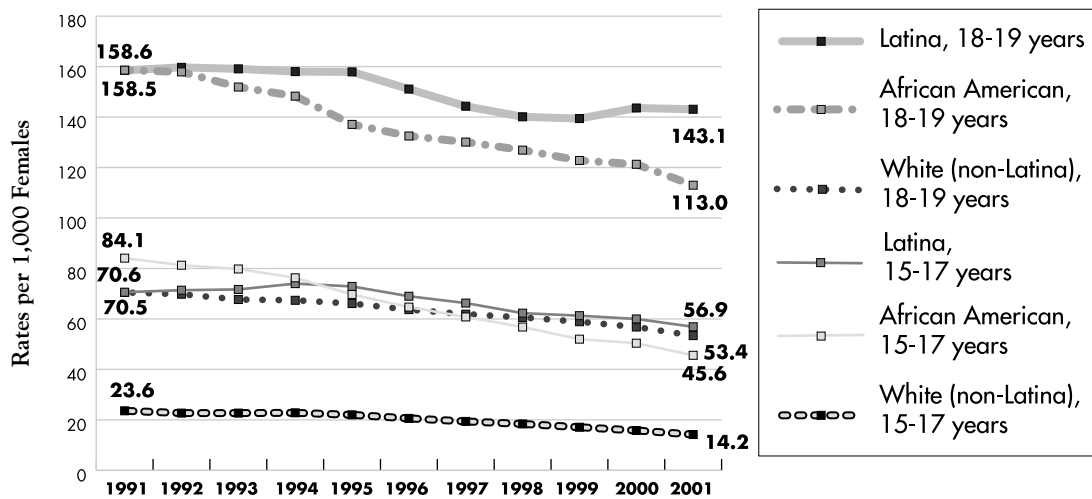
Although African American teens are more likely to report sexual activity than other teens, the racial gap in sexual experience, for the last few decades, has narrowed by all measures — ever having had sexual intercourse, whether currently sexually active, and condom use at last intercourse. In addition, birth rates among female adolescents 15 to 19 declined dramatically between 1991 and 2001, particularly among African Americans. Rates among African American female teens declined by 37 percent, from 115.5 (per 1,000) in 1991 to 73.1 in 2001 (Martin, Park, & Sutton 2002). (See Figure 1 for a further age breakdown.) During this same period, rates for non-Latina whites declined by 30 percent (from 43.4 (per 1,000) in 1991 to 30.2 in 2001), while rates for Latina teens dropped 13 percent (from 106.7 (per 1,000) in 1991 to 92.4 in 2001). Data by race for the various sexual experience measures are discussed below.

Black adolescents were the most likely of all adolescents to report having engaged in sexual intercourse¹: blacks, 61 percent; whites (non-Latino), 43 percent; and Latinos, 48 percent (Youth Risk Behavior Surveillance — United States (YRBS) 2001 [2002]). In addition, about 52 percent of black male high school students and 40 percent of black female high school students reported current sexual activity. The comparable figure for white male students is 30 percent and for Latino male students, 37 percent. Among females, percentages are more similar across

racial or ethnic lines: 32 percent of white teens and 35 percent of Latina teens were currently sexually active (YRBS 2001 [2002]). (Current sexual activity is defined as having had sexual intercourse at some time during the three months preceding data collection.)(See Figure 2.)

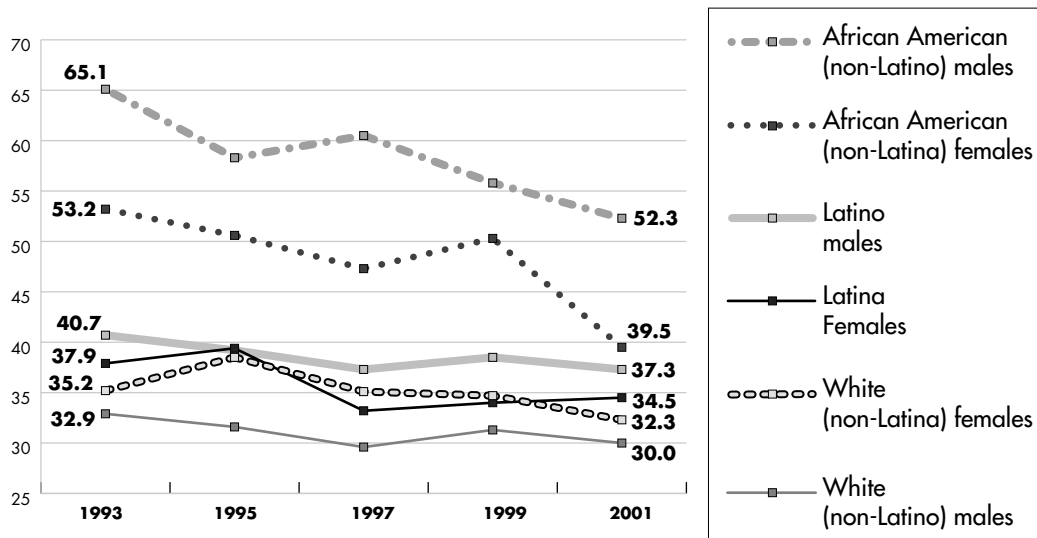
However, the most recent data about teen condom use during last sexual intercourse, an indicator of sexual-risk behavior, reveal that African American adolescents are more likely than other teens to use condoms, which lowers their risk of STDs or human immunodeficiency virus (HIV) infection and

Figure 1
Birth Rates by Mother's Age and Race/Latino Origin, 1991-2001



Source: Martin, Park, & Sutton, 2002

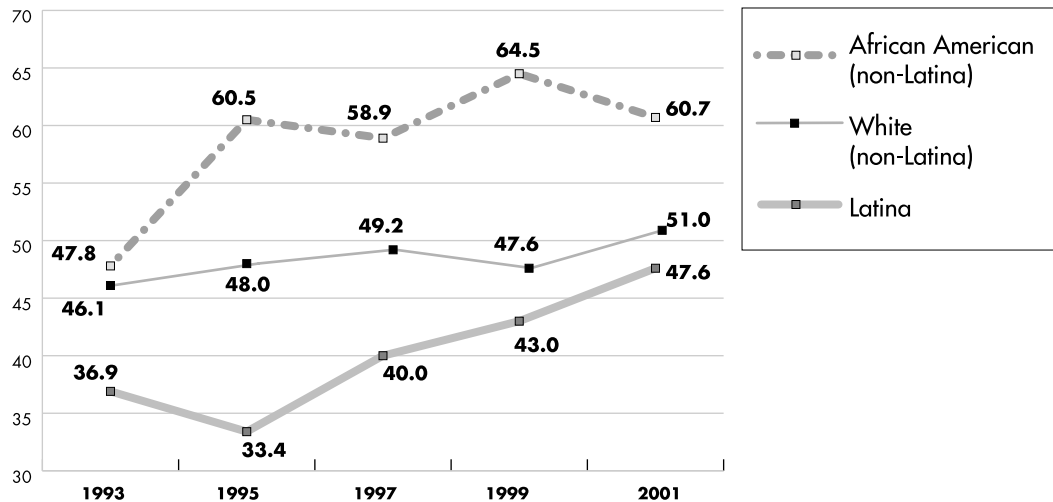
Figure 2
Percent of Students (Grades 9-12) Who Reported Being Currently Sexually Active, by Gender and Race/Ethnicity, 1993, 1995, 1997, 1999, and 2001



Source: Youth Risk Behavior Surveillance — United States, 1993 [1995], 1995 [1996], 1997 [1998], 1999 [2000], and 2001 [2002]



Figure 3
Percent of Female Students (Grades 9-12) Who Reported Condom Use During Last Sexual Intercourse, by Race/Ethnicity, 1993, 1995, 1997, 1999, and 2001



Source: Youth Risk Behavior Surveillance — United States 1993 [1995], 1995 [1996], 1997 [1998], 1999 [2000], and 2001 [2002].

pregnancy. African American males (73 percent) were the most likely of all teens surveyed to report condom use during last sexual intercourse (YRBS 2001 [2002]). About three-fifths of both Latino male students (59 percent) and white male students (64 percent) also reported this behavior. Condom use by female adolescents during last sexual intercourse was less common than by male adolescents, although still more frequent among African American teens: 61 percent of African Americans, 51 percent of whites, and 48 percent of Latinas. (See Figures 3 and 4.)

Effect of Peer Behavior

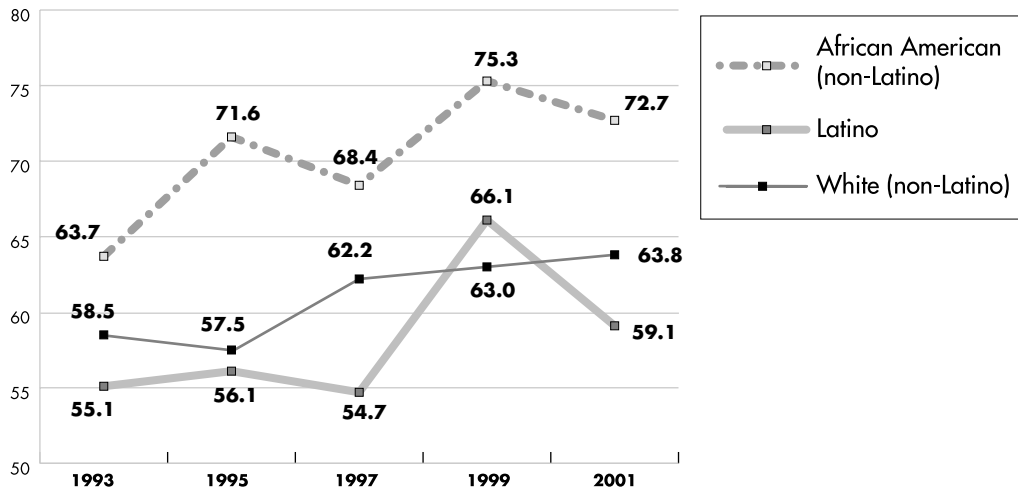
Non-Sex-Related Peer Behavior

Peer behaviors in non-sexual arenas such as substance use and school truancy generally are predicted to increase the likelihood that an adolescent would engage in sexual activity, and research findings support this expectation. However, recent data (1990s) also reveal the positive influence that peer support in a non-sexual environment (i.e., spiri-

tuality) can have on the sexual behavior of African American adolescents.

If either African American male or female adolescents have friends with negative attributes, they are more likely (than adolescents who do not have friends with such characteristics) to have had intercourse (Perkins, Luster, Villarruel, & Small 1998²; and Blum, Beuhring, & Rinehart 2000³). Negative peer attributes are defined as close friends who do any of the following: drink alcohol, use marijuana or cocaine, or get into trouble. African American youth whose friends exhibit “other antisocial behaviors,” in addition to the aforementioned behaviors, are more likely not only to have had intercourse but also to engage in high-risk sexual behavior (e.g., early age at first sexual experience, frequent sexual intercourse, and multiple sexual partners)⁴ (Doljanac & Zimmerman 1998). The other antisocial behaviors referred to here include aggression (measured by the number of friends who get into fights, carry a knife or razor, or carry a gun) and theft (measured by the number of friends who shoplift from stores or were caught in a robbery or burglary). In addition, one study⁵ of African American female ado-

Figure 4
Percent of Male Students (Grades 9-12) Who Reported Condom Use During Last Sexual Intercourse, by Race/Ethnicity, 1993, 1995, 1997, 1999, and 2001



Source: Youth Risk Behavior Surveillance — United States 1993 [1995], 1995 [1996], 1997 [1998], 1999 [2000], and 2001 [2002]

lescents found that the more time spent with peers, regardless of the shared activities, the greater the likelihood that an adolescent would engage in sexual activity (Lauritsen 1994).

Peer influence in the context of religiosity, however, can have a positive effect on adolescents. For example, one study⁶ found that spiritual interconnectedness (defined as social support within a faith context) with friends was inversely associated with voluntary sexual activity (Holder, Durant, Harris, Daniel, Obeidallah, & Goodman 2000). In other words, the greater the level of spiritual interconnectedness with friends, the less the likelihood of voluntary sexual activity.

Sex-Related Peer Behavior

The sexual behaviors of peers — such as engaging in sexual intercourse or using condoms — are expected to, and generally do, influence the sexual behavior of individual adolescents. Although sexual status (i.e., virgin versus non-virgin) of friends has been found to influence the behavior of black and

white adolescents, its influence in *selecting* friends is contrary to what might be expected for African American adolescents. In other words, virgins are not more likely to select other virgins as friends, and non-virgins are not more likely to select non-virgins as friends. However, differences exist by gender among African American adolescents.

One powerful indicator of whether an adolescent has ever had sexual intercourse is the sexual status (i.e., virgin versus non-virgin) of his or her friends. In one national survey,⁷ both African American and white adolescents who said that most of their friends have had intercourse were estimated to be 100 times as likely to have had intercourse as those who said none of their friends have had intercourse (Furstenberg, Morgan, Moore, & Peterson 1987).

Billy & Udry (1985)⁸ investigated the existence of “homogeneity bias” (i.e., similarity among peers in sexual behavior) as another way of looking at the relationship between the sexual status of an adolescent and his or her friends. Their aim was to determine whether adolescents sought out, or avoided as friends, teens with similar sexual



status, and they found marked differences between black and white adolescents in this behavior. In the two years of data collection (1980 and 1982), significant homogeneity bias existed among both white male teens and white female teens; none existed for African American male teens. For African American female teens, the findings were inconclusive: in 1980 (but not in 1982) homogeneity bias existed among groups of African American female teens who were friends. Thus, intercourse status was not relevant when black adolescents selected friends (in 1982). In other words, African American male and female teens (in 1982) who were non-virgins were equally likely to select or keep a friend who was a virgin as they were to select or keep a friend who was a non-virgin. Among white teens, however, non-virgins were more likely to select other non-virgins (rather than virgins) as friends.

The decision by friends to use condoms provides an example of positive peer influence on adolescent sexual behavior. One study found that African American adolescents who perceived a supportive peer norm regarding condom use were more likely (than adolescents who did not) to be consistent condom users. However, this finding did not persist six months later when the sample was reinterviewed⁹ (DiClemente, Lodico, Grinstead, Harper, Rickman, Evans, & Coates 1996). In fact, a significant proportion of adolescents changed their level of condom use over time, often becoming more infrequent (rather than more consistent) users.

Another positive influence that peers can have on one another becomes apparent when teens participate in interventions related to sexual behavior. One study of an acquired immune deficiency syndrome (AIDS) intervention administered with African American adolescents 12 to 21 illustrates this effect¹⁰ (Stanton, Li, Galbraith, Feigelman, & Kaljee 1996). Implementation of this AIDS intervention with adolescents in self-selected “friendship” groups (i.e., the adolescents were friends before the study) revealed that youth

who had received the intervention were more likely than the control group youth (who had not received the intervention) to use more effective methods of birth control. The intervention administered with the groups of adolescents consisted of eight weekly meetings (seven 1.5-hour sessions plus one daylong session) that focused on decisionmaking. The emphasis of the sessions was to provide motivation to protect oneself from a potential threat constructively or adaptively.

Similar relationships were found between an adolescent’s perceived level of social support (which includes friendship networks, along with nurturing from family and self-affirmation from social relationships) and high-risk sexual behavior among low-income African American youth¹¹ (St. Lawrence, Brasfield, Jefferson, Alleyne, & Shirley 1994). Among these adolescents (particularly male adolescents), those with lower levels of social support were more likely (than their counterparts with high levels of social support) to engage in sexual-risk behaviors, such as having sex with a partner whom they had just met.

School Setting and School Climate

School setting and school climate also have been found to influence the sexual behavior of African American adolescents. For example, African American youth in classrooms that are at least 80-percent African American are ten times as likely to have sex as African Americans in classrooms with smaller percentages of African Americans (Furstenberg, Morgan, Moore, & Peterson 1987). In addition, African American students who attend a school with a high percentage of African Americans are more likely to initiate intercourse by age 16 than their counterparts who attend a school with a lower percentage of African Americans¹² (Rosenbaum & Kandel 1990). Also, African American male teens (but not African American female teens) are more likely to have ever had sex if they have nega-



tive feelings regarding school climate. These feelings were assessed through the rating (from strongly disagree to strongly agree) of sentiments such as “My teachers really care about me,” “My teachers don’t pay much attention to me,” and “I get a lot of encouragement at my school” (Perkins, Luster, Villarruel, & Small 1998).

Effect of Opposite-Sex Relationships

Although some adolescents date persons significantly older than they are, most date their age peers. Therefore, adolescent relationships usually are those between peers, and the characteristics of these relationships (including non-sexual behaviors such as substance use within the relationships) influence teen sexual activity. Various characteristics of adolescent relationships (e.g., type, length, and age difference between partners) that influence sexual activity have been examined for African American teens. African American adolescents in “non-steady” relationships are more likely than their white counterparts to engage in sexual activity. In addition, black teens are less likely to use condoms the longer they have been in a relationship. Substance use within a relationship also is associated with a reduced likelihood of condom use.

One national study¹³ that examined sexual activity by type of relationship among both white and African American youth, males and females, found that both African American female teens (47 percent) and white female teens (58 percent) were more likely to report having first engaged in sexual intercourse with a steady partner (Zelnik & Shah 1983). However, this same study found that African American female teens (33 percent) were somewhat more likely than white female teens (22 percent) to report having

first intercourse with a casual partner (friends or dates).

The length of the relationship also is associated with condom use during sexual activity among adolescents. One study found that being with a regular partner for more than two years and cohabiting with one’s regular sexual partner each reduced the likelihood of developing intentions to use condoms by about one-half (Santelli, Kouzis, Hoover, Polacsek, Burwell, & Celentano 1996).¹⁴ On the other hand, this same study found that having a regular partner who supports condom use increased the odds both of developing intentions to use condoms and of using condoms consistently. Thus, having a regular partner alone is not sufficient to guarantee regular condom use; in fact, having a regular partner who does not support condom use may result in the failure to use condoms.

Compared with other teens, African American adolescents who were two or more years older than their partners had greater odds of ever having used a condom¹⁵ (Ford, Sohn, & Lepkowski 2001). However, African American female teens with older partners were more likely to report lower rates of contraceptive use and higher rates of pregnancy and birth than their counterparts with same-age partners. (Nearly one-third of African American female teens in this study reported having an older partner.)

African American teens and white teens in romantic relationships were more likely to report ever having used condoms than other adolescents in comparable relationships (Ford, Sohn, & Lepkowski 2001). In addition, if adolescents had partners whose race or ethnicity differed from their own, they were more likely to report having ever used a condom than adolescents with partners of the same race or ethnicity.

African American female adolescents who use marijuana with sexual partners are less likely to use condoms than their counterparts who do not use marijuana¹⁶ (Fortenberry



1995). In his literature review, Fortenberry (1995) also found that the co-occurrence of substance use and of sex with multiple partners by adolescents is part of a larger pattern of negative behaviors such as aggressiveness and recklessness, less regular exercise, and poor academic performance.

What We Don't Know

We do not know the full nature and extent of peer influences on adolescent sexual behaviors and outcomes. In some cases, this lack of knowledge reflects the quality of the data collected and analyzed. In other cases, it reflects inconsistent findings for a given topic across studies. In still other cases, given findings are supported by a single piece of research; therefore, they are not considered so robust as findings replicated by several pieces of research. Our limited knowledge also may reflect the failure to explore topics related to peers that might influence teen sexual behavior or the failure of the relevant research to be accepted for publication in scholarly journals and reports.

Data quality is affected by many factors; foremost among them are the sampling procedure used, the questions asked, and the person conducting the interviews. In addition, the pervasive limit to the quality of data about sexual behavior remains — that is, the data are self-reported and are very difficult to assess or verify.

The usability of data is affected by whether the data are collected cross-sectionally or longitudinally. Most research cited in this issue brief is based on cross-sectional data. In other words, the findings reflect a single point in time; thus, the analyses cannot establish cause and effect. Longitudinal studies (such as Stanton, Li, Galbraith, Feigelman, & Kaljee 1996) are seldom conducted because of both the difficulties associated with maintaining access to a study sam-

ple over time and the greater cost of multi-year data collection and analysis.

Studies based on nationally representative samples sometimes yield findings different from studies based on local samples, as some studies cited in this issue brief reveal. Other studies pertain to African American teens living in low-income neighborhoods only. Both the local nature of studies and their focus on low-income populations can limit the ability to generalize to other African American teen subpopulations their findings about peer influences on sexual behaviors.

Although most of the data are from the 1990s, some research cited is based on data collected in the late 1970s. Data from earlier decades may better reflect “the way things were” than “the way things are.” Therefore, such data may be of limited value to persons seeking to design interventions to work with today’s youth. African Americans who were adolescents in more recent years (1980s and 1990s) may have been exposed to a sufficiently different set of life circumstances, so they may differ significantly from earlier adolescent groups in their sexual knowledge, attitudes, behaviors, and outcomes.

If one accepts that significant differences exist among the particular groups of African Americans who were adolescents in the 1970s, 1980s, and 1990s, it would also be likely that different questions would need to be asked of these groups to elicit valid responses about sexual behaviors. In addition, the types of biases introduced by persons of different racial or ethnic groups conducting surveys about sexual topics might have changed over time. For example, African American teens in the 1970s might have been less likely to be truthful with white interviewers than African American teens in the 1990s, because of differences in racial relations in the country in those decades.

Biases of this sort (or of other types) in data collected in the 1970s could alter our knowledge about several important aspects of



peer influences on the reproductive health of African American adolescents. In particular, our knowledge about all the following topics may be suspect, because it is based on data collected in the late 1970s or the early 1980s: influence of intercourse status (Billy & Udry 1985; and Furstenburg, Morgan, Moore, & Peterson 1987); influence of time spent with peers (Lauritsen 1994); influence of the percentage of African Americans in classrooms and schools (Furstenburg, Morgan, Moore, & Peterson 1987; and Rosenbaum & Kandel 1990); and whether female teens have their first sexual intercourse with a steady or casual partner (Zelnik & Shah 1983). These possibilities make a strong case for a continuing program of research about peer influences on the sexual behaviors and outcomes of African American adolescents. Multiple studies about similar topics over time might be necessary to fully convey the way things are for African American adolescents.

For example, a major topic that needs further research is same-sex relationships among African American teens. Little is known about peer influences in the lives of gay, lesbian, bisexual, or transgender African American adolescents. Although there is evidence that these youth are more likely than heterosexual teens to engage in sexual-risk behaviors and to engage in other health-impairing behaviors (e.g., substance use, suicide ideation and attempts, and violence), researchers have not examined how these behaviors may be influenced by peers (Ryan & Futterman 1997).

Conclusion

Although peers generally are acknowledged to play a prominent role in the development and behavior of adolescents, the nature of this role has not been fully analyzed in the realm of the reproductive health of African American adolescents. For instance, we know that African American adolescents whose peers exhibit negative behaviors (such

as substance use and school truancy) are more likely to engage in high-risk sexual behaviors. In addition, we know that adolescents with friends who have engaged in sexual intercourse are also likely to engage in intercourse, although African American adolescents do not seem to select their friends on the basis of sexual status (i.e., virgin versus non-virgin).

However, we do not know the extent to which these and other findings noted in this brief apply to all subpopulations of African American teens rather than to the lower income, urban adolescents sampled and studied most frequently. We also do not know how relevant findings from surveys conducted in the late 1970s are to African American adolescents in the 21st century. We might speculate that studies about peer influences based on older data would not apply today, but we cannot draw this conclusion unless many of these studies are replicated using more recent data. Finally, and perhaps more important to persons who work with adolescents, we do not know the best way to translate these and other findings into “interventions that work” to help teens thrive during the turbulent adolescent years (generally defined to include the ages between 10 and 19).

Thus, to clarify the role and possibilities for peers to influence the reproductive health behaviors and outcomes of African American adolescents, more research is needed to either support or modify the current knowledge base. We know just enough to make us want to know more.

Notes

1. The 2001 Youth Risk Behavior Surveillance (YRBS) collected national data from a sample of high school students in grades 9 through 12.
2. Perkins, Luster, Villarruel, and Small (1998) used data from the Community-Based Profile of Michigan Youth Study (1993 and



1994), a survey of more than 15,000 adolescents ages 12 to 17. The sample was 72-percent white, 25-percent black, and 2-percent Latino.

3. Blum, Beuhring, and Rinehart (2000) used data from Wave 1 (1995 and 1996) of the National Longitudinal Study of Adolescent Health (Add Health), in which data were collected from adolescents in grades 7 through 12.

4. Doljanac and Zimmerman (1998) conducted a study of 679 African American adolescents (80 percent of sample) and 145 white adolescents (17 percent of sample) from four public high schools in the second largest school district of a midwestern state. (The remaining 3 percent of youth were mixed race — that is, African American and white.) Only students with grade-point averages of 3.0 and below participated, excluding those who were either emotionally impaired or developmentally disabled. (The date of the survey was not provided in the article.)

5. Lauritsen (1994) used data gathered in the National Youth Survey (NYS) in 1976 and 1977. The first wave of data from the NYS includes personal interviews with youth ages 11 to 17, as well as personal interviews with one of their parents or guardians. The second wave of data contained youth interviews only. The sample was 16-percent black.

6. Holder, Durant, Harris, Daniel, Obeidallah, and Goodman (2000) surveyed 141 clients ages 11 to 25 recruited from an adolescent primary care practice at a teaching children's hospital in an urban area, between August 1996 and February 1997. The sample was 67-percent female, 61-percent African American, 22-percent Latino, 11-percent white, 4-percent Cape Verdean, and 2-percent Native American.

7. Furstenberg, Morgan, Moore, and Peterson (1987) interviewed a subsample of 462 children ages 7 to 11 (24-percent black and 76-percent were white) from the

National Survey of Children. Although first interviewed as children in 1976, a particular group of these youth was reinterviewed as teens (12 to 16) in 1981.

8. Billy and Udry (1985) conducted a longitudinal study of 1,148 adolescents who lived in an urban area of Florida and were between ages 13 and 19. Data were collected in two rounds (1980 and 1982) from the sample, which was 29-percent black and 71-percent white.

9. DiClemente, Lodico, Grinstead, Harper, Rickman, Evans, and Coates (1996) studied 264 African American adolescents (60-percent females) between ages 12 and 21 who were residents of two public housing developments in the Bayview–Hunter's Point area of San Francisco. The interviews were initially conducted between May and December 1992; 70 percent of the initial sample was reinterviewed six months later.

10. Stanton, Li, Galbraith, Feigelman, and Kaljee (1996) conducted a longitudinal study during an 18-month period with 383 African American youth who were enrolled in an AIDS risk-reduction intervention. The participants, who ranged from ages 9 to 15, were recruited in 1993 from nine recreation centers associated with three public housing developments in a large eastern city. Although youth who received the intervention were more likely (than the control group) to use effective methods of birth control in the second and fourth rounds of follow-up (with each round taking place after a six-month interval), this was not true in the third round.

11. St. Lawrence, Brasfield, Jefferson, Alleyne, and Shirley (1994) conducted a study of 295 African American adolescents (24-percent male and 76-percent female) recruited from a community health center in a southeastern U.S. community. The mean age of the participants was 15.5. (The year of data collection was not stated in the study.)

12. Rosenbaum and Kandel (1990) used data from a particular group of 2,711 youth from



the National Longitudinal Survey of Youth who were ages 14 and 15 in 1979 and ages 19 and 20 in 1984. The sample was 79-percent white, 15-percent black, and 7-percent Hispanic.

13. Zelnik and Shah (1983) used a 1979 national probability sample survey for their study. The sample included 1,606 adolescents, 58 percent of whom were females ages 15 to 19 and 42 percent of whom were males ages 17 to 21. The sample was 54-percent white and 46-percent black.

14. Santelli, Kouzis, Hoover, Polacsek, Burwell, and Celentano (1996) conducted a study in 1993 with a convenience sample of women ages 17 to 35 from an inner-city Baltimore neighborhood. The study is cited herein because 29 percent of the women in the sample were between the ages of 17 and 19.

15. Ford, Sohn, and Lepkowski (2001) conducted a study using data from the National Longitudinal Study of Adolescent Health (Add Health), which collected initial data in 1994 and 1995 and follow-up data two years later. The adolescents (grades 7 to 12) included in this analysis are those who reported having ever had sexual relationships. The sample was 62-percent white, 19-percent black, 12-percent Latino, and 7-percent other race or ethnicity.

16. Fortenberry's (1995) literature review is about adolescent substance use and sexually transmitted diseases.

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For a full report of these findings, see Wilhelmina A. Leigh and Julia L. Andrews, *The Reproductive Health of African American Adolescents: What We Know and What We Don't Know* (2002). Fact sheets on related findings are also available on these topics: sexual activity; contraceptive use; sexually related diseases; pregnancy and childbirth; and knowledge of and attitudes about reproductive health. For ordering information, contact the Joint Center's Office of Marketing and Communications.

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