

## African American Family Communication and Its Impact on HIV/AIDS Prevention

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### Abstract

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This study examines family communication, African Americans and HIV/AIDS prevention. It is essential to find new preventative measure to suppress HIV rates in African American communities. By assessing the communication orientation(s) that work best when providing sex education to teenagers it can establish a foundation for further research on communication about sex education, HIV and STD prevention. By using semi-structured interviews with open-ended questions made interviewing more informal and easy for participants to divulge specific information. Participants were African American men and women, between the age of 18-25, residing in Southern Maryland and had a younger sibling. With the use of spiral of silence theory the study found that mass opinion given by the black church of abstinence and the lack of education on HIV/AIDS prevention due to biblical text has created a moral divide for those within the congregation that would like to speak out for preventative provisions.

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**Keywords:** African American, Families, HIV/AIDS, Communications

### 1. Introduction

This study seeks to determine if there is a correlation between communication and African Americans with high HIV/AIDS and STP's. The first intention is to study family orientation and observe how it affects family communication in African American households pertaining to sex education and HIV prevention. African Americans that received safe sex education and contraception instruction before their first sexual encounter were more likely to use contraception, decreasing the number of sexual partners and increasing the number of condom usage (Dixon, Schoonmaker, & Philliber, 2000). The second intention is to investigate African American families struggling or prospering within social and economic adversity constraints while observing family communication in reference to HIV prevention. The third intention lies in acknowledging existence or lack of status, power, and authority in African American households promoting morals and ethics which are essential in influencing how probable it is that information basis or meaning will be chosen and acted on (Jewell, 2003). The overall intent is to assess the family dynamic to determine group and interpersonal communication within African American families with HIV/AIDS. This study is intended to examine family communication within a race that has social and economical dilemma enabling spiraling silence theory to aid an epidemic that is crippling the African American community. The parents not being as forthright with all forms of safe sex education, their teenagers continue to mature without the proper awareness. The lack of sex education being share will clarify if social and economic hardships are insufficient factors for the steady rise in HIV/AIDS and STI transmission, showing that spiraling silence theory has a larger aspect of HIV/AIDS transmission within the African American community.

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## 2. Theoretical Framework

Studies have found parents to be the most logical member to inform their families.

Involving African American family members as agents to channel HIV/AIDS prevention programs into African American communities can reduce costs by lessening the demand for AIDS education professionals (Icard, 1995). African American parents have a responsibility to educate and socialize their children about safe sex. Although parents have power, withholding the information about safe sex encourages their teenagers to turn to media as an educational tool to learn about sex without proper facts. Many African American teenagers begin their sex life lacking knowledge about safe sex and which is an ethical obligation of adults to provide knowledge to their children. African American adults have more influence in safe sex awareness, resulting in safe sex being not only adult bias but heterosexually bias, due to the stigma of homosexuality in the African American community (Ardener, 1975). Teenagers in the African American community are not thoroughly educated about homosexuality for fear that they might find this unaccepted lifestyle an acceptable practice (Foundation, 2002). This is drawn from the religious beliefs that homosexuality is wrong in the eyes of God (Moses, 1995). With African American homosexual men contracting HIV at such high rates, public school systems are still discouraged to tackle homosexual relationships and safe sex practices for same sex relationships. Spiral of Silence Theory developed by Elisabeth Noell-Neuman in 1946 gives mass media more influence than any other theories and quarrels that mass media does have controlling effects on public opinion also that these effects have been miscalculate or unobserved in the past because of the limitations of research (Severin & Tankard, 1988).

The assumptions are as follow:

- 1 *“Threat of Isolation: in the social collective cohesion must be constantly ensured by sufficient level of agreement on values and goals.*
- 2 *Fear of Isolation: the formation of individual opinion and action is characterized by individuals’ fear of becoming social isolates.*
- 3 *Quasi-statistical Sense: As a result of fear of isolation, individuals constantly monitor their environment to check on the distribution of opinion as well as the future trend of opinion. (Scheufele & Moy, 2000)”*

After finding the majority opinion one must assess their opinion to the majority. Spiral of Science suggest that no one wants to be in the minority, a desire for social inclusion. “Therefore, if someone believes he or she is in the minority, not only for current opinion trend, then that person will be inhibited from speaking out and expressing the minority viewpoint, feeling the weights of potential isolation (Baldwin, Perry, & Moffitt, 2004). To disagree or speak out against public opinion may have the consequence of continual solitary confinement and public ridicule as cruel punishments. Those who favor the majority position are willing to express their views than those of minority views. This theory usual used for mass media, specifically television will be used for any prevalent forum where African Americans obtain mass opinions that are thought undisputable (Griffin, 1991).

## 3. Significance of Study

This study is important because 32% of the reported cases of AIDS are African Americans and only 12 % of American population is African American. It is essential to find new preventative measure to suppress HIV rates in African American communities. With family communication and socialization having positive results in studies with drug and alcohol use it is not difficult to say the same methods should be applied in the case of HIV and STD prevention. By assessing the communication orientation(s) that work best when providing sex education to teenagers it can establish a foundation for further research on communication about sex education, HIV and STD prevention. With the findings of what communication style(s) work best it can alter the stigmas of homosexuality tied to HIV in the African American community, delineating the discouragement of homosexual sex education lowering the rate of HIV and STD transmission.

### 3.1 Scope of Study

The scope of the study is to evaluate family communication in African American households in Prince Georges County, which includes two families both with adults 18-25 years old. Interviewing will include one dual family household with a mother/father and an adult child. The other family will be a one single parent household, mother or father with one adult child from two local Prince Georges County families.

The interviews will examine the parents and their adult offspring to assess what safe sex awareness methods were introduced to the offspring as teenagers, the parent knowledge of HIV prevention and how the parents were educated about sex. Questions during the interviews will include income, dual/single family household, and availability to healthcare and homosexual safe sex awareness. All to examine what could have been done differently to inform on sex education/safe sex awareness.

This study will use a qualitative analysis to study family communication within African American households and its effects on HIV prevention. The qualitative approach of the research will consist of interviews, with two adults (male and female) and three parenting adults (a mother and father) dual parenting household (mother or father) single parenting household. The interview will be used to open the lines of communication by asking essential HIV preventative questions to see what is known by either party, how they were educated, what is most effective, and if social and economic adversity is a factor in their education or lack of education of HIV prevention. Using the interview for open communication allows further probing about safe sex, HIV prevention to observe orientation and family dynamics to distinguish what communication methods work best when educating teenagers about HIV prevention a prolonged safe sex life.

#### **4. Research Questions**

The data on the involvement of African American families are limited to parenting, concentrated on how parents teach their African American children to survive in a white dominated culture (Reis, 1991). With African Americans enduring social and economic adversity it is difficult to study African American communication considering that African American family structure does not have the same structure dating back sexual ideologies placed of African American enslaved men and women. Today the African American family suffers from a considerable amount of difficulties such as incarceration of parents, homicide rates, lack social, and economic advancement. Data also suggest that the African American loyalty to the church is a large part of African American culture which gives root to the stigma of homosexuality in the African American community. (Edgar, Noar, & Freimuth, 2008) (Collins, 2005) (Hill, 2003).

Research Question 1: Can family communication in African American households act as a preventative measure for HIV/AIDS prevention?

Research Question 2: How can family communication in African American households overpower the social and economic adversity for safe sex?

#### **4.1 Methodology**

This chapter examines specific research methods, instrumentation, and reliability to unraveling what affects Spiraling Silence Theory, social/economic adversity affects have on African American family communication in relation to HIV/AIDS prevention, in-depth interviews have been the best process to assemble data and disclosing effects of adversity faced by African Americans causing a communication lapse and "Silence" within the African American family.

#### **4.2 Research Method**

"There has been much debate in communication research about whether quantitative or qualitative measurement is more persuasive (Frey, Botan, & Kreps, 2000)." Each measurement is used to seek different type of data. "Quality refers to what kind, to the essential character of something. Quantity refers to how much, how large, the amount of something (Kvale, 1996)." Quantitative approach allows for generalizations, doesn't consider variables, and is used in for in cases with large numbers making research quicker to conduct. Qualitative approach is used to explore the causes and consequences of the facts, making it slightly more difficult to conduct research with generalizations (Bernard, 2013). Considering the overwhelming amount of quantitative data regarding HIV/AIDS in the African American community the best way to move forward is to use qualitative approach to gain an intimate understanding of the data. "It has often been claimed that the qualitative research interview lacks objectivity, due to particular to human interaction inherent in the interview situations (Kvale, 1996)." Interviews are exchanges in which people provide information orally are also common in communication research and are employed in many of the same research situations as questionnaires.

Respondents are asked to provide information about their own and/or other peoples' beliefs, attitudes and behaviors (Frey, Botan, & Kreps, 2000). Interviews will be semi-structured interviewing, each interview will not have to be done more than once and will have a list of sequenced questions that will allow for probing if leads present themselves. By using semi-structured interviewing it gave a more informal interview and easy for participants to divulge specific information.

Open-ended question were more time consuming for the researcher but provided more verbal data about the particular perspectives of individual respondents and thereby, allowed the participants to respond, which can be more difficult to categorize and analyze because respondents' answers can vary. Open questions are normally used with small samples with topics that require a great deal of knowledge. Open questions were more useful when exploring a little-understood issue, wanted unanticipated answers, and preferred when asking about sensitive topics. These open-ended questions were used in the semi-structured format so basic question could be answered and gave freedom to ask probing follow-up questions to gather specific details, delving into complex phenomena and more complete answers (Frey, Botan, & Kreps, 2000). Using Qualitative method with the topic of HIV/AIDS prevention in African American households was an advantage since each participant came from different cities, family structures, educational and socio economic backgrounds. Quantitative approach could have provided similar data but not perceptive or the contextual influences, which is essential to understanding if Mass Media had a strong influence on HIV/AIDS preventative communication in African American households, where the break in communication lied, gave as prolific data due to the sensitive nature of the topic and the probing that occurred. Kerlinger states "Scientists are not and cannot be concerned with the individual case. They seek laws, systematic relations, explanations of phenomena and their results are always statistical. (Kvale, 1996)" Modern social science should hold scientific knowledge when concerning quantitative research but in the case of communication, it is the process through which individuals in relationships, groups, organizations and societies create and use information to relate to the environment and one another (Ruben & Stewart, 2006)." Qualitative approach allowed for more information to be gathered concerning the sexual communication, sexual habits, safe sex practices and sexual ideology within the African American family. To assemble such information interviewing was the paramount instrument for the study.

### 4.3 Instrumentation

The interviews were approximately 15-20 minutes and were semi-structured and open-ended. The young adults ranged in age from 18-25 and had a younger sibling. This allowed for more honesty and probing follow up questions. Some questions were eliminated pertaining to the individuals answers to the previous questions. Using open-ended questions and semi-structured interviews gave each participant the opportunity to explain specifically their perception of where their family communication barriers begins or if there is a communication barrier within their family, what enabled a lack of safe sex communication, if mass media has had a strong influence concerning sex education during their teenager years permitted that the participants to further identify the social sexual ideologies of African Americans.

### 4.4 Data Collection

Interviews were recorded via Evernote using interceding reliability and transcriptions were reviewed by researcher and researcher assistant for precision and the individual's vocabulary and the significance, verifying the accuracy of the transcripts. Accuracy of the recorded data will be done by giving the individuals the opportunity to examine their own transcripts. Each participant was invited to review his/her transcript and make changes that they deemed necessary to make their answers clear. When all changes were made and submitted, the transcripts were analyzed by the researcher and researcher assistant.

## 5. Conclusion

This chapter has covered the different research methods that were used to ensure the study has concise results on African American family communications, mass media social influences, social sexual ideologies of African Americans to determine if it was a deterrent to HIV/AIDS in the African American community.

Looking to the research method, instrumental, sampling, data analysis helped recognize parental guidance backgrounds gave some insight to the previous objectives but helped solidify the effects of Spiraling Silence Theory had on young African American teenagers and their understanding when it comes to HIV/AIDS preventative measures.

### **5.1 Demographic Descriptions**

The research divided the questionnaire into the pertinent sections; demographic, family, and sex education. The demographic section asked participants where they reside, education, current relationship status, availability to healthcare and age. The family portion of the questionnaire focused on the participant's family structure, if their parents are married, how long, birth order, father or mother present in adolescent years, communication style when referring to sex.

The sex education portion of the questionnaire asked questions pertaining to when sex introduced, how sex was introduced, who provided the sex education talk, was the safe sex education inclusive to the talk, and was HIV/AIDS included in the sex talk. The questionnaire was used to understand what was including or excluded in the sex education discussion with African American parents and their children with in Southern Maryland. Demographic data collected seen in Table 1.0 displays four participants including age, ethnicity religious affiliation, family structure, education, and current residence. All participants residing in Southern Maryland were between the ages of 18-25, and had a younger sibling and African American. Table 1.1 has some quick facts regarding the residential county where three participants live; Prince Georges County

**Table 1.0 Demographics of Participants**

<b>Education, Age, and Ethic Table</b>		<b>Male</b>	<b>Female</b>	<b>Cumulative</b>
Question 2: Age				
	18-20		1	1
	21-23			
	24-25	2	1	3
Question 3: Religion				
	Catholic	1		1
	Muslim			
	Christian	1	2	3
Question 5: Education				
	High School	1	1	2
	2 years College Degree			
	4 years College Degree	1	1	2
	Graduate Degree			
	Doctorate			
Questions 19 & 20: Dual Family Household				
	Mother present	2	2	4
	Father present	2	1	3
Question 27: Age Received Sex Education in School				
	11-13 years	2		2
	14-16		2	2
	17-18			
Question 4: Currently married				
	Yes	1		1
	No	1	2	3
Question 7: Faith in Western Medicine				
	Yes	1	2	3
	No			
	Sometimes	1		1
Questions 3b: Parents currently married				
	Yes	2	2	4
	No			
Questions 4: Parents first marriage				
	Yes	2	1	3
	No		1	1
Question 6: Availability to healthcare				
	Yes	2	2	4
	No			
Question 1d: Family size				
	1-2 children			
	3-4 children			
	5+ children	2	2	4
Question 1: Parents age				
	31-46		2	2
	47-52	1		1
	53-58	1		1

Tables 1.1 Quick facts of Prince Georges County

People QuickFacts	Prince George's County	Maryland
Population, 2013 estimate	890,081	5,928,814
Population, 2012 estimate	881,419	5,884,868
Population, 2010 (April 1) estimates base	863,420	5,773,623
Population, percent change, April 1, 2010 to July 1, 2013	3.1%	2.7%
Population, percent change, April 1, 2010 to July 1, 2012	2.1%	1.9%
Population, 2010	863,420	5,773,552
Persons under 5 years, percent, 2012	6.7%	6.2%
Persons under 18 years, percent, 2012	23.1%	22.8%
Persons 65 years and over, percent, 2012	10.3%	13.0%
Female persons, percent, 2012	52.0%	51.6%
White alone, percent, 2012 (a)	26.5%	60.8%
Black or African American alone, percent, 2012 (a)	65.3%	30.0%
American Indian and Alaska Native alone, percent, 2012 (a)	1.0%	0.5%
Asian alone, percent, 2012 (a)	4.4%	6.0%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.2%	0.1%
Two or More Races, percent, 2012	2.6%	2.5%
Hispanic or Latino, percent, 2012 (b)	15.7%	8.7%
White alone, not Hispanic or Latino, percent, 2012	14.8%	53.9%
Living in same house 1 year & over, percent, 2008-2012	84.5%	86.6%
Foreign born persons, percent, 2008-2012	20.0%	13.8%
Language other than English spoken at home, pct age 5+, 2008-2012	20.4%	16.5%
High school graduate or higher, percent of persons age 25+, 2008-2012	85.6%	88.5%
Bachelor's degree or higher, percent of persons age 25+, 2008-2012	29.5%	36.3%
Veterans, 2008-2012	62,430	438,387

### 5.1 Findings

Referring back to our first hypothesis that family communication can act as a preventative measure for HIV/AIDS, was addressed with questions 10,14 a-f, 15, 16 and 17. Question 10 addressed the communication style that the family used during sex education to evaluate if the communication between parent and adolescent was consensual, pluralistic, protective, and laissez-faire. Three participants, female A and B and male participant B, considered their family communication to be pluralistic, considered it “open”. But female participants A and male participant B had similar answers concerning the communication with their parent(s) about sex. Male participant A, first generation Nigerian American didn’t receive any sex education at home. He stated “*in my house hold it was kind of taboo as far as sex, there was no communication. But as far as having girlfriends and things of that nature, it was focus on your studies.it is a taboo*”. He continued to explain his family communication as closed; exemplifying a protective family structure.

Male participant B stated “*open to the extent of like, they explained to me what sex was for and who it was suppose to be with. . . sex before marriage is a sin.*” While female participant A responded “*They were really open about that. The thing about them is like when we went through sex ed in school, elementary school they opted out of us doing it because they felt like they would rather teach us then have somebody else that's not a believer teach you things we rather teach you ourselves.*”

The researcher in return asked “And when you say a believer, can you say more about that?” Female participant A responded “*A Christian. . .*” Male participant A responded “*The actual talk, I got it from my sex education teacher.*” The researcher asked “Do you remember anything specific about the talk?” male A responded “*Umm, Yes well I did, I went to a private school so they kind of framed the talk around the type of religion, Catholicism, so with that said it was kind of, you know, save sex for after your married. They really stressed abortion, the right to life type of deal. Yea, so when it came to that it was kind of sex after marriage, if you do have a child it is not in the religion. The Catholic religion says not to abort children, so you know.*” Female participant B “*My mother*” referring to who gave her the sex education talk. The follow up question was do you remember something specific about this talk? She replied “*No, she said (her mother). . . the main thing that she said was come to her when I think I’m ready or when I think I’m ready to have the extended talk because I was so young.*”

Questions 14 a-f pertained to the amount of safe sex education given to the adolescents. These questions focused on the STI education, STI preventative measures, HIV/AIDS education, and HIV/AIDS preventative measures. The foundational question “Do you remember something specific about that talk?” received several different answers but the answers to the follow up questions were the same “Did that talk include STI education? Did the talk include STI prevention? Did the talk include HIV/AIDS education? Did the talk included HIV/AIDS prevention?” Three participants responded “No” to their parents including the STI and HIV/AIDS into the sex education they received. Female participant A stated “*We talked about it but I was more so the best preventative method was abstinence.*” Male participant B said “*. . . the safest sex is abstinence.*” Female B responded “Yes” to receiving HIV/AIDS prevention methods. Male A respond “Yes” but received safe sex education from school.

Question 15 “Did “the talk” also include safe sex awareness for homosexual safe sex?” All participants respond “No”. Female participant B responded “*I would say, well I’m a female one and then we don’t really know a lot of homosexuals or she didn’t think to speak about it.*” Female participant A “*Maybe they just assumed that hopefully we never participate in it so we would never really have to encounter those things. They never had experience with those type of things. Well that I know of so maybe that’s probably why they didn’t bother to mention it. I’m not sure.*” Male participant responded “*Because I’m heterosexual.*” Male A responded “*I went to a Catholic school so umm and being that the person that was conveying the information to me was Caucasian and I guess the environment was predominately Caucasian they felt that it was necessary being that it something that was very, I guess for their race, there it’s not taboo in talking about the issue so umm I see definitely why they conveyed the message and especially with the religion aspect taking part in the sex education talk.*”

Question 16 referred to the influence of having sex for the first time and the four participants stated that “love” or what they thought was love influenced their choice. Female participant B responded “**Love**” researcher stated “the participant used air quotes when referring to love”. When asked question 17 “**Did the sex education you received at home help you stay safe?**” Her response was “*No. . . because the first time I had sex it was unprotected. I was 14 and I ended up getting pregnant with twins.*” Male participant B strongly stated that “**LOVE**” influenced his choice to have sex with his wife. He also responded “Yes” the safe sex education he received at home helped him stay safe. Male A stated “*Umm, I was in love and then also umm, I guess also kind of peer pressure. Cause I guess you would say I had sex later on in life so it was kind of for my peers asking what’s going on? What you waiting for? Things of that nature.*”

The second hypothesis refers to family communication in African American households overpowering the social and economic adversities of safe sex. Of the four participants we see two that maintain a strong conviction to the Lord and savior Jesus Christ; female participant A and male participant B. Question 16 asked “What was you influence in having sex for the first time or not to have sex?” Female participant A responded “*Well of course my parents and then my own personal faith and values. Like being a Christian and wanting to honor making a promise to God to honor his word and my purity until marriage.*” Male participant B responded to question 14 d “*For more reason than it just being a sin that’s reason enough but I wanted to give that to my wife . . .*” Both participants decisions to maintain their “purity” was strongly influence by their relationship with God.

Female participant B response was different to question 18 “Did you find anything that was discussed helpful for the sex education for your younger sibling(s)?” In response “*Umm in the future I really feel that actually the talk is not enough as a child you think that you are super woman or super man and nothing can affect you its more on the child/teen/adults part if they’re going to really take that step and have sex protectedly, unprotectedly however, they do it.*” Male participant B response “*Umm. . . just for them to understand how God viewed sex it helped me to put it in the right perspective so that helped me to have safe sex.*”



*That's the best safe sex in my opinion, just one person, you know and marriage. Yes, I will definitely pass that on to my children.* Male A responded *"Umm... I guess yes. Like I said I wish it would have come from someone that looks like me. Umm... maybe someone from my family, or we could have had more you know... I could understand more where they were coming from being that they understood where I was coming from so I wish it had come from someone of my own race or maybe even family or close friends that were a little older than me."* The researcher asked "Do you think the talk being held with your father could have made a difference?" Male A responded *"Absolutely"*.

Question 8, referred to father figure presents during the participants childhood. Of the four participants two, male A and female B didn't have a male presents consistently. Female participant B *"My mom was a single mother maybe three years and then she met my dad . . . stepfather."* Male participant A responded *"No. My father was working."* Male B and female A both had their father figures present and replied with a simple "Yes."

Question 7 made reference to the participant's faith in western medicine but participant male B was the only participant who didn't *"feel it always works. It doesn't always work you know. Yes, I do; to a certain extent."* Other participants replied with a quick "Yes" or needed more clarification on modern medicine.

This chapter presented the procedures followed in order to examine the date and outcome of the hypotheses. The following chapter offers the conclusions and discussion of the results, along with an overview of the contributions of the study, limitations and directions for future research.

## 5.2 Results

The data results from the analysis of the two hypotheses have been used in attempt to answer the research questions that guided this study. A discussion of the analyzed data on African American family communication and HIV prevention includes interpretations of the results and is compared to previous research of African American culture. These findings are then critiqued and evaluated with applicable theories. The studies limitations will address major weaknesses in the study and attempt to overcome them are deliberate, mainly sampling and methodology scarcities. Then recommendations for further study are suggested, precisely due to the strength of the parallels and other possible approaches that could be exploited.

## 5.3 Interpretations

The first hypothesis states that family communication in African American households can act as a preventative measure for HIV/AIDS prevention. There were specific questions during the interview that both openly and incidentally addressed the issue. Assessing the quality of communication is relative to each individual due to experience of with safe sex prevention or lack of. By directing our attention to the finding for question 10 we have a conclusive answer that family communication can act as a preventative measure for unprotected sex leading to HIV/AIDS. The understanding the female A and male B both had a pluralist family communication style and received sex education at home along with spiritual/religious guidance that has kept them safe. These two participants are members of the Black church and marriage is expected, defined biblically and shares the same attitude as "I am We" (Jackson II, 2004). Also male B and female A had dual family homes with both parents during their adolescent years and receive sex education with their parents. Male A had protective family communication style leaving him unaware of the importance of safe sex awareness. What continued to spawn his unconsciousness was the lack of reliability with his sex education teacher being a white older man. Female B had a pluralist communication model within her family but only received sex education. Since these participants were not given safe sex education or prevention by their parents. Faith was entrusted to the children to practice abstinence. Questions 14 a-f all focused on STI and HIV/AIDS awareness and prevention. All participant were aware of the possibility with contracting an infection but didn't understand the significance of STI and HIV/AIDS prevention or how to practice safe sex except for participant male A. Whom receive his safe sex prevention from a predominately white catholic school teacher. Homosexual safe sex was referred to during question 15 and three participants responded "No". Male A received homosexual safe sex education while attending a Catholic middle school and in his opinion was a norm with "Caucasians" society. His statement suggests what was already suspected of homosexuality being a taboo topic in the African American community. The second hypothesis refers to family communication in African American households overpowering the social and economic adversities of safe sex. Maintaining strong religious conviction helped male b and female A stay safe and uphold their abstinence.

For male A and female B the outcome was different since they both sex before marriage. Male A said “peer pressure” and “love” were his reasons for having sex but female B was caught in the heat of the moment and said nothing could have been said to keep her safe.

Which is unlikely; female B didn’t receive safe sex education until 16, after she had terminated the pregnancy. If safe sex education was previewed to her before her first sexual encounter it is a strong possibility she would have stated safe. In regards to question 18 “Did you find anything that was discussed helpful for the sex education for your younger sibling(s)?” Each participant gave great feedback on future safe sex education methods that could be used. Participants suggested to continue to stress abstinence, have a sex educator that is relatable to the audience and more than a sex talk should be had due to invincibility that teenagers feel. The researcher asked “Do you think the talk being held with your father could have made a difference?” Male A responded “*Absolutely*”. Finally question 8, referred to father figure presents during the participants childhood. Of the four participants two, male A and female B didn’t have a male presents consistently.

#### **5.4 Limitations**

When researching African American family communication and HIV prevention there were several factors to consider that limited results. Finding participants for the study was difficult and required an available sampling of young adults whose parents, specifically fathers who were reluctant to participate. Mothers were open and enthusiastic about participation. Due to lack of parents, the research is bias to young adults and HIV/AIDS negative African Americans. Since the research was not previewed for a full analysis of African American family communication. Limitations that became major weaknesses were the small amount of participants. A larger pool with more diversity that included homosexual, lesbian, heterosexual, married, single, male single parent and HIV/AIDS positive participants would make findings more conclusive and notable. Also the lack of participants with other religious beliefs than followers of Jesus Christ has given skewed results.

#### **5.5 Recommendation**

Out of the four participants none of them disclosed their STI and HIV/AIDS status nor were they asked. In the future mixed methodology, comprised of quantitative survey would give more understanding of the participants regarding information they are not comfortable disclosing. To gain a full understanding of family communication, conducting interviews with parents and young adult participants would give an opportunity for the parents to justify their reasoning for providing safe sex education or not. The parents can articulate how much the parent know about safe sex education, the influence of the black church and hopefully consider what could be done differently for the younger sibling. Also, a diverse pool of participant including homosexual, lesbian, heterosexual, married, single, male single parent, African Americans of all religions and HIV/AIDS positive participants will yield stronger results.

#### **5.6 Conclusion**

This research fills the gap between adversities, African American community, parental sex education and the application, giving a well-rounded view of the black community. The disempowerment of African Americans continues with African Americans not addressing the issues of HIV/AIDS within the black community. The epidemic evokes segregation, panic, denial and guilt. The societal beliefs of African American promiscuity, criminal activity, poverty, and institutionalized racism are due to the marginalization Blacks face. These adversities that African Americans have yet to tackle permit HIV/AIDS to flourish in the community. Research on communication within the black family doesn’t include HIV/AIDS education or prevention but one must direct their attention to the black church and wonder why there is not guidance to handling the spread of HIV/AIDS since “I and We (Jackson II, 2004).” The idea that something that happens to one person in the black community affects everyone in the community has shown not to be as affective, for the proof is the staggering amount of African Americans diagnosed with HIV/AIDS. The black church not speaking on HIV/AIDS prevention is a contributor of Spiral of Silence within the African American community. The mass opinion given by the black church of abstinence and the lack of education on HIV/AIDS prevention due to biblical text has created a moral divide for those within the congregation that would like to speak out for preventative provisions. The black church is responsible for upward mobility within the African American community and provides an “escape” from social and economic adversity to “achieve positive an outcome” (Hill, 2003).

Through the churches outreach programs such as providing youth support groups, and advocated for the community (Hecht, Jackson II, & Ribeau, 2003) HIV/AIDS prevention must be a incorporated. Call and response still functions, the black church has a duty to respond by protecting and supporting itself and the congregation; I am We. In order to provider support the church has to admit there is a problem and address the high risk behavior of African Americans; drug use, incarceration, black homosexuality, promiscuity and poverty. Until the black church contributes and help address HIV/AIDS in the African American community the virus will continue to advance.

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