

Black Fathers' Preferences for Sexual Health Interventions with their Adolescent Sons

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In the United States, Black male youth ages 13 through 24 accounts for over half of all new human immunodeficiency virus (HIV) infections in this age group; indeed, the HIV incidence rate is eight times higher than in White male youth. This health disparity is particularly concerning in the Southeastern region of the U.S. where fewer Black adolescents are aware of their infection and access to treatments, and where mortality rates are higher than those of White adolescent males.¹ Sexual intercourse is the primary mode of HIV transmission for Black adolescent males ages 13 to 24 for both heterosexual males and males who have sex with males¹. Black male youth compared to White male youth are more likely to have multiple sexual partners and use condoms inconsistently. With the goal of reaching Black male youth before their risk factors increase, the Centers for Disease Control and Prevention (CDC) identified a need to reach adolescents at a younger age and engage parents as partners in adolescent sexual health education.¹

Parents play a central role in influencing the sexual health of their children,²⁻⁴ however most research has been focused on mothers. Yet studies have shown that fathers who communicate with their sons about sex delay their sons' intent to have sex and increase condom usage if sexually active.^{2,4} However, culturally and socially congruent interventions focused on Black fathers and sons are limited. Considering cultural and gender differences is critical in how health information is received and delivered.^{5,6} In general, Black men receive health information from media, medical professionals, social networks, community resources^{7,8} and

technologies such as the internet and cell phones. Such technologies have emerged as a promising way to disseminate information and deliver intervention to hardly reached populations. More specifically, Blacks have higher rates of cell phone usage for calling and texting than Whites.^{7,9}

Very few studies have examined Black fathers' preferences for accessing, processing and delivering health information for educating their sons about sexual health. A better understanding of Black fathers' perspectives on promoting healthy sexual behaviors for their sons are needed to develop culturally and socially congruent interventions. Thus, the purpose of this paper is to report Black' fathers' preferences for receiving and delivering health information in the context of their roles as sexual health educators for their adolescent sons. Understanding these preferences is important for the development of interventions that will have a widespread and lasting impact on sexual health outcomes of Black male adolescents.

METHODS

Overview

A secondary analysis of qualitative data from an original study exploring Black men's perspectives of using barbershops for father-son adolescent sexual health interventions was conducted. Secondary analysis of qualitative data allows researchers to pose and answer new questions.¹⁰ The research question for the secondary analysis was: What are Black fathers' perspectives and preferences about the best ways to engage them over time in sharing health information and delivering adolescent sexual health information for their preadolescent and adolescent sons? In the original qualitative study, five focus groups were conducted with a total of 20 male adult barbers. Eligibility criteria included full-time barbers or barber students who were 18 years or older and whose clients were primarily Black men. Authors (2017) describe the original study design, methodology, and protocol. For the purpose of this paper, only focus group data was used from participants who were self-identified as Black fathers