Journal of Adolescent Health xxx (2021) 1–2

ELSEVIER

JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Commentary

The Need for Parent-Adolescent Conversations About Racial Discrimination in HIV Prevention Interventions

Schenita D. Randolph, Ph.D., M.P.H., R.N. [a,*], Naomi N. Duke, M.D., Ph.D., M.P.H. [b], Ragan Johnson, D.N.P., FNP-BC, CNE [a], and Davon Washington [a]

[a] *Duke University School of Nursing, Durham, North Carolina*
[b] *Duke University School of Medicine, Durham, North Carolina*

Black male adolescents and young adults (AYA) have eight times the rate of HIV compared to white male AYA [1]. To address this significant disparity, interventions that consider the social contexts and lived experiences of black males are critical, including racial discrimination and the role of parents in racial socialization and identity development [2–5]. Black males experience racial discrimination as early as preschool [6]. For example, black students are more likely than white students to be disciplined, expelled, and to be placed in juvenile detention facilities, especially black male students [6]. Studies have shown that adolescent males who experience racial discrimination at ages 10 and 11 have risky sexual behaviors by ages 18 and 19 [7]. For black males, media portrayals as a predator and low expectations in formative environments (e.g., school, health) may become internalized as personal narrative. As such, experiences of discrimination and marginalization become normalized and manifest as risky behaviors, including high-risk sexual activity.

Parents have a significant role in the racial socialization and identity development of their child. Studies have shown that how one views their own race influences how they value self, and engagement in health behaviors [8,9]. For example, a positive racial identity is linked to fewer sexual partners and decreased odds of having concurrent sexual partners [8]. However, black parents themselves often encounter discrimination, including in the job, when interfacing with healthcare systems or retail stores, and when engaging with personnel from their child's school. These experiences of discrimination across multiple contexts are a significant source of stress and anxiety and may not only jeopardize a parent's health, but also a parent's ability to protect and support the health of their child. Thus, the intergenerational trauma of racial discrimination has implications at individual, family, community, and population levels.

Racism is indeed a social contributor to health and when we fail to interrogate it as such, we contribute to health inequities. As we consider strategies for addressing the disproportionate burden of HIV for black male AYA, racism must be included in any individual-level intervention in ways that provide a formative understanding of racism and its devastating impact on youth, families, and communities in the United States. At the family level, integrating tools and resources to help parents have conversations with adolescent males offers opportunities to confront and challenge behaviors that arise from stereotypes, racial prejudice, and bias in a way that produces healthy outcomes. Designing tools to help parents support their adolescent males to resist internalizing negative messaging and stereotypes will facilitate youth knowing their value. Youth who know their value and see themselves via a lens of positive racial identity have a foundation from which to love self and engage in behaviors supporting healthy growth and development.

One could argue that such an approach places the responsibility back on the oppressed and that efforts are needed beyond coping with racial discrimination. Indeed, we must address the sources and causes of racial discrimination within systems. However, increasing the ability to cope at an individual, interpersonal, and family level is also warranted, while efforts are made to dismantle racism in systems and organizations. There is an urgent need to dismantle racism in our systems, but in reality, these systems were created in racist contexts, thus dismantling them will not be easy and will vary based on organizational need and capacity. In the meantime, while researchers, clinicians, and systems do this important work of anti-racism, black AYA and other people of color are still confronting the issues of inequities in school systems, healthcare, workplaces, and the economy and in society in general. These experiences cause stressful responses that lead to unhealthy outcomes for black and other communities of color. We must recognize that addressing racism and racial discrimination should include resources to empower black, indigenous, and other people

Conflicts of interest: The authors report no real or perceived vested interests related to this article that could be construed as a conflict of interest.

* Address correspondence to: Schenita D. Randolph, Ph.D., M.P.H., R.N., Duke University School of Nursing, Durham, North Carolina.
E-mail address: schenita.randolph@duke.edu (S.D. Randolph).

https://doi.org/10.1016/j.jadohealth.2021.05.007

of color to have the language, knowledge, understanding, and tools to reject discrimination and to guard against internalizing its message.

Applying the social ecological framework [10] to address racial discrimination in the context of sexual health and HIV disparities is needed, as this framework allows for the examination of health and health-related behavior across multiples levels of influence. The overlapping rings in the model, representing individual, relationship, community, and population and societal-level factors, illustrate how factors at one level influence factors at another level. Besides helping to clarify these factors, the model also suggests that in order to address racial discrimination, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to affect antiracist actions and sustain efforts over time than any single intervention.

Racism and related experiences of marginalization are sources of stress and trauma, and result in disparities in health and well-being. We suggest systems (academic, community-based, healthcare organizations, etc.) develop racism-based multilevel approaches and interventions as opposed to solely focusing on downstream factors that result from racism. We specifically highlight black male AYA; however, these recommendations can be applied to other adolescents of color. Equipping parents with the tools and resources to understand the language and actions of racial bias and prejudicial behaviors, and to learn how to respond and stand up to both interpersonal and systemic racism will lead to improved and positive health outcomes for black AYA. Interventions and tools designed to support parents and youth should be culturally and socially relevant and engage parents and youth from development to evaluation. Increasing efforts should also be made to provide evidence-based frameworks and tools in order to have a sustained impact on the community. Increasing parent awareness and capacity to address racism with their adolescents will assist parents in empowering themselves, and when parents are empowering themselves, parents are empowering their communities. Although labeling and dismantling causes and sources of racism at system levels are critical, it is also important to dismantle racism by teaching and learning effective and healthy ways to recognize and mitigate its impact on health at individual and family levels.

Funding Sources

This publication is funded by the Gordon and Betty Moore Foundation through Grant GBMF9048 to Duke University School of Nursing to support the work of Dr. Schenita D. Randolph.

References

[1] Center for Disease Control. HIV and youth. Atlanta: Centers for Disease Control; 2018. Retrieved from: https://www.cdc.gov/hiv/group/age/youth/index.html. Accessed February 7, 2020.
[2] Guilamo-Ramos V, Flores DD, Randolph SD, Andjembe Etogho EB. Nursing contributions to ending the global adolescent and young adult HIV pandemic. J Assoc Nurses AIDS Care 2020;32:264–82.
[3] Hicks MR, Kogan SM. Racial discrimination, protective processes, and sexual risk behaviors among Black young males. Arch Sex Behav 2019;48:507–19.
[4] Hosek S, Pettifor A. HIV prevention interventions for adolescents. Curr HIV/AIDS Rep 2019;16:120–8.
[5] Randolph SD, Coakley T, Shears J, Thorpe RJ Jr. African-American fathers' perspectives on facilitators and barriers to father-son sexual health communication. Res Nurs Health 2017;40:229–36.
[6] Aronowitz SV, Kim B, Aronowitz T. A mixed-studies review of the school-to-prison pipeline and a call to action for school nurses. The J Sch Nurs 2021;37:51–60.
[7] Stevens-Watkins D, Brown-Wright L, Tyler K. Brief report: The number of sexual partners and race-related stress in African American adolescents: Preliminary findings. J adolescence 2011;34:191–4.
[8] Oparanozie A, Sales JM, DiClemente RJ, Braxton ND. Racial identity and risky sexual behaviors among Black heterosexual men. J Black Psychol 2012;38:32–51.
[9] Seaton EK, Yip T, Morgan-Lopez A, Sellers RM. Racial discrimination and racial socialization as predictors of African American adolescents' racial identity development using latent transition analysis. Developmental Psychol 2012;48:448–58.
[10] Bronfenbrenner U. The ecology of human development: Experiments in nature and design. Cambridge, MA: Harvard University Press; 1979.