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African American Grand families' Attitudes and Feelings about Sexual Communications: Focus Group Findings

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Increasing numbers of children are now living in grandparent-headed households (U.S. Census Data, 2003), and this growing social phenomenon is referred to as “grand families” (Racicot, 2003). Among those of color, HIV is contributing to the growing number of grandparent-headed households (Weber & Waldrop, 2000). Adolescent grandchildren raised by grandmothers are more likely than children raised by their parents to live in poverty, to be exposed to illegal alcohol and drug use, and to engage in unprotected sexual intercourse (Minkler & Fuller-Thomson, 2005).

African American children are more likely to live with grandparents than children from other ethnic groups (Minkler & Fuller-Thomson, 2005), and when they become adolescents, these grandchildren are at risk for adopting risky sexual behaviors (Gillespie, Kadiyala, & Greener, 2007). While the overall incidence of AIDS is declining, there has not been a comparable decline in the incidence of new HIV cases among young people, especially African American young people. Today, African Americans from 13 to 24 years of age represent 61% of the estimated number of HIV infections (Centers for Disease Control and Prevention [CDC], 2007; Durant et al., 2007). Because the average time period from HIV infection to the development of AIDS is 10 years, most adults with AIDS were likely infected as adolescents or young adults. In 2006, African Americans 25 to 29 and 40 to 44 years of age represented 13% to 16% of HIV-infected individuals in the United States (CDC, 2008).

Historically, African American grandparents have had profound effects on the health beliefs of the family (Watson & Koblinsky, 2000; Watson, Randolph, & Lyons, 2005). Yet as a

result of strained family relations and issues with parenting, many custodial grandparents experience psychological distress with their new role (Goodman & Silverstein, 2002; Kaminski & Hayslip, 2004; Minkler, Fuller-Thomson, Miller, & Driver, 2000) and are ill-prepared for sexual communications (Cornelius, LeGrand, & Jemmott, 2008).

Research on the grandparent-grandchild sexual communication process is limited. One study by Brown and colleagues (2000) indicated that African American grandparents were unprepared to talk with their grandchildren about topics such as sexual intercourse, pregnancy, and sexually transmitted diseases (STDs). Gibson (2002) reported that African American grandparent caregivers typically had low educational achievement, limited income, and no preparation for their new caregiver role other than their previous parenting experiences. Silverthorn and Durant (2000) found that many custodial grandparents lacked knowledge about STDs, drug use, and the effects that peers have on their grandchildren. Robbins, Briones, Schwartz, Dillon, and Mitrani (2006) reported that drug-using adolescents from grandparent-headed households had a greater prevalence of marijuana abuse (a major risk factor for unprotected sexual behaviors) and received less supervision than drug-using adolescents from parent-headed households. In a study of 40 African American grandparent-grandchildren dyads, Cornelius et al. (2008) found that African American grandparents needed assistance with the sexual communication process with their grandchildren and were willing to use the church as a venue for HIV prevention. Kelley and Whitley (2003) found that close to 30% of their sample of 102 African American grandmothers and great grandmothers scored high on psychological distress associated with their new parenting role serious enough to warrant intervention and needed parent education classes on topics such as sexuality issues.

While numerous sexual communication studies have targeted parents and their adolescent children, few have targeted African American grandparents and their adolescent grandchildren. Although African American grandparents are vital to the survival of the African American family (Watson et al., 2005), comprehensive sexuality education programs for grand families are basically non-existent. As a first step toward developing interventions to strengthen grandparents' communication skills and improve their attitudes and feelings about discussing sexuality issues, the study reported here examined grandparent/grandchild sexual communication processes.

Method

Design

The study was part of a larger qualitative and quantitative research project that examined African American grandparents' and their middle school and early adolescent grandchildren's concerns about HIV and issues and barriers to prevention (Cornelius et al., 2008). Surveys and focus groups were used to explore the grandparent-grandchild process of sexual communication and grandparents' and grandchildren's attitudes and feelings toward these communications. The qualitative findings from the focus groups are reported here.

Setting and Sample

African American Protestant churches were the setting for the study because they were a convenient meeting place for participants. Grandchildren were eligible if they self-identified as African American, were 11–13 years of age, spoke and understood English, and were living with a grandparent. This age range was selected for study because it is the time when children are approaching or beginning adolescence, with all its challenges. Grandparents were eligible if they were the legal guardian of their 11- to 13-year-old adolescent

grandchild participating in the study, self-identified as African American, and spoke and understood English.

One month before initiation of the research, information about the study and the first author's contact information were disseminated via flyers in community venues such as churches, laundromats, and restaurants. Information sessions were scheduled to answer questions about the study. Prospective participants who expressed interest in the study gave their contact numbers to a research team member who provided information about the study dates, times, and locations. Two days prior to data collection, those who had expressed interest in participating received a reminder telephone call about the focus group session they were scheduled to attend.

Only one participant from two grandparent households was allowed to participate in the study. The sample included 40 African American grandparent/grandchildren dyads for a total of 80 participants. Grandparent participants ranged in age from 48 to 79 years (mean of 64.5 years), were primarily married and retired, and had attended high school (See Table 1). Adolescent participants were primarily female and in the 7th grade (see Table 2).

Focus Groups

After receiving institutional review board approval, the first author developed an interview guide that included a scripted introduction, open-ended discussion questions, and probes. The questions on the interview guide moved from general to specific. The first question was, *What is HIV/AIDS? And how do you prevent viral transmission?* The second question was, *Tell me about your process of sexual communications.* The third was, *What is your attitude toward discussing sexuality topics?* And the last question was, *What are your feelings about the process: What is easy or hard?*

The first author trained research team members on study aims, focus group methods, collection of group interaction data, and debriefing procedures. Upon arrival, focus group participants were provided with an explanation of the study and completed appropriate consent/assent forms. They were instructed not to use any names during the sessions and to sign a confidentially agreement stipulating that information discussed in the sessions would not be repeated outside the groups. Separate focus groups were formed for grandparents and grandchildren. Because our previous research (Cornelius & LeGrand, 2008) and the work of Krueger and Casey (2000) suggest that groups are most effective when participants are similar on key characteristics, we divided the adolescents into gender-specific groups. A total of 12 groups were formed, with 4 groups of grandparents and 8 groups of adolescents (4 male and 4 female groups).

The focus group sessions lasted from 90 to 120 minutes. A research team member not involved in the focus group process recorded information about non-verbal behaviors and interaction patterns, such as facial grimacing or stiff body posturing, indicating discomfort with the topic or response. The grandparents and grandchildren were compensated (\$30 and \$15, respectively) for their time and participation. Members of the research team met immediately at the conclusion of each focus group session to debrief and record impressions. Focus group discussions were transcribed verbatim, and the transcripts and written notes recording non-verbal behavior and interaction patterns served as the data for analysis.

Data Analysis and Verification

After being reviewed for accuracy, the focus group transcripts and records of non-verbal behaviors were read several times to gain an overall impression of the data. Significant statements were then extracted and categorized into themes. Initial ideas were noted in the

transcript margins. For codebook development, one transcript was independently read by two researchers. Each research member marked the text and assigned a code to each idea or category. Two research team members then met to arrive at a consensus on the content; their independent coding resulted in 90% interrater reliability. Comparisons were then made among grandparent-grandchild groups. A one-page summary of the findings was shared with participants (Creswell, 1998), and more than half (60%) provided written comments on the summary findings, verifying the description of the findings.

Results

Sexuality Communications: The Process

Grandparent participants in all 4 groups had an accurate knowledge of HIV pathology, modes of transmission, and ways to prevent transmission, but they varied in their beliefs about the origin of the virus. All the grandparents said this was a disease they feared. One grandmother said, “We did not have any sexually transmitted diseases that could kill you like AIDS. You know what they did with Tuskegee and syphilis, and some believe this is another government experiment with African Americans.” Another grandparent said, “This is a disease based on our morals, values, and sexual behaviors.”

Adolescent grandchildren in all 8 groups were able to correctly cite the modes of transmission for HIV. However, unlike their grandparents they did not articulate conspiracy theories regarding the formation of the virus that causes AIDS, nor did they mention the Tuskegee experiment.

Grandparents supported open communication about sexuality issues but said that the “sex talk” did not occur as often as they would like. One grandparent said,

Our parents didn’t talk to us a whole lot about sex, so I make it a point to talk to my grandkids when they have questions so it’s not so secretive. However, we do not talk as much as I think we should.

Another grandparent said, “This generation is a little more open, but I am uncomfortable talking about certain sexuality topics with my grandchildren. A lot of people try to hide things from kids, but they are going to find out about sex.” Grandparents agreed that the HIV epidemic was bigger than the Black community. They also noted that society places emphasis on youth having sex. One said, “Sex, sex, sex, that’s all you see on television. And if that is not temptation, I don’t know what is.”

Adolescent participants said that sexual communication with their grandparents was required to prevent the consequences of risky sexual behavior; however, the frequency of communication varied. One female adolescent said, “We (grandchildren) need to talk about sexuality issues with our grandparents. If our grandparents don’t talk to us and someone gets a sexually transmitted disease or gets pregnant, then our grandparents will get angry, start crying, and fuss at us.” Another adolescent said, “It is hard talking with my grandmother about sexuality issues; that’s why it does not occur often.”

The adolescents noted that there was peer pressure to engage in sexual relations. One female adolescent said, “We are faced with reasons for engaging in sexual relations. Its like, girl go ahead, it feels good. You don’t think about abstinence, you’re excited, it’s the first time.” Similar comments were shared by a male adolescent, who said, “Guys talk about how they do this and that, who they’re doing it with, and how great it feels.” Adolescents said that they felt an urgency to talk about sexuality issues because teens were becoming infected with an STD or getting pregnant. One adolescent said, “Sexuality education is really not

discussed in schools. They only want to mention abstinence and rarely discuss safer sex practices. Abstinence is important, but sexuality education is more important.”

Attitudes Toward Sexuality Communications

Grandparent participants in all 4 groups were positive about sexual communications but said they were ill-prepared to discuss sexuality in the language or words that their adolescents used. One grandparent said, “My granddaughter talked about giving head and I did not know what she was talking about. Now I know.” Another grandmother said, “We did not talk about sexuality issues with our parents, but I try to with my grandson. I have to because I am all that he has and sexuality education must start at home.”

The grandparents felt that music videos and rap stars were sending messages to youth about disrespecting young women. One grandmother said, “The girls today do not respect themselves. I teach my grandson to respect the girls. However, the media encourage this behavior with videos like R. Kelly, “In the closet,” and the music by rap stars.”

Grandmothers also said that their grandsons were being tempted to engage in sexual relations by the way young girls dressed and acted. One grandmother said,

Girls have lost respect. That’s why you have to instill in your boys today that you have to respect your grandmotherand every woman they come in contact with. Our girls are in trouble because they believe they are the names that the boys are calling them.

Another grandparent added,

They (girls) didn’t look like that when I was in high school, and I say to myself, “My God, my poor child.” When he comes home I say, “You poor child. I see what you have to endure all day.”

Adolescent grandchildren’s attitudes toward sexual communications varied. They agreed that it was important to discuss sexuality with their grandparents, but they were not always comfortable with these discussions. The adolescents said they were bombarded by sexual messages every day and felt that many youth today do not respect themselves. However, a few of the adolescents said they had to remain positive, goal oriented, and respectful in this epidemic. Similar comments were expressed by both male and female adolescents:

I am not sexually active but I know others who are. It is important for me to have a career (job) and marriage before I have sex, but I may change my mind so I need to know how to protect myself.

Feelings: What is Easy or Hard about the Process

Talking about the HIV epidemic evoked feelings of grief and loss. Grandparent participants in the 4 groups knew of people infected with the virus that causes AIDS. Some of these were their own children. One grandmother said, “One of my sons died of AIDS, and I know others who are infected.” The grandparents felt that sexual communication was one way they could gain control over a disease that gives many a shortened life span. One grandmother said, “I knew someone with AIDS but he is deceased now. It was so sad to see him go down. Whenever I looked at him, it brought tears to my eyes.”

Adolescents in all 8 groups expressed feelings of despair and hopelessness about HIV. One adolescent said,

I know one girl who has a sexually transmitted infection. There are so many girls in my school that have problems like this, and we have a Family Life course that

teaches about pregnancy and sexually transmitted infections and we are still getting infected.

When asked what was easy or hard about the sexuality communication process, the grandparents said that it was hard seeing the Black community lose control over their children. One grandparent said,

We are losing our children to sex and drugs, and the first thing they want to do is throw them inside the jails and let them rot there. We may be talking about HIV but are not doing anything about it. A lot of our children, believe it or not, get HIV right in prison.

The adolescents felt that talking about sexuality issues with their grandparents could be easy or hard. One adolescent said, "It is hard talking with older people (grandparents) about what is happening today with sexuality issues. They do not know the slang and jargon that we use." Yet another adolescent said, "It can be easy talking with your grandparents about sexuality issues if they are knowledgeable about the issues."

Discussion

The structure of the African American family is rapidly changing, with continuing increases in African American grand families (Racicot, 2003). Yet little attention has been given to the responsibilities of grandparents for sexual communications with their grandchildren. This study examined sexual communications among African American grandparents and their grandchildren and attitudes and feelings toward these communications. Participants in all groups were open to sexual communications but varied in their level of comfort with the process.

Participants were knowledgeable about HIV transmission but differed in their beliefs about the origin of the virus. Grandparents remembered the unethical practices of the Tuskegee experiment and mistrusted research and the government. Yet their children's drug abuse, incarcerations, and HIV infections had left them parenting again and ill-prepared to deal with the needs of their adolescent grandchildren. Consistent with previous research, these grandparents recognized generational differences for which they were unprepared (Brown et al., 2000; Cornelius, 2008; Dowdell, 2005; Goyer, 2006).

Not surprisingly, we found that peer pressure and the media were major influences on the way adolescents perceived themselves. The grandparents noted that sexual influences of the media are more explicit today than in the past and have profound effects on how adolescents view sexuality issues. As in previous research, the participants noted that glorification of sex in films is particularly dangerous for young African Americans who do not respect themselves (Pardun, L'Engle & Brown, 2005; Peterson, Wingood, DiClemente, Harrington, & Davies, 2007; Wingood et al., 2003). Adolescents' excessive exposure to music videos and degrading music have been correlated with a greater likelihood of having multiple sex partners, being diagnosed with an STD and exhibiting violent behavior (Martino et al., 2006; Wingood et al., 2003). Despite adolescents' knowledge about modes of HIV transmission, gaps existed between their knowledge and the practice of safer sex behaviors. Clearly, sexual content being marketed to adolescents affects their beliefs about themselves and their attitudes toward safer sex practices.

The grandparents in this study needed assistance in discussing sexuality issues with their grandchildren. Even though sexuality discussions were occurring, the adolescents sensed the unease that their grandparents felt in talking about these topics. Consistent with previous research, the grandparents in this study knew the importance of these communications (Brown et al., 2000; Cornelius et al., 2008) but felt unprepared to discuss sex, pregnancy,

and STDs with their grandchildren. Moreover, many of these grandparents had grown up in a time when embarrassment was attached to any topic of sexuality.

To date, there has been very little research on the problems that African American grandparents have in communicating safer sex behaviors to their adolescent grandchildren. Even though sexual communications have been identified as a major factor in preventing adolescent HIV risk factors, African American parents have been found to perceive themselves at lower risk and to communicate less with their children about HIV than Whites (Tinsley, Lees, & Sumartojo, 2004). Hence, interventions are urgently needed to help grandparents learn how to discuss sexuality topics, including HIV prevention, with their grandchildren. Grandparents need not only factual information but opportunities to discuss and problem solve with other grandparents and professionals about these sensitive topics.

Implications

The findings of this study need to be generalized cautiously given the small convenient sample of African American grandparents and their adolescent grandchildren from one geographic location. Nevertheless, the study provides insight into intergenerational family communication on sexual behaviors among African Americans.

As educational programs are designed to assist grandparents with sexual communication skills, it is important to include a variety of topics. For example, nurses can explain the impact of alcohol and drug use on unsafe sexual practices; discuss the impact of peer influences, rap music, and videos on adolescents' sexual behaviors; and identify safer sex practices needed with respect to oral and anal sex as well as vaginal intercourse. Nurses can also teach grandparents the terminology their adolescent grandchildren use when talking about sex. Familiarity with these terms can increase grandparents' levels of comfort with sexual communications.

Support groups have been found to be effective in increasing grandparents' self-efficacy for parenting and the quality of their relationships with grandchildren (Smith, 2003). In these support groups, grandparents can discuss problems, offer solutions, and increase their social interactions. Nurses can remind grandparents about the informal support groups their mothers used, which successfully assisted them with parenting skills (Smith, 2003). Churches or community centers can serve as potential meeting sites for these groups. Nurses can also develop collaborative relationships with community agencies that specialize in older adult issues to help grandparents identify the resources they need in order to succeed in their new role.

In conclusion, given the lack of research on grandparent-grandchild sexual communication processes, this study makes an important contribution. Additional research related to the development of intergenerational approaches to grandparent-grandchild sexual communications is warranted.

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Table One

Grandparent Demographic Characteristics (N = 40)

Variable	Frequency	Percent
Age		
44–53	3	7.5%
54–63	1	2.5%
64–73	26	65.0%
74–83	10	25.0%
Gender		
Male	15	37.5%
Female	25	62.5%
Highest Education Level Completed		
High school	3	7.5%
College graduate	36	90.0%
Graduate School	1	2.5%
Race		
African-American	40	100%
Marital Status		
Married	24	60
Separated	16	40
Employment		
Full time	5	12.5%
Part time	10	25.0%
Retired	25	62.5%

Table Two

Grandchildren Demographic Characteristics (N = 40)

Variable	Frequency	Percent
Age		
11–13	40	100%
Gender		
Male	8	20.0%
Female	32	80.0%
Highest educational level completed		
7 th	28	70.0%
8 th	4	10.0%
9 th	8	20.0%
Race		
African-American	40	100%