

What Is Anti-Racism in Health Promotion Practice?

Addressing Gendered Racism Against Black Girls Using a Strengths-Based Empowerment-Intersectional Framework for Sexual Health and Substance Use Prevention Programming

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Although Black girls use substances at lower rates than boys and girls from various other racial groups, they tend to have worse health outcomes associated with substance use that can also impact their sexual health. The association between substance use and sexual risk behaviors is usually attributed to lack of access to quality health care and lack of culturally specific prevention programming and treatment options tailored to this group. Accordingly, the theoretical frameworks for health promotion for Black girls often focus on addressing deficits, ignoring the powerful and intersecting social forces that can impact identity, agency, and behavioral options. Key among these forces is gendered racism. We propose a strengths-based conceptual framework to address and challenge gendered racism as a critical foundation for promoting health and wellbeing for Black girls. Our approach integrates Intersectionality Theory and Empowerment Theory, with psychological and intrapersonal empowerment identified as critical mediators of behavior and health outcomes, supported by protective factors of positive racial identity and gendered racial socialization. This framework has been developed with and for Black girls but can be adapted for health promotion efforts with other minoritized groups.

Keywords: child/adolescent health; black/African americans; sexual health; substance use

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► **BACKGROUND**

While Black girls historically have had the lowest rates of substance use compared to White girls and Hispanic/Latina girls, rates of substance use among Black girls are beginning to increase (Underwood et al., 2020). This is concerning as substance use increases the likelihood of engaging in sexual risk behavior (e.g., having sex with multiple partners, having sex without a condom, or having sex under the influence of drugs and alcohol). Both substance use and sexual risk behavior can contribute to poor health outcomes such as diagnosis of HIV, sexually transmitted infections (STIs), and infertility (Sanchez et al., 2018). Black girls often experience marginalization and discrimination during childhood and adolescence which can increase stress and the risk of developing problem behaviors, such as using substances and sexual risk taking (Hill et al., 2019).

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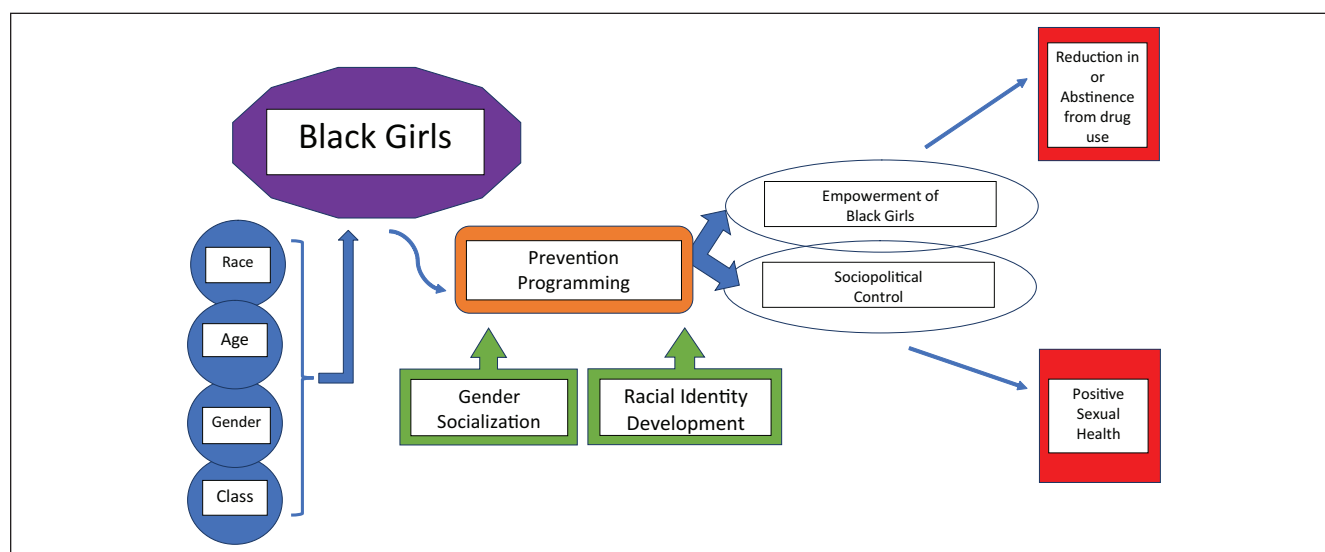


FIGURE 1 Model of the Empowerment-Intersectional Framework for Sexual Health and Substance Use Prevention Programming

The discrimination and marginalization that Black girls experience differ from the racism that affects Black boys and from the sexism that White girls experience due to gendered racism, a form of discrimination attributed to the intersection of race and gender (Thomas & King, 2007). The oppression and marginalization of Black girls is specifically structured by racist perceptions of gender roles. While the association between substance use and sexual health disparities among Black girls is well established in the literature, very few prevention programs have acknowledged the role of gendered racism. It is important for prevention researchers to first acknowledge the external influences that lead to substance use and sexual health disparities among Black girls that are caused by racist-sexist stereotypes and lack of resources to support them. Their exposure to such disparities is unique and primarily due to their shared experience of belonging to multiple intersecting, marginalized groups (e.g., race, gender, and class). While federal funding for drug and alcohol and HIV/AIDS prevention programs has increased toward urban youth and their communities, prevention continues to yield less than favorable results, particularly for Black girls. This may be due to using narrow, individual level-based theories without considering historical and sociocultural factors, in addition to deficit-model programming and lack of racial-gender-specific models.

We propose a strengths-based framework (see Figure 1) for researchers, prevention scientists, and clinicians on how to address sexual health and substance use prevention uniquely for Black girls that centers

empowerment as an outcome. Utilizing intersectionality theory and empowerment theory, our framework acknowledges that sexism and racism cannot be parceled out as discrete experiences for Black girls and as such, can lead to continued health disparities if not challenged within the individual, community, and structural levels.

► INTERSECTIONALITY THEORY

Intersectionality theory posits that race, gender, and class do not operate as mutually exclusive entities but create a multiplicative effect to individuals' experiences of oppression (Collins, 2002; Crenshaw, 1991). This leads to gendered racist stereotypes, values, and norms that contribute to how Black girls are treated, how they may view themselves and conform to behaviors that harm their health (Opara et al., 2022a). The concept of intersectionality allows for the examination of multiple dimensions of identities and various social locations, highlighting the manner in which they intersect (Crenshaw, 1989) and can be beneficial in understanding how to improve health outcomes (Bowleg, 2012). Without acknowledging intersecting identities of Black girls in prevention programs, the absence of such can lead to multiple forms of oppression, which can create barriers to forming healthy relationships, produce unbalanced power dynamics in romantic partnerships, and consequently lead to poor sexual health outcomes and substance use (Opara et al., 2020; Brooks et al., 2010). Within substance use and sexual health research,

class differences tend to be ignored and overshadowed by race and gender-specific disparities that impact Black girls with regard to safe sex practices (Caldwell & Mathews, 2015). Issues of gendered racism have been identified specifically as contributors to adverse reproductive health, specifically concerning pregnancy and sexual power in relationships (Rosenthal & Lobel, 2020). However, few studies have sought to understand decision-making processes of upper- and middle-class Black girls which leads to a critical gap in prevention research (Opara et al., 2021a). In addition, age as an identity that intersects with race, gender, and class for Black girls is an important concept to consider as age contributes to how Black girls are viewed and limits their mobility and agency (Opara et al., 2019). Incorporating intersectional concepts in sexual health and drug use prevention work goes beyond highlighting identities that Black girls belong to, it ensures that appropriate solutions are the foundation of prevention programming. Such an approach allows the field to be more responsive and affirming to the various experiences of Black girls.

► EMPOWERMENT THEORY

Black feminism (Collins, 2002; Davis, 1981) initially introduced the need to acknowledge Black girls' and women's unique experiences due to race and gender. An aim of Black feminism was to increase consciousness, empowerment, and social justice for Black women and girls (Collins, 2002). Increasing empowerment is a major tenet in Black feminism and should be an important component within prevention programming for Black girls. As Black girls navigate through systems of oppression, patriarchal dominance, and racial discrimination, this positionality can contribute to feelings of inferiority and hopelessness (Opara et al., 2022a). Empowerment theory (Zimmerman, 2000) is defined as the process by which individuals gain critical awareness and mastery of their environment, allowing for the use of a strengths-based theory and measures of empowerment that can be utilized in program development.

Measuring Empowerment

Psychological empowerment is a multidimensional construct that includes intrapersonal components (emotional and one's perception of being empowered), interactional components (intergroup relationships), and behavioral components (how one behaves; Zimmerman, 2000). Intrapersonal empowerment, also conceptualized as sociopolitical control, is defined as the way people perceive their capability to lead, influence social and political systems important to them, their self-view of

control, and the level of power they possess within their environment (Zimmerman, 2000). Sociopolitical control is the most commonly used measure of Empowerment theory (Holden et al., 2004).

Empowerment research has shown the importance of nurturing intrapersonal psychological empowerment (sociopolitical control) among adolescents. Studies have shown the importance of the association between sociopolitical control on risky behaviors among youth such as drug use (Opara et al., 2020) and sexual risk behaviors among youth of color (Hamm Peterson et al., 2010) and specifically, Black girls (Opara et al., 2021b, 2022a). Sociopolitical control has also been found to be a significant mediator between cultural protective factors such as ethnic identity on health outcomes such as substance use (Opara et al., 2021b) and developmental outcomes such as school importance, substance use, and psychological symptoms (Christens, 2012).

► PROMOTING GENDERED RACIAL SOCIALIZATION AND RACIAL IDENTITY

To challenge the effects of gendered racism on behaviors leading to sexual health disparities and substance use, we suggest that prevention practitioners incorporate frameworks that address gendered racial socialization and racial identity into prevention work with Black girls, with sociopolitical control as a mediator on abstinence from or reducing substance use and sexual health as outcomes (see Figure 1). Gendered racial socialization refers to the way girls are taught about their race including collective values and perceptions and can occur within the home, school, and social environments that include the intersection of race and gender. It can be verbal, such as messages provided to children about their race and gender, as well as nonverbal, such as placing Black feminist art within the home and within classrooms. For example, research conducted by Townsend and colleagues revealed that the endorsement of gendered racial stereotypes for Black girls resulted in the belief that engagement in high-risk sexual behaviors was less harmful (Townsend et al., 2010). In contrast, gendered racial socialization provides an opportunity to ensure that the messages that Black girls are receiving are positive and promote healthy behaviors. Promising results have revealed the strong association between gendered racial socialization and improving mental health outcomes, including high self-esteem and confidence among Black girls (Winchester et al., 2022). Protective factors such as self-esteem and confidence are strong predictors of sexual risk behavior and substance use among youth (Brunswick, 2018; Gloppen et al., 2010; Thorpe et al., 2021). Gendered racial socialization offers an innovative and potentially critical protective factor

that can be centered in prevention research and programming for Black girls.

Racial identity is the level of importance that an individual places on race in connection to their self-esteem. It can involve the intersection of many factors including (a) commitment and sense of belonging to your racial/ethnic group, (b) having a positive evaluation of your racial/ethnic group, (c) interest in and knowledge about your racial/ethnic group, and (d) involvement in social activities of your racial/ethnic group (Sellers et al., 1998). Racial identity (also called ethnic-racial identity) can serve as a buffer for racism (Stokes et al., 2020). Positive racial identity has been found to be associated with low substance use rates and protective sexual behaviors among Black girls (Opara et al., 2021b) and, in other studies, has been found to be associated with higher self-esteem and improved mental health and protective against racial microaggressions (Burt & Simons, 2015; Loyd et al., 2022). The multidimensional model of racial identity development (MMRI; Sellers et al., 1998) identifies four key factors in Black racial identity development: centrality, salience, regard, and ideology. Racial centrality focuses on the extent to which an individual defines her racial group membership. Racial salience is about the magnitude that race is pertinent to the self-concept at a particular time or in a particular situation. Racial regard is whether an individual feels positively or negatively about being a member of Black culture and is divided into public and private regard. Finally, racial ideology refers to one's philosophy about the ways that members of the Black community should behave. These constructs support the development of positive gendered racial socialization and could also be centered in innovative prevention programming and research with Black girls.

► APPLICATION OF FRAMEWORK

An intervention utilizing the integrated empowerment-intersectionality framework would work alongside the developing of concepts of racial identity to include racial and gendered socialization activities through education, discussion, and experiential learning activities. Examples include reading excerpts from books and poetry from Black women figures that focus on the empowerment narrative such as bell hooks or Toni Morrison, which has been implemented in more recent interventions for adolescent girls (Opara et al., 2022b). Discussion topics would include journaling about positive and negative representations of Black women seen in the media and how this impacts esteem development. Challenging gender and power, specifically rigid gender and racial stereotypes that reinforce negative stereotypes,

could also be an integral component of the intervention, which can deconstruct negative stereotypes, and has been used in more recent interventions catered to adolescent girls (Hill et al., 2022). In addition, the program would identify and address skills to help Black girls use their voices and work with adult allies to engage in strategies that influence social change that can improve their health outcomes overall (e.g., Opara et al., 2022a).

► CONCLUSION

Using a strengths-based framework, we encourage prevention practitioners and scientists to work with Black girls to address the inequities in their community that could be contributing to drug use rates, sexual risk behavior, and view of self while also acknowledging that race and gender intersect to not only worsen their outcomes but exacerbate consequences. Our focus on substance use and sexual health is due to the unique racial and gender disparities between Black girls and other adolescent girls in these two areas. Because of its unique integration of positive-gendered racial socialization, constructs of racial identity, and attention to sociopolitical control as a key outcome, we encourage our integrated framework as a guide for health promotion practitioners who want to do antiracism work with Black girls.

We also want to highlight the importance of incorporating other identities such as gender identity (e.g., transgender or nongender confirming Black girls) and sexual orientation, for which our integrated intersectionality and empowerment framework can be adapted as appropriate. While we acknowledge that the experiences of girls of color (e.g., Hispanic/Latina, Indigenous, Asian) may be similar to the experiences of Black girls, we encourage researchers and practitioners to honor the safe spaces of Black girls exclusively, as there are race-specific differences that may make the experiences of Black girls unique. We also encourage researchers and practitioners to adapt our framework for girls who belong to other racial-ethnic groups (e.g., Hispanic, Asian), as a way to center their own unique experiences that may be different from Black girls and other ethnic groups.

In closing, as we aim to achieve health equity through an antiracism approach, it is vital for health educators, prevention practitioners, and scientists to acknowledge the intersecting identities that groups such as Black girls belong to and acknowledge the unique discrimination that they face. We emphasize the importance of highlighting the strengths and resilience of Black girls, who are consistently perceived by society as “less than” or inferior, as a tool in health promotion and

prevention science as opposed to focusing on a risk-only perspective. Strengths-based concepts such as racial identity, gendered racial socialization, antigendered racism advocacy, and social support are critical components for an integrated intersectional-empowerment framework in prevention for Black girls.

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