SEXUAL DESIRE, PLEASURE, AND WELLNESS: PERCEPTIONS OF YOUNG BLACK WOMEN

by

LILANTA JOY BRADLEY

(Under the Direction of Pamela Orpinas)

ABSTRACT

Public health researchers most often take a risk-based approach to adolescent sexuality, framing it in terms of disease, pregnancy and negative health outcomes. The overall purpose of the present study is to understand the external and internal factors that shape the sexual self-awareness of Black adolescent females by addressing the following questions with a sex-positive framework: How do Black women in their recollections as Black girls perceive and internalize their lived experiences of sexual desire and pleasure? How do Black women in their recollections as Black girls create meaning around desire and pleasure within the context of the dimensions of sexual wellness: physical, social, emotional, spiritual, intellectual, and environmental?

This qualitative study included the following methods of data collection: interview, demographic survey, Female Sexual Subjectivity Inventory scale, and journal entries. Each case represented the recollections of Black women as Black girls, from the ages of 10 to 19 years old. This study revealed an immense variability among the 10 participants' sexual experiences. The participants' overwhelming lack of knowledge about their bodies and the human sexual response. Participants shared similar narratives about the lack of information and communication about sex with their parents. Participants reported prioritizing their partner's pleasure over their

own pleasure in early and middle adolescence. However, as the participants transitioned into late adolescence, their narratives were more reflective of sexual reciprocity. participants' reports of mixed messages from parents, church, and media. These mixed messages lead to largely negative feelings and associations about their sexuality. Participants reported varying amounts of sexual agency in relation to the internalized messages they received regarding sexual desire and pleasure from parents, religious sources, peers, and media. Despite reports of ambivalence in knowledge about their bodies and the human sexual response, entitlement to self and partnered pleasure, and self-efficacy to achieve pleasure in early and middle adolescence, as participants entered late adolescents there was a visual shift in a healthier perception of sexual desire and pleasure. An integrative model of Black Feminist Thought and the dimensions of sexual wellness illustrates a sex-positive approach to the sexual health and wellbeing of young Black women.

INDEX WORDS: sexual health, adolescence, African American females, case study, sexual pleasure

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LILANTA JOY BRADLEY

B.A., Albany State University, 2002

MFT, University of Louisiana at Monroe, 2004

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LILANTA JOY BRADLEY

Major Professor:	Pamela Orpinas
Committee:	Marsha Davis Jori Hall Jennifer Monahan

Electronic Version Approved:

Suzanne Barbour
Dean of the Graduate School
The University of Georgia
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DEDICATION

This study is dedicated to my M and M's, Mia and Meghan Bradley. It is my hope that they always live life to the fullest, with every expectation that greatness is their ultimate destination.

Hey Black Child
Do you know who you are
Who you really are
Do you know you can be
What you want to be
If you try to be
What you can be

Hey Black Child
Do you know where you are going
Where you're really going
Do you know you can learn
What you want to learn
If you try to learn
What you can learn

Hey Black Child
Do you know you are strong
I mean really strong
Do you know you can do
What you want to do
If you try to do
What you can do
~Countee Cullen

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ABBREVIATIONS

A-CSBI	Adolescent Clinical Sexual Behavior Inventory
CAQDAS	Computer-Assisted Qualitative Data Analysis Software
CDC	Centers for Disease Control
CSBI	Child Sexual Behavior Inventory
DSM-V	Diagnostic and Statistical Manual of Mental Disorders, Version 5
FSSI	Family Sexual Subjectivity Inventory
HIV	Human Immunodeficiency Virus
NCASH	National Committee on Adolescent Sexual Health
SPS	Sexual Problems Scale
STIs	Sexually Transmitted Infections
WHO	World Health Organization
YRBSS	Youth Risk Behavior Surveillance Survey

CHAPTER 1:

INTRODUCTION

When you're a teenager your body is basically all you have. You don't own anything, you still need permission walk out of your own front door, but in the quiet of your bedroom or some dark corner…your body is yours to touch, share, or desecrate. And like death—you are alone in your virginity.

You are alone in keeping it, you are alone in giving it away. I have never regretted the end of my virginity taking place when I was not quite sixteen. I have never regretted who I gave it to. I didn't feel regret, but I did feel other things.

Growing up I kept hearing how virginity was this sacred thing that should be kept and guarded. It was constantly implied that my virginity belonged to the world—not to me. I owed it to God, my family, my community. I was to be judged by others based on how I touched my own body, how I felt about being touched by others and by when I chose to explore the blurred lines of adolescence. I was to look closely at the girls around me who had babies and had—at one time or another—contracted diseases and remember that those were the consequences when girls had sex. I was to take in after-school specials and Lifetime movies and Sex Ed videos and commit to memory the scenes in which some confused girl had sex with some brash, overstated boy only to be shunned and embarrassed afterwards.

No one ever told me that my body belonged to me and that I could do with it what I pleased.

And so within the act of feeling liberated and stirred after my first few sexual encounters, I also felt dirty, disrespectful, deceitful and disappointing. No one tells young girls to do what

they want with their bodies because they know that at some point young girls are going to want to have sex. And God forbid a girl should open her legs and explore her sexuality.

Instead, women are taught their bodies exist because men exist. That their sexuality should be controlled by what men think and feel. Their fathers or male protectors will guard it, their political officials will regulate it and the boys they choose to lay with will determine its importance.

No one tells their daughters that sex is sex and love is love and each can be enjoyed without requiring the other. No one tells their daughter that when a boy wants to have sex with her, she should consider one thing and one thing only—if she wants to have sex with him.

Instead we teach our daughters that despite having wet panties and perked nipples and all the necessary emotions and "equipment" needed to engage sexually, that they should hold off—not because perhaps she doesn't have the time to deal with the physical realities of sexual activity (i.e. remembering to take a pill, having your naughty-bits rubbed raw on occasion, having to maintain a new standard of personal hygiene, keeping up with your menstrual cycles and knowing what questions to ask a potential sex partner) but because the boy won't respect her, or Jesus won't like it or she may end up pregnant or itchy or dead or sad.

When we decide to besmirch adolescent sexuality we are actually closing the possibility to have a real conversation about sex at a time when that support is most needed.

We are neglecting to empower a girl at the brink of womanhood. We are creating shadowy sensationalism around something that really doesn't need the added pressure. Girls who think their bodies don't belong to them are more likely to believe that women are a lesser species. They are more likely to make choices based on what they are being told and not how they feel. (Simpo, 2015, Web blog).

As adolescents begin their exploration of this new identity as a sexual being, researchers must understand not only their thoughts and perceptions about their sexuality but how their world creates meaning in this developmental stage of their lives. Most discussions of adolescent sexuality come from a risk-taking paradigm, rather than a sex positive framework. Specifically, the idea that consensual sexual activities between adolescents are developmentally normative and potentially positive and healthy is frequently lacking (Harden, 2014; Schalet, 2011). Horne and Zimmer-Gembeck (2006) exemplified a sex positive agenda when they asked if girls could experience and manage their sexuality in positive, pleasurable, self-protective, efficacious, and planned ways. Public health scholars are aware of key statistics about female adolescent sexual behaviors but what is missing from the story is: Did she enjoy it? Did she want it? Was she coerced? These questions lead to a broader question. How can public health scholars promote and optimize good sexual health?

Understanding how young people see themselves as sexual beings means being more aware of their cognitive and emotional views about their sexual thoughts, feelings, and behaviors. Traditionally, public health research agendas have reflected societal norms of adolescent sexuality as an inherently deviant behavior based on age, marital status, and sexual orientation. As cultural and political norms shift towards becoming more inclusive of gender and sexual orientations, scholars face the challenge to change the binary and moralistic perspectives of adolescent sexuality. For example, educators labeling abstinence as ‘good’ and sexual activity as ‘bad.’ Moreover, some researchers have operationalized sex in terms of vaginal and penile penetration and have not contextualized behaviors within relationships or desires.

The World Health Organization (WHO) offer definitions of sexual health to operationalize adolescent sexual well-being. WHO defined sexual health as,

> "a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having **pleasurable and safe sexual experiences**, free of coercion, discrimination and violence (World Health Organization, 2006)."

WHO did not specify an age range in the inclusion of their definition of sexual health but it can be assumed that this definition is intended for all human beings. However, the National Commission of Adolescent Sexual Health (NCASH) defined sexual health specifically for youth aged 9 to 17 years old as,

> "… the integration of psychological, physical, societal, cultural, educational, economic and spiritual factors. Sexual health encompasses sexual development and reproductive health, as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love and intimacy in ways consistent with one's own values." (Haffner, 1995p. 4)

What do these definitions offer for the participants in the present study? In accordance to these definitions, researchers have a duty to understand adolescents lived experiences in addition to behavioral outcomes. The definitions are sensitive to the adolescent in context. Both definitions include the words positive and respect, in approaching differences in sexual orientation and sexual relationships. They emphasize the importance of values and sexuality in the context of relationships. WHO's definition reminds scholars that sexual wellbeing is not merely the absence of a sexually transmitted infection (STI) or other negative health outcomes but also the factors that might facilitate positive sexual health. NCASH's definition reminds

scholars of the importance of including adolescent development in the center of inquiry of adolescent sexuality. This sex positive schema potentially offers a new avenue to explore positive motivations for sexual such as pleasure, desire and love.

The operationalization of developmentally normative adolescent sexual health is useful because researchers can apply it as foundational for healthy adolescent sexual wellbeing. Next, researchers can contextualize adolescent sexual wellbeing with the understanding of the physical, emotional and cognitive changes present within this period of development. Lastly, researchers can incorporate special considerations concerning the examination of minority populations, specifically Black adolescent populations.

Black female perceptions of sexual desire and pleasure are influenced by historical factors of slavery, segregation and other health inequities, making this topic complex and multifaceted. Black feminist thought is essential to investigating aspects of sexual desire and pleasure of Black female adolescents because the body of public health literature regarding sexuality becomes more insightful with the inclusion of gender, race, and class. An integrated theoretical approach that incorporates gender, race, class, with the inclusion of wellness comprehensively addresses the ways in which Black females perceive their sexual wellbeing to gain knowledge of the complexities of the development of their sexuality and subsequent sexual practices (Few & Stephens, 2009). This study maintains that physical, social, emotional, spiritual, intellectual, and environmental dimensions of wellness interlock with each other to develop adolescent sexual wellbeing, specifically how perceptions of sexual desire and pleasure are understood.

DEFINITION OF TERMS

ADOLESCENT- WHO's definition of adolescence; specifically, as adolescence begins with the onset of normal puberty, typically around age 10 years old and ends when an adult identity and behavior is accepted, typically around age 18 years old. NCASH labeled adolescence in three specific age groups: early adolescence, ages 9-13 years old; middle adolescence, ages 13-16 years old; and late adolescence, ages 16 years and older (Haffner, 1995). Fortenberry, Schick, Herbenick, Sanders, Dodge, and Reece's (2010) study used these categorical age ranges to note the importance of developmental differences between the stages. For instance, early adolescence was characterized by limited sexual activity and being highly influenced by peers; middle adolescence was characterized by sexual experimentation and usually when first intercourse occurs; late adolescences is characterized by defined adult roles and sexuality associated with commitment.

SEXUAL SUBJECTIVITY- A person's ownership over their sexual desires and pleasures (Cheng, Hamilton, Missari, & Ma, 2014). Horne and Zimmer-Gembeck (2006) describe it as perceptions of desire and pleasure from the body and the experience of being sexual; in other words, how a person experiences themselves as sexual subjects in actual sexual encounters.

SEXUAL WELLBEING- A concept formed around three specific areas of sexuality, sexual satisfaction (cognitive), assertive sexual behaviors (behavior), and the absence of sexual problems (physiological) (Weaver & Byers, 2013). Fine and McClelland (2006) placed sexual well-being for adolescents "within structural contexts that enable economic, educational, social, and psychological health."

SEXUAL SELF-AWARENESS- One of four dimensions of sexual wellbeing defined as a person's feelings of sexual pleasure, desire, and satisfaction, combined with the belief that she is entitled to those feelings (Schalet, 2011).

GENDER IDEOLOGY- Feminist scholars define this term as culturally defined gender roles and norms. What it means to be a woman influences sexual behaviors. (Kerrigan et al., 2007). For example, boys want sex, whereas girls want relationships. Girls must manage and react to the sexual desire of men and hide or downplay their own desires (Horne & Zimmer-Gembeck, 2006).

BLACK GENDER IDEOLOGY- Black Feminist scholars define this term as a set of ideas about gender and race used to justify patterns of opportunity and discrimination that Black men and women encounter in America through social institutions, such as schools, jobs, government agencies. Black gender ideology is also inclusive of the sexual practices of people of African descent (Hill Collins, 2004).

HIP-HOP FEMINISM- This theory is articulated from Black and Brown feminists of the hip-hop generation, whose works are contingent on intersectionality and critical race feminist theory to engage in difficult conversations about race, gender, class, sexuality and strategies for social justice. Joan Gillian coined this new wave of feminism in 1999. She felt hip-hop feminism was needed to provide a framework for recognizing the tensions and contradictions existing in the people's lived experiences; specifically, how women and girls grappled with contradictory impulses and perspectives (Lindsey, 2015).

QUINTAIN- Stake (2006) described a quintain as an object, phenomenon, or condition being studied. Therefore, the quintain, or phenomenon under investigation of the present study, is the phenomenon of the sexual desire and pleasure of Black girls.

Present study

The goal of this study was to examine the dimensions of sexual wellness of Black female adolescents using a sex positive framework that focuses on their perceptions of sexual desire and pleasure. This sex positive framework was innovative to the field of public health because it allows researchers to examine beyond behaviors that may or may not result in injuries or disease and investigate the feelings, emotions and perceptions that precede the sexual behaviors (Elwood & Greene, 2005). This framework inquired on the sexual practices of Black female adolescents that is more inclusive of psychological and environmental factors. Moreover, this study endeavored to add to the body of knowledge expanding the definition of sexual health to provide an in-depth examination of sexual health and sexual wellbeing. Horne and Zimmer-Gembeck (2006) posed the question, how can we promote and optimize good sexual health? The first step to address their question was to understand what are the factors associated with sexual pleasure and desire because sexual pleasure is a key component of sexual health (Philpott, Knerr, & Boydell, 2006). The overall purpose of the present study was to understand how social, emotional, environmental, physical, intellectual, and spiritual aspects of wellness shape the sexual self-awareness of Black adolescent females.

This qualitative study had two research questions:

1. How do Black women in their recollections as Black girls perceive and internalize their lived experiences of sexual desire and pleasure?
2. How do Black women in their recollections as Black girls create meaning around desire and pleasure within the context of the dimensions of sexual wellness: physical, social, emotional, spiritual, intellectual, and environmental?

To answer these questions, the following methods were used to collect data: interview, demographic survey, sexual self-awareness instrument, and journal entries. This study qualified as a multi-case study with the purpose of investigating the lived experiences and sexual self-awareness of several Black adolescent females. Each case represented the recollections of Black women as Black female adolescents, from the ages of 10 to 19 years old. The case was bound with the following criteria: (a) location (lives in Georgia), (b) participants self-identify as Black females; (c) they are between 19 and 20 years of age; and (d) they are able and willing to recall adolescent sexual experiences. The sample consisted of 10 women.

This multi-case study was exploratory. Exploratory case studies focus on the context of the phenomena of interest rather than focusing on outcomes related to the phenomena of interest. Context was valued over specified variable of interest for the discovery of multiple meanings rather than the confirmation of facts (Stake, 2006). This discovery of multiple meanings gave insight that can help influence future directions of policy, practice and research. The findings from this multi-case study will lead to insights that can be used to advance future policies, practices, and research on sexual wellbeing of Black adolescent females, impacting this population, their families, and communities in positive and culturally-responsive ways.

CHAPTER 2:

REVIEW OF THE LITERATURE

This chapter offers a comprehensive overview of several topics relevant to the study of sexual desire, pleasure, and wellness of Black female adolescents. The chapter is in five sections. The first section highlights prevalence and trends associated with Black adolescent sexual health. The second section explores constructs of desire and pleasure and studies on human sexuality. The third section introduces the concept of sexual self-awareness. The fourth section describes the theoretical background of study. The fifth section describes the levels of influence within the dimensions of sexual wellness.

2.1 Adolescent sexual health

In this section, I discuss the prevalence and trends of health behaviors and health outcomes among adolescents. I identify public health prevention methods in sex education, health promotion interventions and health policies concerning adolescent sexuality, including determinants of sexual health. When possible, I compared Black female adolescents to adolescents of other racial and ethnic groups and to males, intersecting my discussion with reflections of causes, distribution, and prevention issues associated with sexual health.

Most studies focused on adolescent sexuality are heteronormative and define sexual activity as oral, vaginal, or anal; the researchers usually use cross sectional study designs, and the reporting period is within the past 30-days. The most frequent behaviors investigated regarding adolescents are frequency of sexual intercourse, early sexual debut, condom use and number of sexual partners; the most frequent health outcomes investigated are STIs, abortions and teen pregnancies. The Centers for Disease Control (CDC) produces biannual reports called the Youth

Risk Behavior Surveillance Survey (YRBSS) on adolescent health outcomes, including sexual behaviors.

Behaviors

The prevalence of high school students actively engaged in sexual intercourse is slowly declining. However, recent trends suggest that adolescent sexuality is more complex than ever before. The previous YRBSS results showed the gap between the rates of Black youth compared to other ethnicities narrowing (Kann et al., 2014). As summarized in Table 2.1, the most recent YRBSS results showed that, compared to White and Hispanic females, fewer Black females ever had sexual intercourse and are currently sexually active (Kann et al., 2016).

However, some problematic sexual behaviors are still leading among Black female adolescents, particularly having sex before age 13, not using condoms at last sexual intercourse or other contraction methods, and using alcohol or drugs before last intercourse (Kann et al., 2016). More Black females got tested for Human Immunodeficiency Virus (HIV) which could be an indication of higher perceived susceptibility.

Table 2.1 Prevalence of adolescent female sexual behaviors, grades 9-12, United States

	Black %	White %	Hispanic %
Ever had sexual intercourse	37.4	40.3	39.8
Currently sexually active	25.7	31.4	30.1
Had sex before age 13	4.3	1.6	3.1
Had 4 or more sexual partners	9.2	9.2	6.2
Used condom at last sexual intercourse	46.7	55.9	48.3
No method of contraception	25.6	10.2	22.7
Used alcohol or drugs before last sexual intercourse	19.0	14.7	17.7
Ever tested for HIV	16.2	9.1	12.3

Source: YRBS 2015

The proportion of Black females reporting current sexual activity more than doubled between freshman year of high school (20.7%) and senior year of high school (57.2%) (Kann et al., 2016). However, the use of birth control only increased from 11.2% in the ninth grade to 23.2% in the twelfth grade, condom use went down for both females and males by almost 10%, as teens got older. These statistics should be important to sexual education policy makers, health intervention programmers and parents who are interested in factors related to early sexual debut.

A team of social justice researchers reported that one-third of Black children, age 12-17 years, live below the official poverty line. Poverty is a risk factor for having sex at an earlier age, having higher rates of STIs, having unintended pregnancies and lacking access to health services (Schalet et al., 2014). The researchers suggested addressing macro levels of sexual behavior influence in sex education, giving adolescents insights on the social and cultural forces that maintain systems economic inequality. They recognized that structural forces are not likely to change in the near future but it is important to give youth opportunities to examine these forces and the impact they have on their lives so that they can make intentional decisions on how to respond to the forces.

Female gender ideology may also have affected the female adolescent reported numbers of sexual partners. Femininity is associated with sexual restraint and high feelings of guilt and shame about sexual acts (Curtin, Ward, Merriwether, & Caruthers, 2011). Feminine ideology has also been linked to females reporting difficulties disclosing sexual history to parents, sexual partners and medical providers due to fear of rejection and stigma (Schalet et al., 2014). Unfortunately, education on the negative effects of gender ideology is missing from most evidence-based intervention programs. Schalet et al. further asserted, “Rigid masculinity and femininity norms can undermine contraceptive use.” (p. 1601). This assertion can be problematic

for the field of health promotion, specifically for those determined to diminish the negative sexual health outcomes of adolescents.

Health outcomes

Adolescent sexual health outcomes of primary interest to public health researchers are STI/HIV transmission, and pregnancy. Unfortunately, racial and gender disparities in STI/HIV transmission are high. Although adolescents make up one fourth of the sexually active population in the United States, they account for half of the twenty million new cases of STIs annually. Black adolescent males and females carry the burden of health disparities among new cases of STIs. For instance, Blacks accounted for 57% of adolescent cases of HIV diagnoses and the incidence rate of HIV in Black women is twenty times higher than White women (Schalet et al., 2014). There are overwhelming disparities in new HIV infections in Black men and women as compared to other ethnicities (Centers for Disease Control and Prevention, 2013). Chlamydia transmission among Black populations is over 6 times higher than among White populations. Similarly, syphilis rates among Blacks are 6 times higher than among Whites and 13 times higher when comparing adolescent populations of these groups. Although Gonorrhea rates have decreased for 15-19 year olds, Black adolescents still face 12.4 higher rates of transmission than White youth (Centers for Disease Control and Prevention, 2013). Racial disparities continue to persist in rates of HPV among Blacks, even as incident rates dropped from 7% in 2006 to less than 4% in 2010 among teens 14 to 19 years old.

Historically, adolescent pregnancy rates are at an all-time low. Researchers cited similar responses to this phenomenon. Some researchers suggested that interventions targeting pregnancy prevention have worked. For instance, interventions have given adolescents the necessary skills and efficacy in using contraceptives to prevent pregnancy. Policies have also led

to greater access to resources and services for adolescents (Benda & Corwyn, 1999; Maness & Buhi, 2016).

Prevention

Sex education has shifted from a focus on abstinence-only curriculum to a more comprehensive curriculum. The Obama administration defunded abstinence-only curriculum and funding opportunities for comprehensive sex education increased if researchers and educators follow evidence-based research. Some sex educators remained critical of these changes because they contend that evidence-based interventions are still lacking inclusion in sexual orientations, gender non-conforming identities and a critical analysis of health inequities (Satcher, Thrasher, & Pluhar, 2007; Schalet et al., 2014).

Traditionally, sexual health interventions for adolescents have taken on many forms and modalities: adolescent-only, adolescent/parent, parent-only, adolescent/family, in school settings, community centers, and in home options (Chu, Farruggia, Sanders, & Ralph, 2012; Downing, Jones, Bates, Sumnall, & Bellis, 2011). There have been numerous meta-analyses on the most efficacious intervention settings and modalities but the findings about the most appropriate way to address adolescent sexuality are inconsistent. However, most studies agreed that adolescent and family centered interventions were the most effective form of health intervention to combat risky sexual behaviors of this population (Barber, 2000; Beharie et al., 2011; Brody et al., 2006).

Former Surgeon General, David Satcher, began a dialogue about the sexual health of adolescents in 2001 with his Call to Action to promote sexual health and responsible sexual behavior. He subsequently founded the National Center for Primary Care at Morehouse School of Medicine in Atlanta, Georgia, where he established the National Advisory Council on Sexual Health and National Consensus Process on Sexual Health and Responsible Behavior. Among

other aims, a goal of the council was to increase public dialogue about human sexuality and sexual health in the United States and establish common ground, while appreciating the diversity of culture to engage in sustained, mature, informed and respectful discussions (Satcher et al., 2007).

Welles (2005) called for erotic education, a narrative and expository experience for educators to provide a psychological context for understanding sexual experiences. This erotic education was inclusive of sexual identity and orientation, shared sexual behaviors, sexual response, masturbation and abortion. Her erotic education included an authentic discourse about sexual desire where students can openly discuss the realities of their sexual lives and sort out the mixed messages they receive from family, community and society. She defined erotic education as comprehensive and interdisciplinary, meaning that it resulted from a collaboration of psychologists, educators, parents, and public health scholars to teach adolescents what they need to know for optimal sexual health.

The Office of Adolescent Health addressed the unique health challenges facing adolescents in the United States, beginning in 2010. Five years after its conception, the organization acknowledged the strides in overall lower rates of pregnancy and of young sexual debut but the agency remained troubled by the persistently higher rates of pregnancy, STIs and HIV in Black adolescents and lower income youth. Even more puzzling is the proportion of adolescents engaged in sexual behaviors is the same as those in other developed countries yet the United States maintains pregnancy rates nine times higher than the Netherlands, four times higher than France, and five times higher than Germany. The United States also has higher rates of STIs than these countries (Kappeler, 2015; Satcher et al., 2007).

In 2014, the Office of Adolescent Health developed an Adolescent Health initiative called, *Think, Act, Grow,* which consisted of five goals to help address the health disparities of adolescents. Goal 1: To encourage adolescents to make positive connections with supportive people. This goal was rooted in the assumption that the bigger the social capital of a person, the better their health outcomes. Goal 2: To create safe and secure places to live, learn and play for adolescents. This goal addressed the neighborhood and built environment areas found in the Healthy People 2020 social determinants of health. Goal 3: To ensure that adolescents have access to high quality teen friendly health care. Again, this goal was reflective of the Healthy People 2020 areas of health and health care. Goal 4: To create opportunities to engage adolescents as learners, leaders, team members and workers. This goal fostered the ideals of strengths-based youth developmental models when youth have opportunities to practice their skills. Goal 5: to coordinate adolescent-family centered services. This goal is reflective of research findings that suggest parent-child closeness leads to better health outcomes for adolescents (Sales et al., 2008; Taylor, 1993).

Determinants of sexual health

Public health researchers have drawn from the Healthy People 2020 to adapt their versions of the social determinants of sexual health. In accordance with Healthy People 2020, they also agreed that addressing these five areas, economy, education, social context, health care and neighborhood would lead to reduce the health disparities, specifically regarding sexual health. Maness and Buhi (2016) used Table 2.2 in a meta-analysis of studies regarding adolescent pregnancy over the last 25 years.

Table 2.2 Healthy People 2020 social determinants of health

	Social determinants of health areas				
	Economic stability	*Education*	*Social and community context*	*Health and health care*	*Neighborhood and built environment*
Critical components/ key issues	Poverty	High school graduation rates	Family structure	Access to health services	Quality of housing
	Employment status	School policies that support health promotion	Social cohesion	Access to primary care	Crime and violence
	Access to employment	School environments that are safe and conducive to learning	Perceptions of discrimination and equity	Health technology	Environmental conditions
	Housing stability	Enrollment in higher education	Civic participation		Access to healthy foods
			Incarceration/ institutionalization		

Source: Maness and Buhi (2016)

She and her colleague examined 5000 articles and only found 22 studies that featured at least one critical component of the determinants of health. They found that four of the five determinants of health areas were used and that health and health care were absent from all of the studies. Most studies (12/22) featured a critical component from the area of economic stability. Neighborhood and built environment represented 4 of the 22 studies and the area of education featured in 2 of the 22 studies regarding adolescent pregnancy. The authors recommended that, in the future, pregnancy prevention researchers examine beyond individual and interpersonal levels of influence and use Healthy People 2020's health disparity areas as a guide for better public health practices to move towards health equity for all United States citizens.

Other researchers were also interested in the WHO's conceptualization of the determinants of health for adolescent populations from a global perspective. They distinguished variables as structural determinants (national wealth, income inequality, and access to education) and proximal determinants (personal, family, community). The proximal determinants of family and community were protective factors for adolescent health outcomes if deemed safe and supportive social environments. The research team also asserted that health and healthy

behaviors were strongly associated from adolescence to adulthood and more public health research was needed to focus on this crucial transitional stage of development (Viner et al., 2012).

In conclusion, I have presented the prevalence and trends of the past few years regarding sexual health behaviors and outcomes associated with adolescent sexual health. I have also included a discussion on the physical, social, economic and emotional consequences of the risky sexual behaviors of adolescents. I have included statistics on racial, ethnic and gender differences related to adolescent sexual health to elicit a clear understanding of the current state of adolescent sexuality.

2.2 Desire, pleasure and human sexuality

This section offers definitions, reflections and considerations of scholarly views on desire, pleasure and human sexuality. It will give distinctions between desire and pleasure, a comprehensive discussion on measurements of desire and pleasure, specifically as it relates to adolescent sexuality, and an overview of desire, pleasure and human sexuality. This section also includes relevant studies on desire and pleasure in relation to Black womanhood and feminist thought.

This section begins with a detailed synapsis of terminology associated with pleasure and desire. Table 2.3 outlines various sexual health researchers and their understanding of the nuanced differences in pleasure and desire within their bodies of research.

Table 2.3 Definitions of female pleasure and desire

Construct	Author (s)	Definition
Pleasure	(Philpott et al., 2006) (Coveney & Bunton, 2003)	The physical and/or psychological satisfaction or enjoyment one derives from any erotic interaction; innate and socially constructed
Biological Pleasure		Physiological state of readiness for sexual activity (cognitive and emotion components)
Ethics of Pleasure	(Rasmussen, 2012)	Standards of recognizing complicated identities and emphasizing "an individual's agency in their own conduct and pursuit of pleasure, while concurrently acknowledging the power relations that operate to constrain discourses of pleasure"
Desire	(Tolman & Szalacha, 1999) (Joshi, Peter, & Valkenburg, 2011)	Sexual desire refers to strong, embodied, passionate feelings of sexual wanting, as well as knowing, listening to, and taking into account one's own bodily sexual feelings through pleasure; sexual appetite, sexual urges, sexual wishes
Thick Desire	(Fine & McClelland, 2007)	Young women able to imagine themselves as sexual beings capable of pleasure and desire and cautious about the burden [of risky sexual behaviors] without carrying the undue burden of social, medical and reproductive consequences
Dilemma of Desire	(Tolman, 2005)	The dichotomy between desire and danger, fear and joy and having to balance the two. There is the reality of danger in sexuality, possibilities of STIs, unwanted pregnancy and stigma but there is also pleasure that exists participating in sexual acts
Embodied Desire	(Tolman, 1994)	Patterns in the process of girls learning to look at, rather than experience, themselves, to know themselves outside of the perspective of men, so they don't lose touch with their own bodily feelings and desires. It is at this moment in their development that many women will start to experience and develop ways of responding to their own sexual feelings.

Sexual pleasure

Most sexuality researchers would agree that the indicators used to measure constructs of sexual pleasure are incomplete and inconsistent (Lamb, 2010; Philpott et al., 2006). The promotion of sexual health requires constructs that are culturally-defined and gender-specific to ensure the messages are relatable to the population of interest. Coveney and Bunton (2003) stated that "pleasure might be considered a motive for human action and integral to understanding how humans interact with each other and their environment in ways that promote health or create disease" (p.163). They maintained that pleasure was under researched especially within health and health-related areas. This research team offered four constructs of pleasure that might be valuable for sexual health researchers in furthering a research agenda that focuses on pleasure. The first construct was carnal pleasure, described as raw physical and instinctual bodily urges that lead to many risky and health damaging behaviors. The second construct was deferred pleasure, or pleasure that has been rationalized, moderated, or reflected in tempered practices. The third construct was ascetic pleasure, or pleasure that is careful and managed in a self-training effort. The fourth construct was ecstatic pleasure, or pleasure that is liberating, resulting in rapturous experiences.

Welles (2005) shared that a variety of ways to foster pleasure without the expectation of orgasm. She explained that pleasure can be attained by fantasy, thoughts, dreams, glances, kisses, touch, full body contact, masturbation, intercourse and more. She also mentioned placing more emphasis on orgasm over intercourse as the goal of sexual encounters. However, some sexual health educators are leery of placing too much emphasis on orgasm because pressure to achieve an orgasm may be stressful and distracting.

Rasmussen championed the use of pleasure in sexual education. She stated that adults should be affirming the importance of young people's autonomy in making educated choices about their sexual behaviors (Rasmussen, 2012). She felt that sexual education should teach children and teens how to minimize risk and maximize pleasure by increasing their skills in thinking critically about pleasure, deviance, fantasy and behavior. She also believed that sexual education was a great space to recognize sexual diversity, hence the ethics of pleasure. She felt more research should focus on how kinship networks, culture and religion, spirituality and ethics are integrated in young people's sexual decision making.

One public health approach to sex and sexual health has been the work of Philpott and Knerr (Philpott et al., 2006) in the Pleasure Project. These health promotion scholars commit themselves to seeking out a more pleasure-focused approach to safer sex interventions. They believe that these types of interventions will be better received in public spaces and more relevant and relatable for men and women. The Pleasure Project team was founded on the premise that sexual pleasure is a key component of sexual health and one of the major reasons people have sex is the pursuit of pleasure. They developed positive health messages through pornographic media. They asserted that the use of pornographic media may be controversial, but it can be used to change the way condoms are viewed by showing condom use in a more intimate manner in real settings with real vaginas and penises. This approach creates a counter narrative to a popular belief that condoms reduce pleasure (Higgins & Wang, 2015). Philpott and Knerr reframed condoms as sex toys to further enhance the possibility to change perceptions of pleasure around condom use.

Galinsky and Sonenstein (2011) investigated the associations between sexual pleasure and developmental assets of adolescents. They used data from the National Longitudinal Study

of Adolescent Health (2001-2002) to find the relationship between frequencies in orgasms and reciprocity in oral sex-three sexual enjoyment measures-and connectedness, competence, confidence, character and caring-five developmental asset measures. Women comprised a majority of their participants (60%) and they were half as likely to report orgasms in sexual relations (oral, vaginal, and anal) as men in the study. Women were also half as likely to report enjoyment in performing oral sex than men in the study. Other findings were autonomy, self-esteem, and empathy were positively associated with the sexual enjoyment. Galinsky and Sonenstein suggested that autonomy and self-esteem could be protective factors in establishing good sexual communication and exploration. But a limitation of their study was sexual enjoyment within partnered sex. There may be differences in hook up sex and other non-partnered sex popular among some adolescents.

Lamb (2010), a feminist sexuality scholar, offered several critiques of what she labeled feminist ideals of female adolescent sexuality. She began with the problematic notion that pleasurable sex equals orgasms. She cautioned feminist sex educators to consider the implication of girls qualifying orgasms as "good sex." She acknowledged that healthy female sexuality must confront and dismantle objectification, female gender ideology, sexual dichotomies and the pathology of adolescent sexuality but she viewed these goals as lofty and unrealistic. She offered feminists the following concerns: unconsented sex can be pleasurable, experiences of objectification can be pleasurable, and commodified sexual experiences can be pleasurable. She also pointed out that the assumption that teenage girls should be able to manage their bodies, their emotions, and their relationships with expertise is laughable as many women are not able to do so. She further cautioned feminist sex educators and researchers to consider that it may be problematic for "othered" women, Black and Latina, who have historically been represented as

hypersexual with uncontrollable sexual desires to identify as pleasure-seekers as it reinforces the controlling images they are constantly trying to manage. For example, researchers view Black girls' sexual agency as their ability to say no or wait on sex, leaving them with little negotiation for positive way to seek out pleasure and desire for themselves. Lamb's solution for these issues is a model of mutuality. This model comprises of reciprocity within relationships, seeking pleasure within and from without relationships, having sex or play in fairness and foundations of care and compassion in all sexual encounters.

One Black Feminist scholar suggested that Black female sexuality was a study of contradictions, open to paradox and multiplicity. She offered a critic of theories of sexual pleasure associated with Black womanhood (Nash, 2012). She questioned notions of sexual visibility being tied to liberatory acts as a counter-narratives to politics of silence and respectability rooted in causes to stop society from being critical of the Black female body. She found fault with other Black feminist scholars who suggested that media stars like Beyonce, Zane and others were making space for Black erotica and sexual freedom in a celebration of sexual agency. She responded to those claims by suggesting that there should be room for both, sexual visibility and sexual discretion. She stated there should be value in everyone's truth, even in women who choose to wait until marriage before engaging in sexual activity or women who prefer not to wear revealing clothing.

Another Black feminist scholar investigated the association between Black women's self-esteem and perceptions of hypersexualized controlling images of Black womanhood. She wanted to know whether Black women still endorsed depictions of the Jezebel, what Black Feminist describe as hypersexual, seductive, and manipulative with a shapely body and how those endorsements may impact self-esteem (Brown, White-Johnson, & Griffin-Fennell, 2013). She

used a seven-item Modern Jezebel scale that featured statements such as, “Black girls always want to have sex.” She paired that scale with the Racial Ethic Esteem scale that measured collective self-esteem with statements like, “I feel good about the racial group I belong to.” She tested three age groups of Black women to find differences among younger to older cohorts. She found that the younger cohort endorsed modern Jezebel depictions. Based on her findings, she surmised that education is crucial to establishing counter-narratives to harmful stereotypes of Black womanhood. For instance, education levels may serve as a significant predictor of scores on the Modern Jezebel measure for young Black women. She further noted that women with more education were probably less likely to emphasize their sexuality to get what they want in life. She advised that intervention and prevention programming targeted for Black women must address the complex, intersecting, gendered, racial, and cultural issues that impact Black women’s daily lived experiences (p.536).

Richardson believed that hip-hop feminism is a viable solution to address all of the previously mentioned issues that conflate Black women’s inherent “at-riskness” (p.330). She maintained that using the language and “oppositional consciousness” of hip-hop could craft a culturally relevant, gender-specific, creative, intellectual, and political movement. She described hip-hop feminism movement as a post structural view of Black feminism “for the gray areas in life.” This movement had the potential to promote dialogue on issues of relationships between Black women and men, health, social justice and overall wellbeing needed to help young Black women ambivalence formed from mixed messages they receive from various people. These mixed messages rely distorted constructions of femininity that often emphasize passivity, outward appearance and attractiveness making it difficult for young Black women to ascertain who they are, what they can become and how they should act as sexual beings.

What are women's perceived barriers and perceived susceptibility to the use of condoms? Some researchers found most research on these issues are skewed towards men's attitudes and beliefs without consideration for women's sexual practices with condoms (Fortenberry et al., 2010; Higgins & Wang, 2015). 23% of 189 women reported decreased pleasure due to condom use during sex. They reported exacerbation of vaginal dryness, interruption of the moment, or diminished sensation. These barriers lead to less likelihood of using condoms compared to women reporting positive condom experiences. Another consideration is that women often defer to their partners' pleasure over their own sexual satisfaction or comfort when deciding not to use condoms. Authors also cited another study were women who reported "condom-associated arousal loss" were more likely than men to have unprotected sex in the last 12 months.

Sexual Desire

Tolman centered her research career around female adolescent sexuality. One of her first studies explored what she coined, "embodied desire," becoming the subject, not the object when engaging in sexual activity (Tolman, 2005). She viewed societal mixed messages as promoting a "crisis of connection" in adolescent females as they silenced their own thoughts and feelings for the sake of their relationships. Her inquiries into adolescent sexual desire and pleasure were based around her participants' relationships with peers, family members and partners. Her findings indicated participants often were in a state of "not knowing desire," because of the unrelenting pressure to be "nice girls" who grow up to be "good women." Her participants all stated that this was the first time another woman talked to them about sexual desire and pleasure like this. The girls had no idea there was nothing wrong with having sexual feelings and responding to them in ways that brought joy and agency. A participant that identified as bisexual shared that although she desired other women sexually, "it could never happen." Tolman

explained that this young girl guarded herself from feelings that could lead to disappointment, embarrassment, frustration, and psychological vulnerability.

Tolman was critical of public health research agendas that held no interest beyond behavioral trends and diseases. She admonished the field needed to show more concern about understanding and supporting the development of healthy sexuality among girls (Tolman, 1994). Her own research featured a phenomenological investigation on how girls described their sexual feelings and experiences, specifically, in what ways did they speak about their own bodies in telling their stories of desire. There were 30 girls evenly divided into two categories, urban girls and suburban girls. She found that focusing on two social locations revealed different qualities of experiences of sexual desire and pleasure. Urban girls linked their sexual desire with physical danger and consequences, whereas suburban girls voiced more sexual curiosity, while associating sexual desire with social and emotional dangers that threatened their "good girl status."

Welles (2005) research agenda focused on increasing sex-positive attitudes towards female desire to counter shame and confusion felt by females, especially during adolescence. She argued that a woman's ability to be conscious of and fully present in her sexual experience is important in the development of sexual agency. She spoke out against the pervasiveness of gender ideology and the difficulties girls faced as they attempted to connect bodily pleasures and sexual desire in bodies they felt were lacking when compared to dominator culture body ideals. Her interest in parental influence and sexual desire led to statements around the importance of mothers being able to accept and acknowledge their daughter's sexuality. Tolman held similar views about the importance of women being the gatekeepers of sexual empowerment with the power of sharing information that might help daughters navigate confusing and contradictory

spaces in their newfound womanhood (Tolman, 2012). She pointed out there is validation that comes with these mother daughter conversations, much like the validation the girl in the introductory vignette longed for from her own mother. Welles also encouraged masturbation as a tool to increase sexual agency in adolescent females. She lamented that her research found there is little to no association with female genital organs and pleasure and girls learn about masturbation by accident, if at all. She warned that inexperience with autoerotic behavior may lead to "erotic dependency" on men.

A study of differences in scripts of sexual desire in the United States and the Netherlands uncovered many ways society can be influential in girls' perceptions of sexual desire. The researchers compared US and Dutch teen magazines 627 sex-related feature stories from 2006 to 2008 (Joshi et al., 2011). They found that sexual wanting, an operationalization of sexual desire, was primarily associated with males and more prevalent in US magazines. Their review of literature confirmed this finding; women's magazines on sexual desire have an emphasis on men's sexuality. Whereas the teen sexual scripts within the magazines studied showed an absence of pleasure during sex should be considered normal. Messages found within the study suggest that women are the objects of sexual encounters instead of the subjects, implications of women having no sex drive, and men have sex drives that are so high, they are uncontrollable. Ten percent of US feature stories had pleasurable content, compared to twenty-five percent of Dutch feature stories. Twenty-five percent of US magazines featured stories about negative sexual health consequences compared to seventeen percent of Dutch magazines. These findings are significant because they reflect the Netherland society views on teen sex as normative, with more feature stories highlighting sexual enjoyment and positive experiences of sex. Unlike

American society, where teen sex is associated with guilt and negative outcomes, rather than pleasure and positive outcomes (Schalet et al., 2014).

Spectrum of human sexuality

Like most phenomena, researchers have conflicting views on what constitutes normal sexuality and consensus on adolescent sexuality is more problematic due to moralistic perspectives within the academy. O'Sullivan and Majerovich's research centered around positive and problematic sexual functioning (2008). They examined whether foundations for sexual functioning could be established early in the sexual lives of adolescents. The variables used in their study were measures of sexual interest, sexual arousal, orgasm, pleasure and pain. They defined sexual desire in two ways, engagement in sexual activity alone and sexual activity with a partner. They defined sexual pleasure by frequency of feelings of pleasure from any form of sexual experience. Their mixed-methods study design included interviews in addition to surveys. Overall, participants reported high levels of sexual desire, pleasure and satisfaction with no gendered differences in outcomes outside of masturbation. Women reported a rating of *sometimes* or *always* for inability to climax (52%), insufficient lubrication (31%), performance anxiety (31%), and painful intercourse (26%). Many female participants (66%) reported sex as unpleasurable at some point in their sexual histories, while some reported it *sometimes* or *often* unpleasurable (11%). Interviewers asked participants to describe the best and worst parts of their sexual lives, with probes on recent experiences of pain, discomfort, stress, pressure, or lack of pleasure. Four themes emerged from the interview data: pleasure increased with sexual experience, sexual difficulties resulted in sexual avoidance, sexual interest might be low but sexual activity was high, pain is associated with low arousal. The third theme of low sexual interest and high sexual activity came from participants commonly reporting engaging in

unwanted sex. Other participants noted feelings of undesirability when not engaged in lots of sex. For example, a female participant stated, “I feel like if we are not having sex a lot, there is something wrong. It makes me feel not sexy and not desirable.” This finding underscores the need for more sex education for healthy, mutually desired and satisfying sexual interaction for young people (O'Sullivan & Majerovich, 2008).

A major source of conflict in defining hypersexuality is the use of multiple variables to operationalize it in sexuality research. Carvalho, Stulhofer, Vieira, and Jurin (2015) examined the difference between hypersexuality and high sexual desire in efforts to crystalize the concept of problematic sexuality. To determine the differences between hypersexuality and high sexual desire, they used four key variables: sexual desire, sexual activity, perceived lack of control over one’s sexuality, and negative behavioral consequences. They also tested several moderators associated with hypersexuality included religiosity, attitudes towards porn and general psychopathology. They found that hypersexuality was linked to negative outcomes such as control and consequences. For example, participants reported higher psychopathology and moralistic attitudes as forms of control and consequences; whereas, participants reported higher incidences of desire and sexual activity for high desire outcomes in less stigmatizing situations. The authors noted that it is important to rule out mental health disorders before considering hypersexuality as it may be a symptom of obsessive-compulsive disorder, impulse control disorder, or addiction. They cautioned that pathologizing high sexual desire, or “too much sex,” could lead to shame and guilt, which in turn causes distress to the individual. It is also important to note that authors of the Diagnostic and Statistical Manual of Mental Disorders, Version 5 (DSM-V) rejected hypersexual disorder as a formal disorder.

Some researchers sought to differentiate what is normal and abnormal sexual behavior in children and adolescents. They found so much variance within the normal sexual development of young people that it became difficult to diagnosis hypersexuality in adolescence due to the psychological, individual and social variables. However, they referenced hypersexuality in children as excessive, developmentally precocious, compulsive, aggressive and socially inappropriate (Adelson et al., 2012). They shared several instruments that can be helpful in parsing out the mediators and moderators (sexual abuse, physical abuse, life stress, impaired family relationships, and emotional and behavioral problems) contributing to hypersexuality in youth such as the Child Sexual Behavior Inventory (CSBI) for youth ages 3 to 12 years old, Adolescent Clinical Sexual Behavior Inventory (A-CSBI) for youth ages 12 to 18 years old, and Sexual Problems Scale (SPS) for youth ages 4 to 11 years old. They highlighted a study of sexual behaviors of high risk adolescents ages 12 to 18 years old. The findings included study participants quickly became sexual in relationships, had greater levels of sexual interest, exhibited divergent sexual practices like owning pornography or being accused of sexual abuse of another person.

Asexuality is found at the opposite end of the human sexuality spectrum. It is typically defined as a lack of sexual interest or attraction in others of either sex. Early sex researcher, Kinsey, did not recognize asexual people on his model of sexual orientation, developed in the 1940s, but he did refer to them as Xs and noted that about 2% of males and 19% of females were asexual. A few decades later, Storms (1980) developed a two dimensional model of sexual orientation that recognized four sexual orientations. The two dimensions homo-eroticism and hetero-eroticism. As shown in Figure 2.1, the combination of high and low levels of these

dimensions lead to four orientations: homosexual, bisexual, heterosexual, and asexual (Bogaert, 2015; Van Houdenhove, Gijs, T'Sjoen, & Enzlin, 2014).

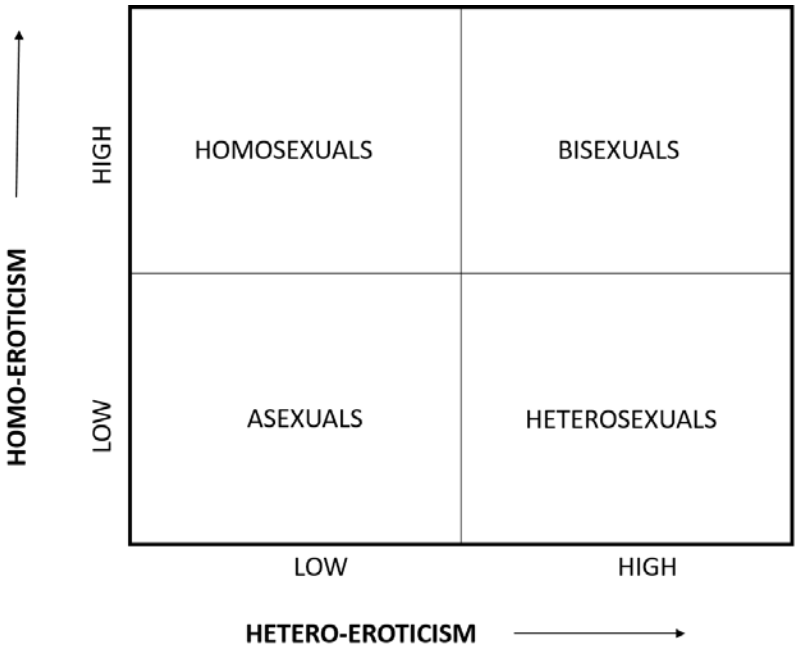

Figure 2.1 Storms' four orientation categories
Source: Storms (1980)

There are several important considerations to note regarding an asexual orientation. First, persons who identify as asexual may lack sexual desire but that does not negate romantic attraction to others (Bogaert, 2015). Second, people who identify as asexual still have physiological sexual arousal experiences. In other words, they still have erections and vaginal lubrication and therefore still can have pleasurable experiences. Usually these pleasurable experiences are solitary and non-partnered. Asexuality researchers have found that a significant number of their participants masturbate. Asexual study participants described masturbation as a physical activity rather than a sexual one, using masturbation to relax or relieve stress. Nevertheless, asexuality researchers found no difference in frequency of masturbation behaviors

between sexual individuals and asexual individuals (Van Houdenhove et al., 2014). They also found that asexual people have sexual fantasies but there is a disconnect between self and their "sexual target" within the fantasy. In other words, the sexual target is often a fictional character or other sexual imagery as "I or self" is missing from their sexuality. Third, 70% of asexual people are female. Bogaert hypothesized that one potential explanation is that women are less socialized as sexual beings. Fourth, persons identifying as asexual were more likely to have untraditional gender expressions because their sexual development did not follow traditional masculine or feminine gender roles.

Van Houdenhove and his research team (2014) had a similar understanding of asexual orientation. They reported on three approaches to assessing or assigning asexuality to their participants based on lack of sexual behaviors, lack of sexual desire, and self-identification as asexual or a combination of all three. They noted a 6% prevalence of asexual orientation among women and men; however, prevalence was hard to establish due to reporting issues. When asexuality study participants were asked about sexual attraction, high specificity but low sensitivity was present when assessing asexual identification. In other words, researchers found that they were often unable to correctly identify participants as asexual (low sensitivity) but they could identify when the participants were not asexual (high specificity). Discrepancies also arose from researchers use of varying definitions of asexuality. Van Houdenhove et al. noted that behavior is no longer a defining factor in current studies and that participants must be familiar with the term before applying it to themselves.

Although asexual people are generally less at risk for sexually transmitted diseases because they less frequently engage in partnered sexual activity (73%), it is still important for health promoters to understand this population. Public health should promote optimal sexual

health for all populations, no matter the level of sexual behavior. There are two other issues to consider. Asexual women are less aware of their genital arousal and how to manipulate arousal in their bodies, and 26% of persons identifying as asexual may consent to sexual activities because their partner wants to have sex. As a result, people with asexual orientations still need to development sexual agency and sexual awareness. A review of the literature on asexual orientation uncovered an association between asexuality and poor health but more research is needed to investigate lifelong asexuality and good health to determine whether asexuality is the result of atypical social functioning or the cause of it (Van Houdenhove et al., 2014).

2.3 Sexual self-awareness

This study defines sexual wellbeing within four dimensions: sexual self-efficacy, sexual self-esteem, sexual self-respect, and sexual self-awareness. **Sexual self-efficacy** is a person's agency in making their own sexual wants and needs known to their partner. **Sexual self-esteem** is a person's perception of herself as a sexual being, also feeling attractive and desirable to her partner. **Sexual self-respect** is a person being free of emotional pain and distress in regards to her sexuality. **Sexual self-awareness** is a person's feelings of sexual pleasure, desire, and satisfaction, combined with the belief that she is entitled to those feelings. The dimensions of sexual wellbeing were adapted from Schalet and Harden, who proposed using a sex-positive paradigm when researching adolescent sexuality (Harden, 2014; Schalet, 2011). This case study focuses on the concept of sexual self-awareness and the influences on Black female adolescents' perceptions of sexual pleasure, desire and satisfaction.

Sexual self-awareness is a person's feelings of sexual pleasure, desire, and satisfaction, while also believing that she is entitled to those feelings. Sexual self-awareness is probably the most controversial constructs of the sexual wellbeing of adolescents for many reasons. Adults

have limited views on adolescent sexuality from personal and political standpoints. From an interpersonal standpoint, researchers found that parents were less likely to talk to their children about sex because they felt their children were not capable of romantic or sexual feelings. Other researchers have noted these limited views led to restrictions on comprehensive sex education funding and limited resources for sexual health in public settings. Recently social justice advocates for adolescent sexual health have been very critical of sex education for not including sexual desire topics in the comprehensive sex education curricula. Michelle Fine wrote a seminal article called, *Sexuality, schooling and adolescent females: The missing discourse of desire* over 20 years ago and more recently added additional concerns to her initial dismay of the moralistic and sexist approaches taken to sex education in schools in United States. She and her colleague wrote, "young females should be able to imagine themselves as sexual beings, capable of pleasure and cautious about burden without carrying the undue burden of social, medical, and reproductive consequence" (Fine & McClelland, 2006, p. 201). Their assertions aligned with other sex positive narratives concerning female adolescent sexuality.

In a subsequent article, Fine and McClelland (2007) expanded their concerns to include specific populations: the poor and working class; teens with disabilities; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth; and Black and Latina students. School systems have failed for many of them. The authors stated that sex education should give adolescents the skills to express themselves as well as give the adolescents ways to negotiate risk while pursuing pleasure in safe and satisfying ways. Fine asserted it is adults' responsibility to teach adolescents within their community the skills needed to express their political and sexual agency. She explained that adults manage this responsibility by helping adolescents with open and trusting communication, telling them how to seek help when necessary, and explaining how to negotiate

risk and pursue pleasure in safe and satisfying ways. Vernacchio expressed similar views in a Ted Talk blog with fellow sex educator, Gallup (Vernacchio & Gallup, 2015). He called this kind of sex education social justice because it identified the tension in allowing adolescents to express and discuss pleasure and desire as social justice issue.

Operationalizing sexual self-awareness requires measuring feelings of sexual pleasure and satisfaction and a belief of entitlement to those feelings. A team of researchers used a scale to measure adolescents' openness to sexuality (L'Engle, Brown, Romocki, & Kenneavy, 2007). This four-item scale focused on adolescent sexual self-concepts and media use patterns. Their findings resulted in four sexual self-concepts based on the participants' perceptions of sexual desire, sexual agency, personal norms, and peer sexual norms.

A team of public health researchers used the Sexual Excitation/Sexual Inhibition Inventory for Women and Men (SESII-W/M) with a sample of Black female adolescents ages 14-20 years old (Sales et al., 2013). This 9-item scale focused on concepts such as the physical, emotional, and relational pleasure from sex with a partner or boyfriend. Sales et al. stated that the goal of their study was to show how responsible sexual behaviors could lead to better health outcomes for youth. They believed that their scale could help youth develop strategies to use when they become aroused and therefore make better decisions.

Horne and Zimmer-Gembeck (2006) created the female sexual subjectivity inventory to measure sexual subjectivity in three distinct areas: the body, desire and pleasure, and sexual self-reflection. The feminist researchers aimed to contribute a scale that showed adolescent girls as the subject rather than the object of their sexuality. They also wanted to give other researchers a means of showing adolescent sexuality in positive and affirming ways. They based sexual desire and pleasure in three categories: self, partner and self-efficacy to achieve pleasure. The

researchers defined sexual desire and pleasure as a physiological state of readiness for sexual activity with cognitive and emotional components. These components were having the ability to recognize sexual urges and energy, having interest in sexual activity and relationships, having a sense of entitlement to those feelings of arousal and desire, and having the self-efficacy to achieve pleasure.

2.4 Theoretical background

Public health researchers most often take a risk-based approach to adolescent sexuality. They frame sexuality in terms of disease, pregnancy and negative health outcomes. However, Bandura offers a new way to view human behavior that could be applied to adolescent sexuality. Bandura (1997), a proponent of using positive frameworks, was dismissive of risk-based paradigms. He stated, “Focusing solely on life risks fails to explain resilience to adversity. One must look to sources of personal enablement for the answer (p. 177).” Personal enablement meant that individuals play a proactive role in managing risks and challenges faced in their lives.

CDC recently began to challenge the risk-based paradigm of sexual health research (Ivankovich, Fenton, & Douglas, 2013). The agency asked public health researchers to shift the focus to a more positive, health-based approach from the disease-based approach prevalent in past public health studies. Researchers at CDC believed that this shift will enhance the efficiency and effectiveness of prevention and normalize conversations around sexuality to overall health by emphasizing that human sexuality is broad, contextual, positive and inclusive and using a holistic approach to sexual health to promote the right to health and personal responsibility. They also believed a more positive health-based approach is necessary to understand complex factors that shape human sexual behavior, even in adolescence. CDC recognized that their goals to

improve individual and public health include promoting age-appropriate sexual health and healthy sexual behaviors for all ages throughout the lifespan.

Five of the eight points of CDC's sexual health framework directly relate to adolescent sexual health research. These five points are:

1. making sexual behaviors multidimensional by not limiting them to intercourse and extending them to relationship issues,
2. using the WHO definition of sexual health,
3. addressing the emotional and physical enjoyment of sex,
4. addressing "pleasure" within the definition of sexual health to engage young people, as they are interested in improving the quality of their sexual experiences, and
5. reframing sexual health for youth by discussing it in terms of academic achievement, pregnancy prevention, relationship building, life skills, etc.

Using CDC's new approach to adolescent sexual health means that researchers investigate youth's lived experiences holistically within a broader scope to seek understanding in the complex issues guiding their sexual practices. This study seeks to explore sexual health within the context of sexual wellness using a sex positive framework as suggested by CDC.

A qualitative approach is essential to understand complex issues of human behavior. Underlying all qualitative inquiry is the epistemology, or worldview of the researcher. I chose a social constructivism epistemology for my proposed case study. Social constructivism is based on beliefs that there are no absolute truths but multiple meanings that exist because reality is socially, culturally, and historically constructed (Corbin & Strauss, 2008). Language and meaning making are fundamental to how human beings relate to each other. Humans communicate through language and their ways of communication—both verbal and non-

verbal—are laden with messages that convey meaning from the sender to the receiver. For example, the words parents assign to genitalia transform how other family members perceive the body parts, constructing norms, attitudes, and feelings about how we behave regarding those body parts. Constructivists are interested in the way genitalia can be perceived as normal as elbows and ankles or as stigmatized secretive body parts when they are referred to as 'down there' or given animalistic references such as 'beaver' or 'coochie cat.' Sex educator, Vernacchio (2014), talked about how parents can skew how their children perceive their own sexuality as good or bad, based on the messages they receive about their body parts. Families are usually the first to produce messages of normality or stigma by giving value-laden names to sexual terms. In addition, peers, schools, churches and media also shape the ways children and adults perceive their function and use.

The existence of multiple meanings introduces possibility of multiplism. Multiplism means that multiple theoretical and value frameworks can be used to interpreting research questions and findings (Greene, 2007). I use multiplism by integrating three theories—dimensions of wellness, sexual self-awareness and Black Feminist Thought—to explain and describe the influences that drive the perceptions of desire and pleasure in the Black female adolescent participants in this study.

Black Feminist Thought

The Black Feminist Thought framework will broaden the constructivist lens used in the analysis offering a deeper and more comprehensive social understanding of participants' lived experiences as Black adolescent females. African American sexuality has been heavily influenced by the historical factors of slavery, segregation and other health inequities (Collins, 1997). Black feminist thought is essential to investigating the sexual wellbeing of Black female

adolescents because Black feminists believe that sexuality is dependent on gender, race, age, and class. Few and Stephens (2009) maintained that an ecological framework worked well with Black Feminist Thought providing the foundation to explore the context of Black women's lived experiences. This assertion of Black Feminist Thought was important because it anchors the belief that sexuality is more than a behavioral outcome because it represents individual, interpersonal and cultural interpretations of a person.

The dominator culture has shaped the lived experiences of Black people, especially Black women (hooks, 1989). (Note: The author, bell hooks, uses lower case for her name.). Black Feminist Thought uncovers possible motivations for Black girls' health behaviors to gain understanding how females manage their sexual practices, behaviors and identities. This study relies heavily on the work of bell hooks and Patricia Hills Collins to process the historical, cultural and political effects of the sexuality of Black girls. These feminist scholars have produced and reframed constructs that are essential in exploring the lived experiences of the participants in this study. Controlling images, gender ideology, patriarchy, objectification, respectability politics, intersectionality, dominator culture and liberation must be a part of the discussion of Black girls' sexuality.

Controlling images are stereotypical characterizations perpetuating negative and harmful beliefs about a person. Black feminist scholars associate four main typologies within the literature when discussing controlling images (Hill Collins, 1990). The first typology is the **promiscuous Jezebel**. Jezebels are Black women characterized as bitches or whores, acting out in sexually aggressive and selfish manners. Jezebels are often dehumanized as sexual animals to show their hypersexualized nature. The second typology is the **asexual Mammy**. Mammies are Black women seen as faithful obedient domestic servants who are accepting of their role of

subordination. They reject their sexuality in favor of appearing safe as opposed to Jezebels. The third typology is the **breeding Welfare Mother**. Dominator culture demonized low income Black mothers as a threat to political and economic stability of Americans and a threat to heterosexual marriage. These women are responsible for the demise of the Black family, poverty in the Black community and the dismal status of Black youth. This characterization is used specifically as a scapegoat for dominator culture while also seeking control of the reproductive health of Black women, as those in power believe them to be unable to manage their sexual responsibilities. The fourth typology is the **emasculating Matriarch**. Matriarchs' status in the Black family as head of the household is seen as a direct insult to Black patriarchy and gender ideology of the dominator culture. Therefore, this characterization is deemed unfeminine, as they are unable to model the appropriate gender behavior for women. Matriarchs, like Welfare Mothers, are scapegoated as responsible for the failings of Black children and Black families. Politically, black female sexuality was maligned as problematic and a dangerous social problem when Senator Moynihan wrote the *Report on the Negro family: The case for national action* in 1965. This federal report affirmed the stereotypes and controlling images of the Matriarch and the Welfare Mother leading to teen pregnancy policies increasing in the 1970s to the 1990s. Young Black girls became the face of single motherhood.

The controlling images evolved as other stereotypes became reproductions of characterizations on Black womanhood. Stephens and Phillips (2003) created and expanded similar typologies to reflect shifts within the last 20 years in Black culture (Table 2.4). Stephens and Phillips research on Black female sexuality used artifacts from media, specifically Hip-hop culture, to contribute new descriptions of Black womanhood to the four initial controlling typologies. They argued that the Hip-hop genre was a relevant microcosm of Black culture.

Table 2.4. Sexual scripting of Black womanhood

Typology	Description
Diva	A woman who uses sex to improve he social status
Freak	A woman who engages in wild and kinky sex with multiple partners for her own pleasure
Dyke	A woman who rejects feminine roles and sex with men in favor of masculine gendered roles and expressions
Gangsta Bitch	A woman who is street tough and has sex to solidify her street credentials or help her male partners
Sister Savior	A deeply religious woman who criticizes all sexual behaviors outside of the context of marriage and only then in procreative contexts
Earth Mother	A woman who uses sex for spiritual or nationalistic reasons
Baby Momma	A woman who has children by men they are not partnered with and uses sex to maintain financial or emotional connections

Source: (Stephens & Phillips, 2003)

Sexologists Simon and Gagnon (1984) developed Sexual Script Theory because they recognized that sex was not only a biological function of human beings but it was also a social act. The theorists maintained behavior is manifested due to scripting on three levels: cultural scenarios, interpersonal scripts and intrapsychic scripts about sexuality. Cultural scenarios are instructional guides that exist at collective levels and dictate how humans function socially and behaviorally. Interpersonal scripts are developed as interpretations of cultural scenarios. For example, social actors become “partial scriptwriters” to make the cultural scenarios fit the specific context of their interactions with others. The social actors then engage in intrapsychic scripting. The actors attach their own thoughts, feelings and beliefs about the interaction in attempts to restructure their reality to make sense of their world (Gagnon & Simon, 2005).

Twenty years after the conception of Sexual Script Theory, Simon and Gagnon (1986) reflected on the evolution of their theory, in recognition of how social constructivism and feminist perspectives inherently shaped the current functionality of the theory . A review of the

literature revealed that Sexual Script Theory is popular among Feminist scholars, Black feminist scholars in particular, because it allows researchers the ability to layer intrapsychic identities within a cultural context. Black Feminist scholars produced studies such as *More than Jezebels and Freaks* (an investigation of sexual coercion with a Sexual Script Theory conceptual framework); *Freaks and Gold Diggers* (a sociohistorical account of Black adolescent girls' sexuality); and *Representin' in Cyberspace* (an investigation of how Black adolescent girls define their sexuality online) (French, 2013; Stephens & Phillips, 2003; Stokes, 2007).

Hill Collins (2004) defined gender ideology as the belief that men and women should behave in dichotomous ways that reflect ideal masculine and feminine gender roles. These gender roles are in conflict with the positionality of Black women throughout history from slavery to present day. Black women were expected to behave in ways that often contradicted the gender ideology formatted by dominator culture. Gender ideology and respectability politics have led to self-esteem and mental health problems for Black women as they find themselves in double binds when they do not fit into the roles ascribed to them by dominator culture (Curtin et al., 2011; Zimmer-Gembeck, Ducat, & Boislard-Pepin, 2011).

Patriarchy is the foundation of gender ideology and respectability politics and it is particularly problematic for women's health and wellbeing. Patriarchy is also responsible for female's self- silencing. Self-silencing is a behavior girls and women participate in to silence their own sexual desires, thoughts, feelings and opinions in order to maintain intimate relationships (Horne & Zimmer-Gembeck, 2006). Women who ascribe to patriarchal feminine gender ideals and respectability politics do so to perform to the standards that have been set by the dominator culture to be submissive, weak, and dependent (Meyer, 2012; Woodard & Mastin, 2005). These practices are problematic for women's sexual health because women do not have

the agency or voice to ask partners to wear condoms, refuse unwanted sexual acts or pursue STI testing for fear of being labeled as promiscuous.

Objectification of Black women in America is multifaceted because of the historical implications of slavery where slave women had no autonomy over their bodies and the commodification of their bodies for reproductive and sexual needs of others. Objectification or the "othering" of Black women was also accommodated to justify race, class and gender oppressive systems created and maintained by the dominator culture (Hill Collins, 1990). bell hooks (1990) reasoned that Black women have been objects for so long that it is hard for them to envision themselves as subjects, in charge of their own destinies. bell hooks (1989) explained, "As objects, one's reality is defined by others, one's identity created by others, one's history named only in ways that define one's relationship to those who are subject" (p. 42). Othering creates dichotomies that are in opposition with each other, Black versus White, Male versus Female, Light Skinned versus Dark Skinned; these categories of oppositional differences are inherently perceived as good or bad, making one more desirable over the other (Hill Collins, 1990). Moreover, the internalization of sexual objectification has led to Black women viewing themselves as objects that are not in control of their sexuality, sexual behaviors or sexual agency (Watson, Robinson, Dispenza, & Nazari, 2012).

Researchers used intersectionality as a theory, paradigm, methodology and strategic tool for data analysis because of the ways it encompassed identities of race, class, gender, sexuality, ethnicity, nationality, ability, and age. These identities are not mutually exclusive and reflect power dynamics and social inequalities found in human society (Collins, 2015). For the purposes of this study, intersectionality refers to an analytical strategy that provides new insights on the phenomena of the sexual wellbeing of Black girls.

bell hooks also introduced the concept of liberation. Liberation was an act of deconstructing controlling images and rejecting the objectification of female bodies. She believed that liberation from the dominator culture occurs in specific ways. She advised Black women to decolonize their thought processes, redefine their sexuality on our own terms, embrace difference within those definitions, call out colluders of dominator culture and rebuild community to create safe spaces for these liberatory acts (hooks, 1990, 2003).

2.5 Dimensions of Sexual Wellness

The dimensions of sexual wellness are adapted from the dimensions of wellness recognized in the health promotion literature. A medical doctor, Hettler, created the dimensions of wellness in the 1980s to give a holistic approach to health and wellness (Hettler, 1980). I adapted the six dimensions, excluding the occupational dimension, as it does not apply to the adolescent population. I also added a dimension of environmental wellness because environmental determinants of health influence optimal wellness (Stokols, 1992). The dimensions of sexual wellness are essential to understanding adolescent development as youth become sexually healthy adults (Haffner, 1995). The dimensions of sexual wellness are interdependent upon each other and may share similar categories. Table 2.5 outlines the major characteristics of each dimension.

Table 2.5 Dimensions of sexual wellness

Dimension	Description
Physical wellness	Biological factors such as maturation, puberty, secondary sex characteristics and the absence of disease.
Emotional wellness	The management of a person's emotional state, her awareness of emotions, and her ability to express emotions freely and appropriately. Positive emotions associated with a sexually health person are trust, love, and intimacy.
Social wellness	A reflection of positive interpersonal relationships built on mutual respect, cooperation, and interdependence. Effective communication and a healthy environment are essential in achieving optimal levels of social wellness.
Intellectual wellness	A person's ability to organize and express ideas; problem solve using brainpower; and think critically, rationally, and analytically.
Spiritual Wellness	A person's sense of meaning and purpose in life. Her beliefs, principles and values guide her decisions regarding her sexual practices and behaviors.
Environmental Wellness	The safety of a person's environment as well as the resources found within the environment. A person's environment can enhance their sexual wellbeing or diminish it.

Note: Adapted from Hettler (1984)

Within each dimension of sexual wellness, I discuss specific topics related to adolescent sexuality. Bandura (1997) suggested that a researcher must consider several factors when examining adolescent sexual health:

1. management of biological, educational and social transitions concurrently,
2. early maturation, and
3. interpersonal efficacy (interpersonal relationships + situational sexual interactions).

Bandura also discussed the dangers of situational sexual interactions; specifically, how they can override the highest levels of knowledge and intention. He went on further to say that arousal, desire, social acceptability, environment, fear of rejection and personal embarrassment change the context of each sexual encounter but perceived self-efficacy can manage all of these problematic variables. Bandura's cautionary assertions are an important consideration for sexual health researchers as they study and explain adolescent sexuality.

Physical dimension of sexual wellness

The physical dimension of sexual wellness is centered around the biological aspects of adolescent development. These biological aspects include puberty, progression of sexual activity, adolescent pregnancy, use of contraceptives and presence of sexually transmitted diseases. One researcher studied how puberty can influence a female's developing perceptions of sexuality. She specifically focused on the period of adolescent development between ages 7 to 13 years old and perceptions of pleasure from one's body and the experiences of being sexual (Mahoney, 2012). She operationalized puberty by marking the appearance of secondary sex characteristics such as budding breasts, pubic hair growth and onset of menstruation. She was also curious about the impact of early maturation on healthy sexual subjectivity. Her review of the literature showed early maturation was linked with depression, image dissatisfaction, poor academic outcomes and eating disorders. This lead to additional concerns about early maturation affecting young girls' capacity for pleasure due to feelings of inadequacy or discomfort. She used the Female Sexual Subjectivity Inventory to measure cognitive and emotional perceptions of desire and pleasure. Her study participants reported feeling ambivalence towards changes in their bodies and theorized that objectification by others hindered their agency and freedom to explore sexual pleasure and desire. She noted a possible reason for ambivalence could stem from cultural and societal messages of women being regarded negatively for sexual exploration.

Herdt and McClintock marked age ten as the "sexual juncture between childhood and adulthood" for many reasons. They maintained that the emergence of sexual subjectivity at this crucial stage of human development is driven by hormones but informed by culture and social roles. The researchers proposed that 10 years old is the universal age for onset of sexual attraction for both girls and boys because feelings of attraction and sexual awareness become

"stable and memorable." They defined sexual attraction as feelings of desire or fantasies about another person—known or unknown—that may or may not lead to sexual intimacy with another person. And indeed, their research showed that although sexual attraction began around age 10, sexual behaviors often did not manifest until age 13 years old for boys and 16 years old for girls.

Herdt and McClintock (2000) argued that biopsychosocial puberty should be reflected in two distinct sequential processes of puberty: adrenal puberty from age 6 to 8 years old, followed by gonadal puberty from age 9 to 13 years old. They explained that adrenal puberty was marked by an increase of hormone production, 10 to 20 times over. Gonadal puberty was marked by the development of secondary sex characteristics. He showcased a 1997 medical study of 17,077 girls to discuss how changes in diet, health care, education, and maternal care might be reflected in pubertal development. The study's researchers found that by age 8 years old, 14.7% of White girls showed pubertal development compared to 43% Black girls. By age twelve, 35% White girls had begun menstruating compared to 62% Black girls. However, breast development was closer in age range for both ethnicities by 8.9% for White and 9.9% for Black girls.

Herdt and McClintock noted that despite the myriad of biological forces transforming the adolescent body, cultural beliefs and norms were just as powerful in shaping adolescent sexual responses. They explained that cultural norms may support or inhibit depictions of adolescent sexual expressions. For instance, they found that parental control and religious affiliation strongly influenced the sexual expression of adolescents.

Emotional dimension of sexual wellness

The emotional dimension of sexual wellness is centered around a person's awareness of emotions; a person's ability to freely and appropriately express their feelings; and a person's emotions associated with trust, love and intimacy. Developmental age and general level of

emotional development may influence adolescent sexual decision making. Emotional growth is critical in adolescence to maintain optimal levels of sexual wellness (Haffner, 1995). Opperman, Braun, Clarke, and Rogers'(2014) qualitative research on the meanings associated with orgasms and sexual pleasure in partnered sex revealed the emotional implications around positive and negative subjectivity related to personal, interpersonal, sociocultural, sociopolitical importance placed on orgasms. They found that the absence of orgasms can negatively affect a female's self-image, emotional and relational wellbeing, and future sexual experiences and enjoyment. The mostly female participant group (81%) reported feelings of anxiety, anger, frustration and sadness at their inability to have an orgasm. They also reported decreased sexual satisfaction, desire and sexual expression. On the other hand, some participants acknowledged sexual satisfaction without orgasm. They reported feeling close and intimate with their partners. The researchers stated that emotions were frequently tied to relationship status.

Another research team studied the positive and negative emotional responses to sexual experiences ranging from kissing and touching to intercourse. Mastro and Zimmer-Gembeck (2015) investigated six positive emotional responses and seven negative emotional responses using the First Coital Affective Reaction Scale. Participants with coital experiences and better communication with their fathers reported more positive emotional responses of their sexual experiences. Their positive emotional responses were also associated with greater sexual body esteem and pleasure self-efficacy measured in the Female Sexual Subjectivity Inventory scale. Participants negative emotional responses were associated with lower sexual body esteem.

Social dimension of sexual wellness

Understanding the social dimension of sexual wellness is crucial to understanding the perceptions of adolescent sexual wellbeing. Humans are social beings that rely on interactions

and communication with others to make meaning of the world around them. Adolescents' social worlds are foundational in establishing their sexual identities, sexual beliefs and sexual behaviors. Crandall (2013) found that the perceived norms, condom stigma and peer pressure were heavily influential in how her Black adolescent participants constructed their sexuality. She also found that the mixed messages received from media and other social interactions created tensions for the 15-19 year olds resulting in a lack of personal agency in sexual decision-making.

Bronfenbrenner (2005) suggested that a discussion about families and health is not possible without considering the ecological context in which families live and interact with themselves and others. Bandura (1997) viewed adolescent health from an ecological prospective, as he stated that there are broader influences on health such as family, peers, mass media and the broader society (p.176). He also commented that ecological health was rooted in the social practices of families and schools. Bandura described familial, peer and community influences on self-efficacy from an ecological framework. He suggested that families help children develop, appraise and test physical capabilities, social competences, linguistic skills and cognitive skills. He noted that as a child matures, peers also have influence on their self-knowledge of capacity and children began to make judgements based on social comparisons.

Bandura distinguished the school from other community influences by stating they cultivate efficacy because the school's role in developing cognitive capabilities leads to development of potentially higher self-efficacy. He further argued that schools were a place where children acquire knowledge and problem-solving skills; it functions as a microcosm of society where children can learn how to be productive citizens. He also charged schools with the goal of helping children develop self-regulatory capabilities so that they can develop the critical thinking skills needed to educate themselves outside of the classroom. He went on to say,

"Lifelong health habits are formed during childhood and adolescence." Self-management skills are crucial to preventing negative behaviors such as substance abuse, delinquency and violence and the contraction and transmission of STIs. He also cautioned that media modeling, sexual ignorance and unpreparedness, combined with most families and schools' unwillingness to talk openly about sex has led to a perfect storm for United States schools, creating health disparities in pregnancy and high STI and HIV rates in adolescents not found in other developed countries.

The family is the most influential level by proximity and shared familial and cultural beliefs. The parent-child literature has consistently shown that family influence is greater than other influences in studies measuring adolescent attitudes, beliefs and behaviors regarding sexuality (Akers, Holland, & Bost, 2011; Barber, 2000; Isaacs, 2013). The family filters the messages from the community and society in ways that are dependent their communication orientation. For example, conformity oriented parents may advise their child to reject information learned in sex education classes in school if the information is not in line with their personal beliefs. Or they may forbid their children from attending comprehensive sex education classes if they feel it challenges their beliefs about age appropriate sexual topics (Vangelisti, 2004).

Harris' (2016) study focused on quality family communication regarding sex. She found a reduction in risk behaviors when sexual communication between parent and adolescents are open, honest, comfortable and knowledgeable. She measured family communication with the following variables: parental knowledge and communication skills about reproductive health topics, number of parent-child conversations and parent-child connectedness. Throughout the literature, the most common determinants of quality family communication about sex were

family environment, parent-child connectedness, frequency of communication, and parents' knowledge of and comfort in discussing sexual topics.

Averett, Benson and Vaillancourt (2008) addressed a gap in the literature concerning parental influence on adolescent girls' sexual desire and sexual agency. They stressed that traditional parent-child sex communication studies focused on the role of parents in their children's sexual behaviors without a consideration of the role of culture and patriarchy in the shaping of women's sexual selves. They asked participants for written narratives about the parental messages, attitudes, and behaviors communicated to them about sexual desire and their role as a sexual person. Averett and her research team found that half of their participants never had a formal talk about sex; however, messages they received were: sex is scary, you are not a sexual being, and mixed messages around sexual agency and personal agency. The participants stated overall that their parents were supportive and loving and offered messages that amplified their personal agency such as, "be assertive, go for what you want, be a person that really stands out, be strong and independent." However, because of the dissonance between the personal agency messages and sexual agency messages, participants had ongoing struggles feeling confident and understanding their personal power within sexuality. Most participants reported saying they had sexual agency but their described experiences were not reflective of their admission. For example, one participant stated, "I know what I like and what I don't like, I am comfortable discussing sex with my partner, but I have never had an orgasm." She goes on to say, "I enjoy it [sex] but I don't." The research team supposed this discrepancy came equating sexual agency with a lack of STIs, pregnancy and low number of sexual partners as these indicators were traditionally associated with sexual health as it relates to the absence of disease.

Spiritual dimension of sexual wellness

The spiritual dimension of sexual wellness is centered around a person's sense of meaning and purpose in life. Principles, values and spiritual beliefs can guide an individual's sexual decision making. Fine's (1988) research revealed that teens did not use contraception when they engaged in what they perceived to be wrongful behavior because they did not want to legitimate the bad behavior. Other researchers agreed with this finding as they found more religious adolescents, while less likely to be sexually active, were less likely to use contraceptives when engaging in intercourse because of the social and psychological costs of planning for sexual activity (Welles, 2005).

Numerous public health studies found that religiosity increases the practice of protective sexual behaviors, such as delaying the onset of first sexual intercourse and having fewer sexual partners (Haglund & Fehring, 2010; Landor, Simons, Simons, Brody, & Gibbons, 2011). Vasilenko, Duntzee, Zheng, and Lefkowitz (2013) investigated the association between two measures of religiosity—service attendance and internalized religious attitudes—with motivations for sexual behaviors, such as feelings of pleasure. They explained the association with Social Control Theory. Social Control Theory originally described how an individual's drive toward deviant behavior could be controlled by society and its norms. Later Social Control theorists found that other social organizations like families and religious entities could be used interchangeably with society. The research team posited that Social Control Theory was appropriate for their study because religious organizations used social control to prohibit recreational sex, or sex primarily for physical pleasure, outside of the context of marriage.

The authors were also curious about adolescents' parental influence in comparison to youths' own personal beliefs, especially within the context of adolescent development of

autonomy. Their college student participants were 53% female, 98% heterosexual and 15% Black. In addition to questions about religious and pleasure motivators, they also asked participants about last episode of penetrative sex (defined as vaginal or anal). The authors reported 42% of participants had episode in the past 12 weeks. Their findings suggested that attending church was not a significantly associated with low sexual behavior but religious attitudes were significantly associated with low sexual behavior, concluding that religion can be a social control of sexual behaviors if intrinsically motivated.

Intellectual dimension of sexual wellness

The intellectual dimension of sexual wellness is characterized by a person's ability to organize and express ideas; problem solve; and think critically, rationally and analytically. The developmental age and general level of cognitive development may influence adolescent sexual decision making. For instance, Haffner (1995) suggested that cognitive maturity could place limits on a person's ability to plan for sexual relationships; clearly articulate personal values; negotiate with a partner; and obtain contraception and condoms. Welles (2005) mentioned psychoanalyst Sherfey's argument that knowledge about genitalia and their sexual function may empower women to have more pleasurable and satisfying sexual experiences. Sherfey believed that if women knew that male and female genitals were made of the same tissues and had parallel sexual organ systems, they would be more likely to demand the same level of sexual excitement and enjoyment as men.

A media study conducted by Gruber and Thau (2003) focused on theoretical explanations to illustrate the association between the use of media of adolescents of color and their subsequent sexual behaviors. They used the Behavioral Decision Making Theory to discuss the critical thinking process that adolescents use during consumption of sexualized media content. They

reasoned that adolescents were beginning to develop critical thinking to make judgments about the media content they were exposed to. As adolescents, their cognitive development evolves from dichotomous processing in early adolescence (right versus wrong) to considerations of multiple meanings and formations of more complex thoughts in late adolescence. The authors argued that adolescents were therefore especially vulnerable to misinterpreting sexual images or taking sexual content at face value and using those interpretations as a basis for decision making without the cognitive ability to consider alternative possibilities. They cited two studies in their paper as evidence of the problematic nature of this argument. The first study found that females in middle adolescence actively sought out sexual content in the media to learn nuances of romance and relationships. The second study highlighted the process of teenage exploration of self-identity becoming influenced by the sexual scripts and role models present in the media. Although the studies were not centered around Black youth, Gruber and Thau posited that Black youth were more vulnerable to sexualized media content for several reasons.

Gruber and Thau (2003) believed that Black youth were more vulnerable to sexualized media content because previous studied found that Black youth watch more television than other ethnicities. Further, parents of Black youth were less likely to monitor their children and discuss the sexual topics with their children. The authors also acknowledged that representations of Black people in the media were highly stereotyped, often depicted in criminalized or pathologized roles. This sends two messages to Black children and adolescents. First, these depictions minimize realistic portrayals of everyday lives in Black communities, trivializing Black peoples' place in society. Second, they promote cultural genocide, meaning Black children have no representation of themselves in the media sending the unspoken message that they are not valued.

Environmental dimension of sexual wellness

An adolescent's physical environment can also shape their understanding of their sexuality. Physical and virtual spaces can also determine a person's access to resources, of which could potentially influence their sexual decisions and perceptions. Tolman (2005) suggested that adolescent sexuality can be further impacted by the places adolescents live. In her studies of adolescent sexuality, she found that urban areas had visible signs of violence, whereas suburban and rural areas held the appearance of safety and stability. She maintained that adding the intersectionality of race and income became problematic but necessary when reconstructing narratives about her participants' sexual experiences. So, she deemed asking questions like what kind of neighborhood did you grow up in as essential in embedding adolescents' sexuality into everyday life.

Several adolescent sexuality researchers' findings revealed their participants' inabilities to resolve discrepancies in the mixed messages they receive from external forces in their lives. Crandall's (2013) qualitative ethnographic study focused on how Black adolescent females constructed their sexuality. She found that the mixed messages of the media and the social environment created tension that resulted in a lack of personal agency in her participants' sexual decision making. She also found that the social environment was highly influential to her participants' sexual decision making. Her participants shared that perceived norms of condom stigma and peer pressure to have sex were often conflicting with their personal ethics and emotions regarding sex.

Another research team explored adolescents' sources of information for their sexual health concerns. They used focus groups and interviews with adolescents, 16 to 19 years old, and key informants who worked with adolescents to establish the sources of information (Macintyre,

Montero Vega, & Sagbakken, 2015). They found that parents, teachers and peers were the primary sources of sexual health. Parents and teachers were found to focus sexual health conversations on the biological aspects of sexuality, which produced feelings stigma and shame for some participants. Participants reported receiving little to no information on love, attraction, pleasure, abstinence and sexual violence. Macintyre and her colleagues stated that health professionals were secondary sources of sexual health information for girls, while the internet was a secondary source of sexual health inquiry for boys.

CHAPTER 3:

METHODS

A qualitative approach is useful for uncovering variations in the complexities of human life. Qualitative research offers a thick, rich descriptions of phenomena to answer questions related to perceptions, feelings, and emotions surrounding the context of the phenomena (Corbin & Strauss, 2008). These perceptions, feelings, and emotions are relevant to researchers who seek understanding beyond quantified and stilted information uncovered in quantitative methodologies. I am asking participants for "access to their social worlds" (Bloomberg & Volpe, 2016, p. 155). In his article, *Why public health research needs qualitative research*, Faltermaier (1997) argued that a qualitative approach is especially critical when investigating phenomena associated with "life course, biological processes, social and biographical contexts of basic factors and complex relationships between variables," (p.357). This argument is valid for this case study as I seek to understand how the sexual wellbeing of Black female adolescents (life course) is influenced by multiple levels of interaction (communication) with family, community and society (social) using the dimensions of wellness (complex relations between dimensions).

A case study is an appropriate qualitative methodology to seek greater understanding of Black girls' sexual self-awareness for many reasons. This methodology has systematic strategies to learn about complexity and contexts around a phenomenon of interest. Case study methodology situates the participants' realities in their social, cultural, and situational contexts. Case researchers generate new knowledge based on these realities.

This chapter describes the methodology of this multi-case study. The chapter is divided into six sections. Section one outlines the study design and reviews of the conceptual model and

research questions. Section two describes the study's participants. Section three summarizes the role of the researcher. Section four states the measures and methods of data collection used in the study. Section five describes the procedures of the study, detailing the use of data. Section six outlines the data analysis techniques used in the study.

3.1 Study Design

This multi-case study had several important features. First, it was an appropriate methodology to showcase the lived experiences regarding sexual desire and pleasure. Second, it allowed the researcher to combine quantitative and qualitative research methods to crystalize the data, addressing the matter of multiplicity. The goal of crystallization was to combine multiple forms of analysis and multiple types of representation into one coherent text (Simons, 2009). Third, a multi-case study approach permitted the reader to draw their own conclusions about how to transfer the knowledge gained to future studies with similar populations and variables. Case studies are not developed to generalize data. Consequently, case researchers use this methodology for particularization. In other words, this case study was used to present a rich portrayal of the sexual self-awareness of Black girls to inform practice, establish the value of perceptions of sexual desire and pleasure within a sexual wellness context, and add knowledge to the topic of sexual self-awareness of Black adolescent females (Simons, 2009).

The purpose of this design was to connect the quantitative and qualitative methods together to assess the nature and degree of convergence between the sources of data (Figure 3.1). The lived experiences of Black adolescent females were the center of inquiry for this study so qualitative methods were privileged (Tolman & Szalacha, 1999). Tolman and Szalacha used a similar study design in their phenomenological inquiry on the ways girls speak about their own bodies in telling their stories of desire. The sex positive framework and Black Feminist Thought

lens further defined a constructivist paradigm during the analytic process using the narratives of my participants found in their interview responses and journal entries. The quantitative methods present in the study within the qualitative structure of case studies was supplemental to add to the thick, rich description of the quintain. The research questions were:

1. How do Black women in their recollections as Black girls perceive and internalize their lived experiences of sexual desire and pleasure?
2. How do Black women in their recollections as Black girls create meaning around desire and pleasure within the context of the dimensions of sexual wellness: physical, social, emotional, spiritual, intellectual, and environmental?

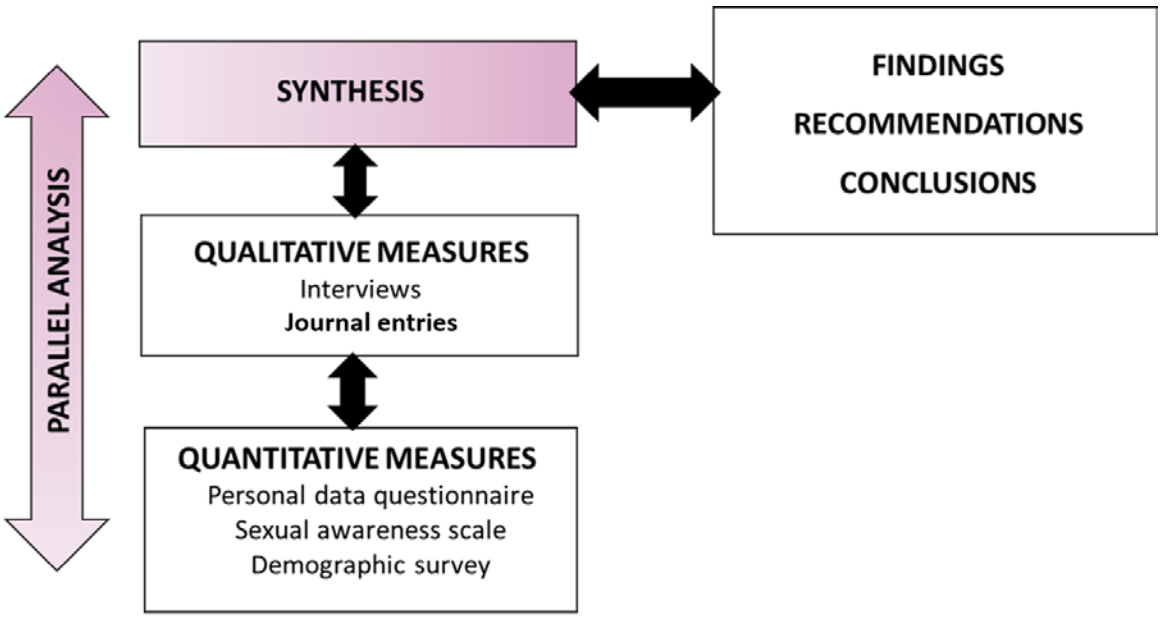

Figure 3.1. Concurrent mixed methods design
Adapted from Greene (2007)

3.2 Participants

Each case consists of Black women's recollections of their lived experiences of sexual desire and pleasure from ages 10 to 19 years old. Davis, Powell, and Lachlan (2013) noted that the rigor of case studies is not correlated with sample size but rather the "immersion of the case," which they further described as, "the amount of time spent in the field and the ability of the researcher to fully and completely describe, understand and explain the case (p.331)." To capture immersion of the case, I invited 10 young women to participate. Each case was bound with the following criteria: (a) participants self-identify as Black females, (b) they are between 18 and 20 years of age, and (c) they are able and willing to recall adolescent sexual experiences. Stake (2006) maintained that case researchers should also establish a quintain—what the researcher seeks to understand—of the case. The quintain in this multi-case study was the sexual self-awareness of Black female adolescents.

I used two sampling strategies for my multi-case study: maximum variation sampling and purposeful sampling. Maximum variation sampling ensured that my cases had maximum variation to reflect different sexual orientations and gender identities among female adolescents, while also ensuring representations of multiple perspectives among the cases. I selected cases based on inclusion and exclusion criteria using criterion sampling. Inclusion criteria reflected case boundaries. Exclusion criteria included participants who report any incidences of sexual abuse or sexual violence at the time of adolescence (Patton, 2002). Stake advised case researchers to carefully select cases that will provide diversity across contexts, show relevance to the quintain, and provide good opportunities to learn about the complexities of the phenomena under investigation (Stake, 2006). In other words, he urged case researchers to use purposeful sampling while recognizing that accessibility is an important part of the sampling process. The

evidence of the study's purposeful sampling is shown in the table of participant demographics, showing variation among each case in Table 3.1.

Table 3.1. Participants demographics (n=10)

Pseudonym	**Age**	**S. Orientation (Adolescent)**	**S. Orientation (Current)**	**Religion (church attendance)**	**Parent Education**
Abby	20	Heterosexual	Pansexual	Baptist (wkly)	M-College grad F-College grad
Bianca	20	Heterosexual	Heterosexual	Baptist (wkly)	M-College grad F-College grad
Cayla	20	Heterosexual	Heterosexual	Pentacostal (wkly)	M-College grad F-College grad
Dionne	19	Heterosexual	Heterosexual	Baptist (wkly)	M-College grad F-Some college
Erica	19	Didn't know	Asexual	No church invol.	M-Some college F-Unknown
Felicia	20	Heterosexual	Heterosexual	Catholic (mthly)	M-College grad F-College grad
Gillian	18	Heterosexual	Heterosexual	No church invol.	M-Some college F-College grad
Heidi	19	Heterosexual	Heterosexual	Pentacostal (biwk)	M-College grad F-Some college
Iona	20	Heterosexual	Bisexual	No church invol.	M-Some college F-College grad
Jocelyn	19	Heterosexual	Heterosexual	Methodist (wkly)	M-High school F-High school

*Parent education, M=Mother, F=Father

3.3 Role of the Researcher

I take my positionality as a Black woman researching a sensitive topic about Black girls and women very seriously. My positionality places me in an emic role, or insider status, within not only Black populations but also with Black females. In other words, Black females have a shared experience as a marginalized group by gender and race. However, I understand that even though I share gender and race identities with my participants, I still face outsider status based on differences of age, sexual orientation, physical appearances, educational status, and

socioeconomic status. These differences create moments of both “intimacy and distance” (Few, Stephens, & Rouse-Arnett, 2003).

My research agenda is research “for Black women” rather than “about Black women.” Few and colleagues—all Black women—describe this agenda as a three-phase process. The first phase is validating the experiences of Black women in the creation of knowledge. This phase is more powerful for my dissertation as I validate Black girls’ experiences, whose voices are seldom heard or responded to, especially regarding the topic of their sexual desires and pleasure. The second phase is manipulating ideas, images, and symbols to move beyond knowledge to seek understanding of factors that influence the lived experiences of my participants. I attended to this phase with careful consideration to how I would visually represent my dissertation’s conceptual framework. The third phase is empowerment within the context of Black women’s lives as the first step to social change. This is the most personal aspect of my research agenda. I regard my presence and purpose as a Public Health scholar is not only to pursue knowledge about, by, and for Black communities and communities of color but also to take on an activist role to give voice to the voiceless and empower those who have lost hope. Few et al. (2003) also suggested that Black researchers care for our participants throughout the research process. I followed their suggestion by providing a resource list to all my participants for referrals and resources for further self-reflection. I am a Black mother of two girls and a trained therapist so it was second nature to follow this suggestion.

My training as a therapist has afforded me the skills necessary to construct relevant open-ended questions and demonstrate the Rogerian techniques, such as managing tone, body language and verbal cues. These skills elicited the responses necessary to give my study an abundance of thick, rich descriptions of the participants lived experiences and how they have

generated meaning of sexual wellbeing through messages from family, peers, community and society.

3.4 Measures and Data Collection

This multi-case study included the following methods of data collection: demographic survey, personal data questionnaire, Female Sexual Subjectivity Inventory scale (FSSI), interviews, and journal entries. Two tables were constructed to help describe the data collection methods. Table 3.2 shows how the data collection methods support a mixed methods approach. The data collection methods attended to all the domains within the dimensions of wellness as well as the research questions. The research timeframe was about four months from recruitment to writing the findings.

Table 3.2. Data collection methods

Domain	**Quantitative measures**	**Qualitative measures**
Physical	Demographic Survey	Interviews, Journal Entries
Social	Demographic Survey, FSSI	Interviews, Journal Entries
Emotional	Demographic Survey, FSSI	Interviews, Journal Entries
Spiritual	Demographic Survey	Interviews, Journal Entries
Intellectual	FSSI	Interviews, Journal Entries
Environmental	Demographic Survey	Interviews, Journal Entries

Phone Pre-screening. The phone screening was the first data collection source to pre-screen potential participants. It ascertained whether participants fit the criterion for the study set by the inclusion and exclusion criteria along with the bounds of the case. Potential participants sent an email stated their interest. I followed up with an email and scheduled a time to speak with them within 48 hours.

Demographic survey. Stake (2006) recommended that case researchers obtain as much information as possible from every aspect of the case to fully immerse themselves into the case to gain a comprehensive understanding necessary to competently analysis the data. The survey assessed: age, location at time of adolescence, parental education status, education status, sexual orientation (adolescence and current), an inventory of sexual behaviors, relationship status (adolescence and current).

Female Sexual Subjectivity Inventory scale. The Female Sexual Subjectivity Inventory (FSSI) scale was used to measure the participants' sexual subjectivity. Horne and Zimmer-Gembeck (2006) developed this scale specifically for the female adolescent population. The inventory contains 20 items that assesses five subscales. This study included three of those factors: sexual desire and pleasure with self (3 items), sexual desire and pleasure with partner (4 items), and self-efficacy in achieving sexual pleasure (3 items). Response categories ranged from (1) *Strongly Disagree* to (5) *Strongly Agree*. Subscales were computed as the average of items, with higher scores indicating stronger support for each construct.

Interviews. Semi-structured interview guides in the case study reflected the research questions and conceptual framework of the study All interviews were tape recorded and field notes were taken immediately following the interviews (Kuckartz, 2016). The interview guide featured questions and probes related to the five dimensions of sexual wellness: physical, emotional, social, spiritual, intellectual, and environmental. Additional questions focused on participants' experiences and perceptions of Black womanhood as an adolescent.

The retrospective responses of my participants required an interview technique that had been documented by other qualitative researchers to ensure that an evidence-based approach was used to gather the most accurate data possible (Bay-Cheng, Robinson, & Zucker, 2009). Before

the participant and I began the Interview Guide, we went through a life calendar with a timeline beginning at age 10 years old to the participant's current age. Participants were to start at age ten years old and recall a memorable event that happened during that time and we progressively worked through the calendar about every two years. Participant were advised that the memories did not necessarily have to be sexual in nature. Once we arrived at their current age, the life calendar remained on the table between us and participants were encouraged to refer back to it while pondering any interview question that occurred around a specific time frame.

Journal entries. Participants were invited to complete six journal entries in the study. The journal entries had specific prompts to promote recall and help participants share intimate sensitive details about their lived experiences in privacy. Table 3.3 lists the five prompts for each Journal entry. The prompts elicited responses that are examples of ordinary happenings within the quintain that are essential for thick rich descriptions of the case (Stake, 2006). The journal entries reflected the six dimensions of sexual wellness under investigation in the study.

Table 3.3 Journal prompts

Prompt	Description
1. Response to the talk	What did your parents tell you about desire and pleasure? What would you have liked them to tell you? Why?
2. Relating to another girl's story	Read the following story (internet blog). Did you identify with this young girls story? Why or why not?
3. Imitation of life	What are some movies, songs, or books that educated you on how females thought about desire and pleasure during your adolescence? What about the people in your neighborhood? Do you have similar or different experiences compared to other females you grew up with?
4. Influential spiritual messages	Describe times where you have heard spiritual leaders talk about sex and sexuality during your adolescence. How did these talks influence what you thought about sexual desire and pleasure for teens and adults?
5. Flowers in bloom	How did people react to changes in your body as your started puberty? What was your reaction to those changes? How did your reactions and others reactions influence how you thought about sexual desire and pleasure?
6. Navigating relationships	Thinking about your relationships across adolescence, how much did sexual desire and pleasure play a role in how you negotiated relationship status and navigated sexual activity with your partners?

3.5 Procedures

Recruitment

Participant recruitment occurred in virtual and physical spaces. Participants were recruited on social media outlets such as Facebook pages of academic groups, so that fellow colleagues would share the recruitment post with their Facebook friends as an adaptation of snowball sampling. A recruitment flyer was shared via email with various student groups of

community of color listservs at 4-year colleges and universities in Metro Atlanta and Athens. Nine participants were located through listserv emails and one participant stated that she followed up with the study from a Facebook post of a friend.

Interaction between the researcher and participant began with an email from the participant requesting more information on the study. I followed up with each email requesting a phone number to answer questions and complete a phone screening to ensure interested women were a good fit for the case boundaries. Once participants successfully passed the phone screening, they were given an email link to begin the online portion of the study. They had to give electronic consent on the first page of the study before moving on to the demographic survey (Salmons, 2016). They also completed the FSSI and the journal entries. I scheduled the interview during the phone screening and gave them about a week to complete the online portion. Participants received another consent form before the interviews begin that required verbal consent and no signature to offer an additional level of anonymity. Participants received a gift card for $50 after the interview. They also received by email a list of resources for more information on sexual desire and pleasure.

Data management

I uploaded data from participants completed personal data questionnaires, surveys, audio-recorded interviews and subsequent transcriptions of interviews into MAXQDA (version 12) on my personal password-protected computer. I used data summary tables as suggested by Bloomberg and Volpe (2016) to keep track of the number and types of participant responses against the proposed study's conceptual frameworks and research questions.

Trustworthiness

The qualitative research literature suggested several strategies to increase the trustworthiness of findings often described as credibility, dependability, and transferability (Cassell & Symon, 2011). Trustworthiness is a qualitative term equivalent the quantitative terms validity and reliability (Simons, 2009). Stake (1995) offered several ways to ensure trustworthiness in case study research . He wrote about member checks, audit trails and the importance of having researcher triangulation for peer debriefing to ensure credibility of case research. Member checks were done with my participants by sending them summaries of my research findings and asking them to review them to ensure that I have accurately perceived their lived experiences in ways that are familiar and capture their truths (Corbin & Strauss, 2008). Members of my committee acted as my research team to examine my field notes to hold me accountable for my subjectivities and assumptions. I met with my methodologist to discuss considerations for alternate ways of examining at the data. Trustworthiness was also established using crystallization, clarifying my own researcher bias when appropriate, and using thick, rich descriptions in the presentation of findings.

Memoing is an important aspect of maintaining trustworthiness in a qualitative study. Memoing was done throughout the study and showed the progression of the study to aid in assessing dependability (Bloomberg & Volpe, 2016). Memos were recorded in Microsoft Word and a phone app. The memos from the phone app were later transferred to the Microsoft Word document. Saldana (2016) described memoing as conversations that researchers have with themselves about the data to show connections between themselves and the social world they are studying. His recommendations were followed for memo writing by recording problems within the study, personal and ethical dilemmas, future directions for the study, emergent or existing

theory related to the study, and possible connections between codes, concepts, and themes. Lincoln and Guba (1985) suggested that memos lead to methodological consistency, self-awareness of the researcher, sensitivity of the researcher, and usefulness of findings.

Dependability was also established by using Computer-Assisted Qualitative Data Analysis Software (CAQDAS). MAXQDA and Scrivener are computer software tools that store data and have different functions that aid in the analysis process. Qualitative researchers find CAQDAS useful in creating dependability because work is usually timestamped and therefore easier to track and present the progression of the study. Dependability was documented by screenshotting the coding process in MAXQDA and thematic analysis in Scrivener.

The purpose of this qualitative research was not to generalize findings to the broader population, especially true in regards to the nature of case studies, as the case researcher endeavored to find the uniqueness of the case. Some researchers may consider this a restrictive quality but I maintain qualitative research can hold immeasurable value in the academy. Transferability speaks to the value of qualitative research when the reader is able to decide whether they can establish similar findings within their own settings and communities (Bloomberg & Volpe, 2016). This study strived for transferability by giving the reader an in-depth description and analysis of the quintain by providing detailed information regarding the context and background of each case and their shared experiences regarding sexual desire and pleasure in their recollections as Black girls.

Ethical considerations

The University's Institutional Review Board approved the study. The following steps were taken to ensure the confidentiality of my participants: (1) all identifying personal information such as names, phone numbers, email addresses were kept in a secure file, in a

separate location from the data sources; and (2) participants were assigned a study alphabet (Case A, Case B, Case C, etc.) for the original data sources and they chose a pseudonym for the written case study.

I considered my subjectivities as a trained therapist and heteronormative Black woman and I endeavored to stay in my researcher role during all interactions with my participants. I provided a list of resources to all my participants after the study process, should they need to further self-examine any questions or concerns about their perceptions of sexual desire and pleasure.

3.6 Data Analysis

The data were analyzed within case and across cases. Stake (2008) specified that each case should have its own findings but they should correlate with themes across the quintain. Stake's version of multi-case study analysis seeks convergence of findings as the case researcher triangulates the different sources of data collected. However, Greene (2007)offered another suggestion of data analysis, especially when collecting qualitative and quantitative data in a mixed methods study. She reasoned that researchers can expect convergence but they must also be open to divergent findings, that is, being prepared to find explanations for non-convergent data.

The analysis process started as data were collected, examining all data sources using a parallel analysis strategy as shown in Figure 3.1. Using all sources of data, "case description" were developed for each participant. Stake (2006)recommended that case researchers discover "correspondence," or patterns of covariation among the data . These patterns become the foundation of thematic interpretation. Case findings are theme-based descriptions of the quintain. Case researchers can also generate factors and factor clusters to describe the quintain. Stake

indicated that all factors will not fit into clusters but it is important to recognize special factors that are important to the description of the quintain.

Figure 3.2 gives a visual depiction of the systematic analytic process in qualitative inquiry as the researcher transforms real data into the abstract to develop themes. Thematic development was an important process in the quintain-case dialectic as I transitioned from findings to thematic interpretation.

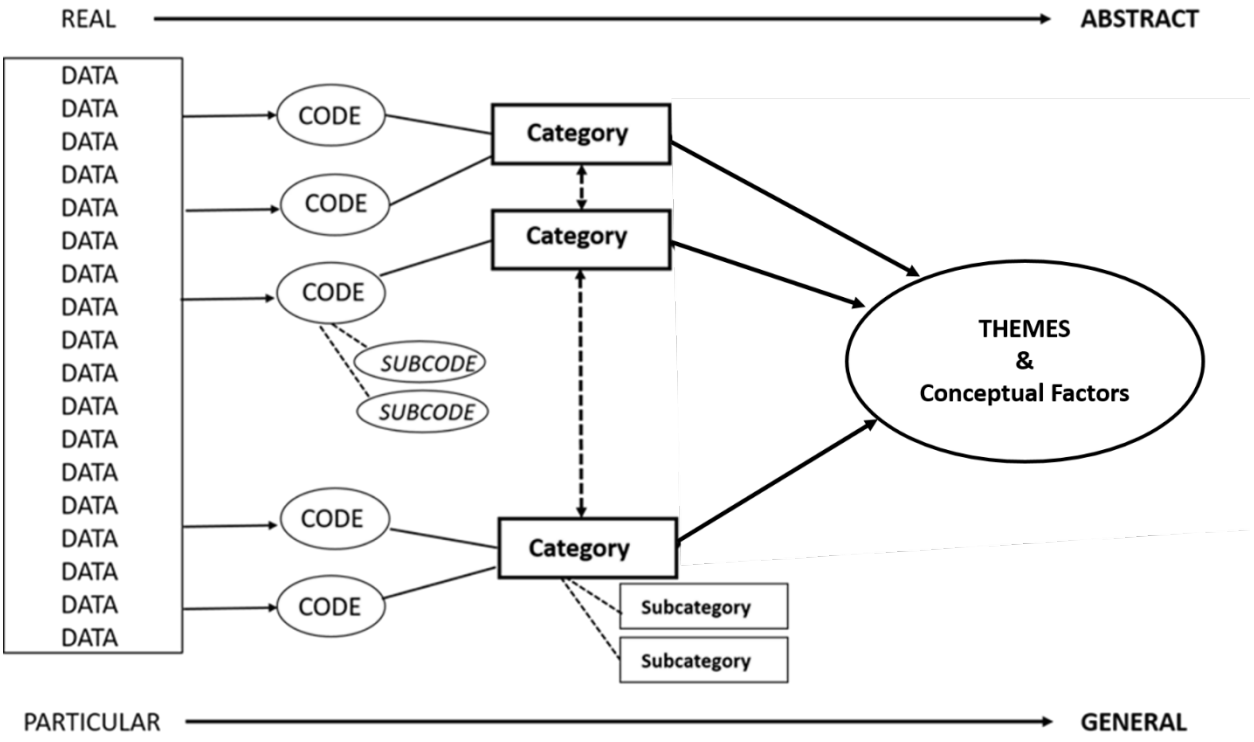

Figure 3.2 Analytic process in qualitative inquiry
Adapted from Saldaña (2016)

Black Feminist Theory was used to uncover possible motivations for Black girls' health behaviors, gaining an understanding of how females manage their perceptions of sexual desire and pleasure within the context of the dimensions of sexual wellness. This study relied heavily on the work of Black feminist theorists to thoughtfully process the historical, cultural and

political effects of the sexuality of Black girls. These feminist scholars produced and reframed constructs that are essential in exploring the lived experiences of the participants in this study (Hill Collins, 2004; hooks, 1990). Controlling images, gender ideology, patriarchy, objectification, respectability politics, intersectionality, dominator culture and liberation were all a part of my discussion of Black girls' perceptions of sexual desire and pleasure.

Tolman and Szalacha's (1999) analytic strategy, The Listening Guide helped answer the first research question regarding how my participants perceived experiences of sexual desire and pleasure throughout their adolescent lived experiences. The Listening Guide allowed a systematic contemplation of the participant's perceptions of their desire throughout their sexual experiences. Gilligan (2003), a researcher interested in identity and moral development, developed the Listening Guide as an alternative to coding schemes. She was interested in meaning making in the construction of the mind, a fitting approach to my exploration of sexual self-awareness. The analysis was broken into four parts in Chapter 4. Table 3.4 illustrates the four sections of the listening guide.

Table 3.4 Listening Guide analysis

Participant's voice	Representation
Voice of self	I or me statements, sometimes 3rd person
Erotic voice	How sexual desire and pleasure was felt, what it was like in intensity and quality
Voice of body	Description of explicitly embodied character of their desire, pleasure, and sexual experiences
Voice of response to one's own desire	Description of their thoughts and behaviors in reaction to feeling their own sexual desire and pleasure

Tolman and Szalacha (1999)

In addition, worksheets were developed for each voice to record my participants' representations of all four voices. The Listening Guide helps the researchers to closely attend to their own thoughts, feelings and associations with the narratives beings analyzed. Therefore, my reflections as the "listener" were recorded on the worksheets for each voice to keep track of any incidences of countertransference or bias. This step ensures that the researcher illustrates the participant's authentic self (Gilligan et al., 2003).

The analysis process was also guided by two cycles of coding. The first cycle of coding moves the data from lived experiences to abstract conceptualization. Two coding techniques were used to address each research question (Saldaña, 2016). First, concept coding was applied to suggest an idea that is representative of a bigger picture. Concept coding is appropriate for theory and theory development to transcend the particular to a more generalizable context. Concept coding was appropriate to the second research question because the process helped move participants lived experiences to generalizable concepts captured within categories associated with the dimensions of sexual wellness. Second, values coding was applied to show the importance participants attribute to themselves, a thing or an idea. Values coding is

appropriate for this study as it gives me a way to showcase my participant's ideas about and importance of sexual desire and pleasure in their adolescent lived experiences to fully respond to the first question about participants' meaning making.

The second cycle of coding focused on theoretical coding. Theoretical coding is umbrella coding to account for all the codes and categories generated in the first cycle of coding. Major problems, issues or concerns of the participants are identified in this coding strategy. In other words, all the categories and concepts become systematically integrated around central themes that suggest a theoretical explanation for the dimensions of sexual wellness influence or association with my participant's perceptions of sexual desire and pleasure.

Software used for analysis

Quantitative data was analyzed using SPSS software for descriptive analytical purposes. I used Scrivener, a word processing and data management tool, to organize and analyze the cases by assertion, themes and factors. Scrivener allows researchers the opportunity to organize and develop cases by notebook and tag findings by prominence of theme, factor, and expected utility. MAXQDA, version 12, was used to organize the data using the two coding cycles. Initial codes were established based on research questions and theoretical framework. A second set of codes were developed in a more inductive analysis of the data. Codes were then categorized based on patterns in the data. Patterns in the data were confirmed with the visual mapping tools. Each case was mapped to identify the three most salient dimensions of sexual wellness present in the data. Visual mapping was also used to establish a model for the study using pre-established codes associated with Black Feminist Thought. Once coding was completed, the data was transferred to Scrivener to develop themes.

CHAPTER 4:

FINDINGS: INDIVIDUAL CASES

The quintain of this study was Black girls' perceptions of sexual self-awareness, or how they internalize lived experiences of sexual desire and pleasure. Chapters 4 and 5 summarize the findings based on the participants' responses to questions from the interview guide, demographic survey, and journal entries. Chapter 4 presents a rich description of the quintain for each individual case, organized within the dimensions of sexual wellness. Chapter 5 presents mayor themes across cases. Note that all names of participants and of their partners are pseudonyms.

Case A: Abby

Abby was a 20-year-old college student, daughter of two college graduates. She reported that she was raised in the Baptist denomination of Christian faith, attending church on a weekly basis. She started dating in the 9th grade and although she selected currently not dating, she revealed that she has been taking things slow and "talking to" a girl. She identified as heterosexual as an adolescent but currently she identified as pansexual. According to the three elements of sexual desire and pleasure measured in the Female Sexual Subjectivity Inventory scale, Abby measured high in entitlement to sexual self-pleasure (4.0), high in entitlement to sexual pleasure with partners (4.3) and very low in self-efficacy in achieving pleasure (2.0).

Physical

Abby talked about repressing her physical desires when in relationships with partners who didn't express the similar sexual wants and needs. She said, "If I dated someone who did not act on their desires as I wanted to, I held back." She gave an example of holding back in a relationship where she was more sexually experienced than her partner. She said, "I always have

to work with him and I just always felt I was too advanced, which when I was doing the study, I think I mentioned that in the journal, having to contain my pleasures and my desires being with someone that didn't, doesn't really not like as advanced." She described herself as sexually dominant. She shared that she did not care to give oral sex but she demanded it from her partners starting at age 15 years old. She did not reciprocate oral sex until she was 18 years old.

Abby placed a lot of value on her virginity but she was willing to lose it to her partner, because of the length of their relationship. Before she lost her virginity at age 18, she shared that she had no problems with finding sexual pleasure in activities like "fingering" or "getting head." She knew what orgasms were because they happened all of the time.

Environmental

"There were a lot of things I didn't know and I did not know who to ask." She recalled scenes from the television show, *A Different World*, pamphlets from her doctor's office and maybe the occasional forbidden R rated movie. She also remembered that songs talking about sex were derogatory towards the female body or acts that guys wished to perform on women. Overall, she felt that these examples did not really add much to her understanding about her sexuality, sexual desire or pleasure.

Abby did not recall participating in any sexual education classes with the exception of one field trip experience in the sixth grade. The students were divided by gender and learned about their bodies. She called the information they received "the sugar coated white wash version" of what she had already heard from conversations among her classmates. She mentioned that in high school classmates would watch porn on their phones during class.

Abby talked about learning more about her body after a visit to her doctor. She shared that a year after being on birth control, she had issues with the hormones. She stated that having

to explain what was happening to her body to her doctor forced her to do research on knowing what was going on. Although she is not currently dating men, she admitted that her sexual experiences of being with guys taught her to know more about herself and how she received pleasure.

Abby believed that social media positively shaped her perceptions of sexual desire and pleasure. She admitted that the information found on social media was degrading to women but it taught her that that lifestyle wasn't for her. She explained, "you come to realize, oh I'm not doing all of that." She felt there were also people on social media who were sexually liberated. She felt their freedom helped her understand that you can have sexual desires and pleasure and it is okay.

Emotional

The youth pastor and pastor would talk about sex and sexuality but their remarks left a negative stain on her perceptions of sexuality, pleasure and desire. "The talks made me curious about things that I did not understand. The talks made me more ashamed to talk or think about desires as a teen because these things were always 'frowned upon.'"

Self-pleasure was something she found particularly shameful. This feeling of shame manifest itself as secretive and so she chose not to discuss it with anyone and marveled at the fact that she was sitting with me—a stranger—to talk about it. Abby also recalled feelings of shame around watching porn. This time the secretive aspect of sexuality was relayed to her because she felt that no one wanted to talk to her about sex. This silence caused her to believe that her curiosity about sex was shameful and indecent. She explained,

> not having a conversation and people not saying 'hey you can embrace your sexuality, you can embrace your pleasures and desires.' It was so shameful, I know the first time I

ever watched porn, I was like, oh my God. I'm going to hell." When she moved out of her parents' home, she shared that she felt less shame now that she had her own space. She shared, "I've got nobody around, you know? I watch it and get aroused and stuff so it's definitely like, I went from ashamed into something else.

Abby mentioned that it was okay for her to engage in sexual activities with others as long as it was within a context of relationship with someone she cared about or someone who cared about her. Even during repressing her own sexual desire, she felt it was worth the sacrifice because the relationship was more important and "more than the physicality." Abby admitted that she has never been in love. She described love as a feeling of wanting to be with someone forever or wanting to die for someone. Not only had she never experienced what she considered love, she confirmed that she had never trusted anyone 100% either. She realized that carrying baggage from a bad relationship with her father was going to negatively affect the success of any relationships in her future so the first step for her was writing a letter to her father to unburden herself. She described the second step as noticing a trend in her sexual behaviors that started to disturb her. She was engaging in sexual activity with people to seek validation from what she felt was missing from her father.

Upon further self-reflection, she realized that the relationships she sought were not meaningful and she was connecting with the wrong people and this weighed heavily on her. She decided to practice celibacy and concentrate on building relationships and connections with people who had similar intellectual, physical, emotional and spiritual beliefs. She described her new vetting process as taking "things slow to make sure that I'm really feeling this person. I could be with a long term and not just because I need someone around me or like the comfort, like the pleasure or anything like that."

Abby's most salient dimensions of sexual wellness were physical, environmental and emotional. Given Abby's scores from the FSSI, it makes sense that she would have a low score of self-efficacy of pleasure, due to her dissatisfaction with how she perceived the ways in which she sought out pleasure in her relationships, knowing that the people she involved herself with were not people she considered to be ideal partners. In other words, she identified her own issues behind her motivations for sexual encounters. She understood after self-reflecting she had to make better decisions about sexual partners and enter into relationships she felt were better suited for her. It seems that Abby made some informed decisions based on her observations from social media that helped her move into spaces to accept her sexuality and allow her to use her celibacy to find ways to heal from her damaged relationship with her father.

Case B: Bianca

Bianca was a 20-year-old college student and daughter of two college graduates. She described her parent-child sexual communication as non-existent. Unlike other participants in the study, she stated talking to her parents would not have been beneficial, "based on how my parents are, I just feel like that conversation would be awkward." She belonged to the Baptist denomination of Christian faith and she attended church weekly. She recalled going to purity meetings, specifically for the girls in the congregation. She stated that their talks made her fear sex. She started dating in the 10th grade and began a committed relationship in the 11th grade. She is currently not dating. She identified as heterosexual as an adolescent and currently as an adult. She reported giving oral sex at age 16 years old and receiving oral sex at age 17 years old. According to the Female Sexual Subjectivity Inventory Scale, Bianca scored high on entitlement

to sexual self-pleasure (4.0), low on entitlement to partnered sexual pleasure (2.5) and average on pleasure self-efficacy (3.3).

Physical

Bianca admitted that she was uncomfortable about touching her genitals initially. She shared a tampon experience during the interview. She recalled saying to herself, "maybe I should look to see what is down there." She finished the tampon story by saying she tried to force the tampon in but she was unsuccessful. She compared herself as a late bloomer with other peers. She stated that she was scared to explore her body. She talked about initially being unsure about whose responsibility it was to ensure the partner achieved orgasm.

She recalled wavering back and forth about losing her virginity after having more and more conversations with her partner. She stated that longer her relationship went, the more she started to question her reason for remaining a virgin. She stated that her curiosity never lingered and she would always be resilient in remaining a virgin.

Emotional

Bianca felt that sex lead to feelings and emotions that 15 year olds were not equipped to handle. She noticed that some of her female peers had negative sexual experiences leading to feelings that in her words, "can truly tear a girl apart." She denied having negative experiences but she was extremely cautious and scared about what could happen and how she would feel afterwards. She did not want to have feelings of regret. Unfortunately, she did have feelings of regret. After breaking up with her boyfriend, she recalled a rebound relationship when she had sex with someone she was not attracted to. She shared that there was a lot of things happening at once and she described her life as "going south and downhill." She felt weak, out of character

and worthless during this period of her life. She stated, “sometimes you just can’t help feeling those ways, even though I knew that those [things about me] weren’t true.”

She shared that she began to have anxiety problems from her third boyfriend. Even though she recognized that it was a troubled relationship, they stayed together for two years. She revealed that he was her first sexual partner and that sexual connection made it that much more intense. She shared that she experienced sexual pleasure for the first time with him. She explained that she hadn’t done anything sexual with her first boyfriend and sexual experiences with her second boyfriend did not produce any definite feelings of pleasure. She explained they connected on other levels and there was no real sexual chemistry, at least on her end.

Bianca maintained that despite developing anxiety problems with her first love and the rebound relationship that ended in feelings of regret and self-disgust, she has had mostly positive sexual experiences. She explained that her anxiety issues came from other areas in her relationship with Steven and they were not a product of their sexual relationship. She went on to add about her sexual experiences, “whether I enjoyed it, I always know that they did.”

Bianca described trust as very important and declared that without trust she was more likely to have less sexual desire in the relationship. She equated trust with vulnerability and stated that vulnerability eventually led to feelings of love. She described feelings of love as a “kind of overwhelming feeling of which I feel like makes you desire a lot more.” She went on to say it was “one of the highest levels of physical love.”

Environmental

Bianca stated that she couldn’t quite pinpoint how she learned about sexual desire and pleasure but she knew that she gathered information from her surroundings. She said, “I really learned about the act of sex through school, media and friends.” She described overhearing

conversations between peers and seeing lots of things on social media as well. She stated that social media was a negative influence for her because it "made you feel like you had to have your body in a certain way to be sexually desirable." She also recalled reading an erotic novel that her cousin left over her house.

Bianca's most salient dimensions of sexual wellness were physical, emotional and environmental. Her FSSI scores were inconsistent, which illustrates her ambivalence about sexual desire and pleasure. In recalling her sexual experiences, she noted that she did not always enjoy the encounters, but she guaranteed her partners enjoyed themselves. She also had considerable ambivalence around negotiating pleasure with her partner. As we discussed the topic of orgasms in the interview, she revealed her uncertainty about how to achieve pleasure with partnered sex. She stated,

> I don't know how to necessarily – I don't know if it's my responsibility or if it's something that I can do to necessarily help them achieve it and – well, with regards to like actual sexual intercourse– you can guide other ways of coming to an orgasm [during self-pleasure], but when it comes to actual sex, I don't know.

Although she scored high on the entitlement to self-pleasure factor, she called herself a late bloomer and described difficulties with touching her vulva. She admitted that she did not masturbate until she was 19 years old.

Case C: Cayla

Cayla was a 20-year-old college student and daughter of two college graduates. She described her parent-child sexual communication as, "don't ask, don't tell." She belonged to the Pentecostal denomination of Christian faith and went to church weekly. She acknowledged that her church teachings about sex were abstinence until marriage. She countered those beliefs by

asserting, “Yes, I do still believe in the Christian values, but I also do understand that I am sexual being, and should have the right to act and likely use it as long as I'm being safe.”

She began dating in the 10th grade and she is currently not dating or in a relationship. She identified as heterosexual as an adolescent and currently as an adult. According to the three elements of sexual desire and pleasure measured in the Female Sexual Subjectivity Inventory scale, Cayla measured very high in entitlement to sexual self-pleasure (5.0), average in entitlement to sexual pleasure with partners (3.5) and high in self-efficacy in achieving pleasure (4.3).

Physical

Cayla began the interview by sharing that she had had casual sex with 3 different guys in college. She labeled the encounters casual because she did not feel any real emotions attached with the experiences but they were some of her first experiences of sexual pleasure, even though she lost her virginity and engaged in other sexual activities by age 16. Cayla described these sexual encounters as very different from her initial relationships. She recalled receiving no sexual pleasure in the sexual experiences within her high school relationships. She shared, “we’re just doing this because of what couples do.” She credited the shift in having more pleasurable sex within the casual encounters because pleasure was the main purpose of the interaction. She recalled conversations like, “what feels good to you, what feels good to me. Okay, these are the things we’re going to do.” Unlike most of the other cases, Cayla talked positively about using self-pleasure when a partner was not available and she felt sexual desire.

She stated, “if I can’t have sex with someone, then it’s like, ‘Okay. I’ll just watch porn [and masturbate].’ Get that out my system.”

Environmental

Cayla had limited resources to learn about sexual desire and pleasure. Cayla stated that social media, specifically Instagram, was full of people who determined who was sexy, which made her wonder what characteristics about that person made them sexy? Which in turn made her wonder if she had those characteristics. Cayla stated that her college environment was instrumental in helping her feel comfortable expressing her sexuality. She recalled conversations with other students and professors, “everybody said, ‘everyone is a sexual being. So, you have the right to express your sexuality, how do you feel, and you shouldn’t be shamed in that way.’” She gave examples such as being able to wear whatever you want to wear and have as many sexual partners as you would like.

Intellectual

Cayla’s first recollection of knowledge about sex came in the fourth grade when her pregnant teacher disrupted the stork narrative about where babies came from. Cayla shared that the atmosphere at her college has helped her realize that as a Black woman, she has every right to be openly sexual without the media and others telling you, “don’t do that, that’s bad, or something like that.” She acknowledged that she had lots of assumptions about women based on their appearance and behaviors. She assumed that most girls were virgins and people assumed the same of her because of her appearance. She claimed to reject the good girl-bad girl dichotomy based on what she learned about sexual liberation in college but her language continued to reflect it.

Cayla's most salient dimensions of sexual wellness were physical, environmental and intellectual. Like most of the participants, Cayla viewed the physical aspects of her sexuality in primarily relational ways. Therefore, it is interesting to note her lowest score in the FSSI was entitlement to pleasure with partners. Cayla stated that during middle to late adolescence she had very stigmatized views of females that led sexually unrestricted lifestyles. She had a major shift in beliefs (intellectual dimension) due to influences gained in her college atmosphere (environmental) that may have affected her perception that sex outside of relationships was preferable (physical).

Case D: Dionne

Dionne was a 19-year-old college student. Her mother was a college graduate and she reported that her father had some college experience. She shared, "when my parents and I first had the talk, they never mention about sexual desire and about masturbation and how I go about to handle my sexual desires. I think I would had like my parents to broaden the subject a little more for me on masturbation because now I feel uncomfortable masturbating." Dionne grew up in the Baptist denomination of the Christian faith and she attended church weekly as an adolescent. She started dating in the 11th grade and began her first committed relationship also in the 11th grade. She is currently in a committed relationship. She identified as heterosexual as an adolescent and currently as an adult. According to the three elements of sexual desire and pleasure measured in the Female Sexual Subjectivity Inventory scale, Dionne measured very low in entitlement to sexual self-pleasure (2.0), very high in entitlement to sexual pleasure with partners (5.0) and average in self-efficacy in achieving pleasure (3.7).

Physical

Dionne was one of the only participants to recall sexual pleasure within a non-coital context. She described an experience with her boyfriend, Dave, in the 8th grade as he touched her with her clothes still on. In the interview, she revealed that she began giving oral sex at 14 years old but she did not receive oral sex until she was 18. She seemed to be frustrated about this memory, she commented, "it's like he didn't want to do it, so I wasn't sensing pleasure a lot." She mentioned that her boyfriend wanted to have anal sex but she refused his request.

Dionne mentioned that she did not feel comfortable with self-pleasure or "doing that stuff down there to my own self." She shared that she has never had an orgasm but her roommate and boyfriend seemed to be more concerned about this than she did. She described an orgasm intervention they staged for her. They tried to suggest watching porn as a tool to help her masturbate but she turned down their suggestions.

Spiritual

Dionne was the only participant with a high influence in the spiritual dimension of sexual wellness. Dionne shared that growing up in a Christian household, her parents did not acknowledge forms of contraception and it was implied that she did not have the choice to engage in sexual activity. She stated, "I was taught that sex is for married couples because we as teenagers cannot handle the consequences of what comes with having sex. My body did not belong with me but my body is a temple of God and should be used to praise God, not for masturbation or for having sex before I get married." Dionne stated that none of her spiritual leaders ever really talked about sexual desire and pleasure, they just made blanket statements telling their youth to not have sex. She went on to add, "God made sex for man and wife and that it [sex] was for when you get married to a man." This belief was significant for Dionne because

although she reported heterosexual in the survey, she admits to being in a relationship with a female classmate in high school. She stated that she was attracted to women but she eventually ended the relationship because she knew it could not go anywhere.

Environmental

Dionne stated that she had to look on the internet to figure out how to manage her sexual desires. She also learned about sexual desire and pleasure from the television shows Degrassi and Sex in the City. She wrote that the female characters each handled their sexual desire in different ways, "either going all the way to have sex to just using a vibrator." Her 15-year-old self lived vicariously through the Sex in the City actresses' exploration in their sex lives.

Dionne's most salient dimensions of sexual wellness were physical, spiritual and environmental. Although most of the participants had strong religious beliefs, Dionne was the only participant whose spiritual dimension of sexual wellness stood out. Dionne's scores on the FSSI were varied but clearly reflected her journal and interview responses. She scored very low on self-entitlement to sexual pleasure but she was very clear about not viewing masturbation as valuable to her sexuality. Although she has never had sexual intercourse, she has had sexual experiences that would make her cognizant of her entitlement to pleasure in partnered sexual activities. Living vicariously through the sexual experiences of various female television characters may have also helped her realize her entitlement to pleasure in partnered sex.

Case E: Erica

Erica was a 19-year-old college student with a mother who had some college experience. She shared that she was also raised by her grandmother for several years. Erica reported no religious faith. She shared that her family was very religious and went to church consistently but they did not make her go with them and she preferred not to go. She reported no history of dating

or relationships and she is not currently dating or in a relationship. In the survey, she reported that she did not know her sexual orientation at time of adolescence and she currently did not know her sexual orientation. However, during the interview, Erica confided that she identified with asexual orientation and she also identified as demisexual. Her lack of sexual partners or sexual activity with others corroborated her statements. She stated, "I really didn't have the urge to have it [sex] with someone else because it seemed too personal. So I started looking for ways to pleasure yourself and tried it and that was pretty much it." According to the Female Sexual Subjectivity Inventory Scale, Erica scored average on entitlement to sexual self-pleasure (3.3), average on entitlement to partnered sexual pleasure (3.8) and average on pleasure self-efficacy (3.0).

Environmental

Erica described the town she grew up in as rural, predominantly Black, and very small minded when it came to sex. She explained, "sex was frowned upon by adults and loved by teenagers." Although she was attracted to both sexes, she felt that her community was not open minded enough to deal with non-hetero-normative relationships. She added, "anything that wasn't black it was considered outcast at least where I am from. I don't know how it is for people that grew up in like a mixed cultural area. So I can't speak for them but at least in an area that's predominantly black and it was kind of yeah anything that wasn't black was expelled."

She went to the Internet to find resources about sex. She stated, "one website in particular explained sexual organs and pleasure methods for both men and women taught me a lot."

Emotional

Erica denied feeling any guilt, shame or regret while engaging in self-pleasure. She considered love more important than sex but she understood that for some people, they did not

care for the romantic aspect of it. She shared that she identified as demisexual because she felt strong attractions for people based on their intellect. She also admitted that thinking about being sexually intimate with someone made her paranoid. She explained that even if she trusted her partner, "the thought of them touching me, it kind of freaks me out." She explained that her small frame made her believe that it was be easy for someone to overpower her.

Social

Erica shared that the topic of sex first appeared in her peer's conversations somewhere between 8th and 9th grades. Initially, the topics were more emotional in nature and later on the conversations evolved to discussions of specific sex acts. She stated that it was common among her peers that parents did not give them the sex talk. She said her mom briefly talked to her about sex when she was 12 years old but she really only remembered her mother saying to her, "it's going to hurt" and young boys lacked experience.

Erica's most salient dimensions of sexual wellness were environmental, emotional, and social. These dimensions made sense considering Erica's statements about her community, love, and people's view of sex. Her FSSI scores seemed concordant with her asexual orientation. Although Erica identified as asexual, she was very concerned about how other people stigmatized sexual activity, especially for adolescents. She talked not understanding her community and the media's negative perceptions about sex. She also talked about her own beliefs about love. Despite her admission that she would probably live a solitary life because of lacking the physical responses associated with sexual attraction, Erica seemed hopeful that she would eventually find love.

Case F: Felicia

Felicia was a 20-year-old college student and daughter of two college graduates. She belonged to the Catholic denomination of Christian faith and attended church services on a monthly basis. She began dating in the 8th grade and had her first committed relationship in the 12th grade. She is currently in a committed relationship. She identified as heterosexual as an adolescent and currently identified as heterosexual as an adult. According to the Female Sexual Subjectivity Inventory Scale, Felicia scored very high on entitlement to sexual self-pleasure (5.0), average on entitlement to partnered sexual pleasure (3.3) and very low on pleasure self-efficacy (2.0).

Physical

Felicia talked about her first experiences of sexual desire and pleasure, around 8th grade. She liked kissing and touching her partners underneath their clothes. She said she really began to explore her sexuality during this time period. Felicia tried dating apps for teenagers and exchanged sexts (sexual text messages) with the men she met. She described that episode as her "wildin' out." She felt sexually free to send nude pictures of herself and when her friends chastised her, she stated, "I was just like whatever at that point. Like it's a body, everyone knows what bodies look like." She shared that she began having oral sex in the 10th grade with her boyfriend but she did not have vaginal sex until her sophomore year of college at 19 years old.

Felicia shared a story about a relationship where she was the more experienced sexual partner. She talked about wanting to make his first time having sex special and so she made him wait. She stated, "I wanted the right time with him to be really special so made him wait months. I think it was like four or five months but it was very awful because it was his first time and I hadn't had it in a while and bad things happened."

Social

Felicia admitted that most of the information she learned about sexual desire and pleasure was from conversations with friends and peers at school. Some of their conversations in middle school included talking about masturbation, the kind of porn they liked to watch and the things they enjoyed seeing. She concluded that those talks helped them know what they could do with their bodies to make them feel good.

Other conversations with friends were not so sex-positive. She recalled being careful to withhold information about her sexual activities because she and her friends were very critical about how girls in their school explored their sexuality. She shared, "In 9th grade and 10th grade it felt like our conversations about sex was really just about shaming other girls. Like one of my classmates, she got on the birth control pill and she lost her virginity and everybody was just like, 'Oh my God she's so bad' and everybody could hear like a scarlet A or whatever because she is awful. But meanwhile I was getting stuff but I was like, oh I guess I need to keep my mouth shut." She stated that she also did not want her friends to feel rejected or sad that they did not have some of the experiences she had. However, she found some girls she felt comfortable confiding in. They were friends who had "done stuff" or what she called "the very, very few actually minded people."

Felicia remembered sexual desire being described as lust in church. She stated those references made her believe that "sexual pleasure was only for people who loved each other, and it should be between two married people." She recalled sitting in church and calling herself "a terrible person" as she thought about the sexual activities she had engaged in. She felt like her pastor was talking directly about her.

Felicia stated that she felt like she could not talk to her parents about sex when she was a teen. She shared a story about her mother overhearing a conversation between her and the doctor's office when she was in college that changed her perception of their parent-child sex communication. After she got off the phone, her mother asked her about the purpose of the call. She decided to be honest and told her that she received STI test results because she had been engaged in sexual activity. She tested the waters by admitting that she had engaged in fellatio with her current partner. She was expecting her mother to be upset but her mother completely surprised her. She shared,

> She was actually like, oh okay, if you don't like the taste of a guy's junk then they've got flavored condoms and I was like, okay, this is going really weird but I guess now that I'm a grown woman, now I could talk to my mom about it and we talked about birth control but we never talk about the emotional part of sex. She just says, you know I can't discourage you having it, I'd be hypocritical if I said don't have premarital sex so just like don't get stupid.

Emotional

Felicia recalled being, "scared to get anywhere near a penis because I was scared to get pregnant," after she began her period. Although she engaged in other sexual activities around 16 years old, she stated, "I just didn't feel ready until [3 years later] and I was glad I waited to do it with someone who I knew loved me." Some of her hesitancy may have stemmed from a failed relationship with the first person she engaged in oral sex with. She stated, "after our relationship

ended I felt upset with myself, like how did you do that? I mean, why did you do that Felicia? He wasn't worth it, he didn't really care about you, that shit was awful."

Later in the interview she admitted that her attitude had shifted regarding being ashamed of feeling pleasure and engaging in sexual activities. Not being comfortable talking to her mother made her suffer in silence about her feelings of low self-worth. Felicia remembered, "I had to just work on not feeling ashamed about myself." She said, "when I was younger I used to be ashamed of feeling pleasure or just, letting guys and now that I'm older I don't care. I care because it's about me but I realize that it can be a good thing and it's not an evil thing."

Felicia stated that when she wasn't having sex in a relationship, she tended to be callous with her feelings regarding her sexual partners. For instance, during her periods of what she called, "wilding out," if she had not established trust with her partners, then she was more likely to not form an emotional bond with them. She shared that her behavior may have been related to something her mother told her. She said, "I grew up with my mom always saying, don't trust boys. Boys are terrible people. And I'm like, don't you tell your husband, like that's my dad man!"

Felicia's most salient dimensions of sexual wellness were physical, social, and emotional. Similar to other participants, the physical aspects of her sexuality centered around partnered sex. The participants were asked to complete the FSSI with the mindset of their 16 year selves. Felicia described middle adolescence as a time of low entitlement of pleasure in partnered sex and her FSSI score reflected that. She emphasized receiving negative comments about sex and potential partners from her mother which may have been impacted her lower scores in self-efficacy of pleasure. She also viewed some of her sexual encounters as "wildin' out" which suggests a loss of control over her sexual emotions.

Case G: Gillian

Gillian was the youngest participant at 18 years old. She reported that her mother had some college experience and her father was a college graduate. She also reported no religious faith. Her relationship history began with a committed relationship in the 9th grade that was short lived. She reported currently not dating. She identified as heterosexual during adolescence and currently heterosexual. According to the Female Sexual Subjectivity Inventory Scale, Gillian scored very low on entitlement to sexual self-pleasure (1.7), low on entitlement to partnered sexual pleasure (2.3) and very low on pleasure self-efficacy (2.0).

Environmental

Gillian looked to media sources to help her figure out how to manage her sexual desire and pleasure. She stated, "looking back on the media that I consumed when I was younger, I never got any messages that encouraged me to explore my sexuality." The mixed messages she did receive from television were harmful to her own self-assessment of sexual identity. She shared in a journal entry, "Every time TV portrayed a sexually active female, it seemed like something bad was always going to happen, or she was just a hoe. I learned that the sexually active girls were the ones who nobody wanted, which confused me. How were they with so many people, yet nobody wanted them?" She also recalled the television show, The Secret Life of the American Teenager. She learned from the main character's situation that her sexual desire ended up ruining her life; Gillian remembered thinking, "that's not going to be me."

Gillian stated that she took a health class in high school that was not detailed about sexual health so she did not learn anything in an educational setting about sexual desire and pleasure until she went to college. Gillian shared that she went to a sex program hosted by her local health department and she learned about the anatomy of the vagina. She admitted that the experience

made her realize that she was not as knowledgeable as she thought. She felt more empowered after the program and stated that the speaker's information about arousal and women needing stimulation beyond vaginal penetration was very helpful. She walked away from the program with more awareness about her sexuality. She described this awareness as "just owning your body and knowing what you need and what works for you."

Gillian shared that reading fan fiction was an important part of establishing her sexual desires. She stated, "I remember reading [mature fan fiction] when I was younger and that's something I would just take pleasure in just reading it and imagining different things." She explained that mature fan fiction was created online as a website that people go on and write stories about TV shoes or movies and they put characters together but it is centered around sexual activity.

Physical

Whereas most of the participants inadvertently revealed their deference to their partners' pleasure over their own, Gillian made direct statements about her experiences of pleasure. She stated, "for the most part of my adolescence, I focused on male pleasure." Gillian shared that before she lost her virginity, she had oral sex with her boyfriend. She and he had some break ups between the beginning of their relationship when she was 16 years old but they eventually had sex for the first time her freshman year of college. She reported that they had vaginal and anal sex and they always used a condom. She stated there was a difference in her perceptions of pleasure in non-coital experiences compared to coital experiences. She described her coital experience as "more passionate, I actually experienced pleasure."

Emotional

Similar to other participants, Gillian's self-perceptions about her sexual desires and pleasures shifted as she aged, "I often felt ashamed after my early sexual experiences. In spite of everything, I learned that at the end of the day it was all about me and what I wanted." One of Gillian's recollections focused on how she interacted with guys and how she managed her feelings of sexual desire. She was very critical of herself, calling herself gullible because she "often fell for any guy that called [her] attractive." She explained,

> Sometimes I cared more about the fact that a guy was paying attention to me versus him being an actual match for me. The final straw was when I was in the 11th grade, and I had a boyfriend who would get angry and give me the silent treatment or say he didn't have to call me beautiful because, 'I should just know already.'

She realized in that moment that she received sexual pleasure in her partners' acknowledgment of her attractiveness and it was an emotional affirmation that was important to her. Gillian stated that love was foundational to her feeling entitled to sexual desire and pleasure. She stated,

> Honestly I wanted to make sure that I loved someone because some of my friends have been with guys who were just in it to have sex with them and just stopped talking to them after. That's something that I didn't want to happen to me and so I wanted to make sure that I was in a stable relationship where I knew that my partner loved me and that I loved him back and that I trusted him because you know I wanted to make sure that he didn't have any STDs and that he was clean.

She believed that knowing her partner loved her created a sense of intimacy that enabled her to share herself sexually with them.

Gillian's three most salient dimensions of sexual wellness were environmental, physical and emotional. She identified several sources of information that informed her about sexual desire and pleasure throughout her adolescence. Her FSSI scores suggest that the mixed messages she received via media and internet sources may have negatively impacted her perceived entitlement to self-pleasure, pleasure in partnered sexual activities, and self-efficacy to achieve pleasure. These low scores also relate with her admittance to prioritizing her partner's pleasure over her own.

Case H: Heidi

Heidi was a 19-year-old college student. She reported that her mother was a college graduate and her father had some college experience. She belonged to the Pentecostal denomination of Christian faith and reported going to church services at least twice a week. She had a relationship history of never dated in adolescence and reported she is currently not dating. She identified as heterosexual as an adolescent and currently heterosexual as an adult. She reported two sexual behaviors in the survey; her first kiss was at age 10 years old and she started masturbating at 16 years old. According to the Female Sexual Subjectivity Inventory Scale, Heidi scored very high on entitlement to sexual self-pleasure (4.7), very high on entitlement to partnered sexual pleasure (4.5) and average on pleasure self-efficacy (3.7).

Intellectual

Heidi felt that most teenagers did not have the critical thinking skills to make good decisions about their sex lives. She journaled that adolescents are "forced into making decisions about sex way too early in our lives." She further explained, "whenever someone in my age bracket is having sex I always sort of see it as being too soon. Especially in high school, where kids were still fighting over seats on the bus, no one ever behaved like the type that, in my

opinion, would be responsible with and respectful of another person's body. With all those adolescent insecurities flying everywhere, it just seemed like it'd be too easy for a person to get demoted to just being a body."

Heidi credited her mother with giving her the knowledge she had about her body. She shared a story about coming home from a sex education class in the 6th grade and she told her mother about what they taught her. She stated that her mother told her they gave them incorrect information and re-educated her. She shared that her mother was a nurse and had a ton of textbooks that she would read sometimes. Despite learning the proper names and appearance of her genitals, Heidi admitted that she was not knowledgeable at all about the process of the female sexual response.

Physical

Heidi seemed to minimize herself to disqualify her sexual desires. She described her sexual experiences as Disney-like, and "nothing really too exciting." She shared she is "on the lookout, but I'm not expecting anything to happen." I challenged her position of being on the lookout. By the end of the interview, she admitted that maybe she should consider a dating app.

During her interview, we explored what kinds of sexual experiences she might have had if the opportunity had presented itself. Heidi stated that she was not quite sure about what "making out" entailed. I asked her to clarify what "making out" looked like to her. She tried to envision engaging in non-coital behaviors by picturing scenes from movies but she gave up, stating, "honestly, I don't know how it works." She clarified that she would stop at taking her clothes off because she knew it would escalate things past her comfort level.

Environmental

Heidi stated that she did not learn anything about sexual desire and pleasure from watching interactions with her parents because, “my parents are Jamaican, so affection is like a bad word.” Despite lacking physical examples of sexual desire and pleasure, she credited her parents with not giving her a negative perception about sex. She explained, “I wasn't raised in an environment where sex was considered a ‘bad’ thing or where I was trained against treating my body like it was my own.”

Heidi considered other resources and stated that she was not into social media and she did not recall having conversations with her doctor about sex, other than them remarking on how big her breasts had gotten. She stated that listening to music, like Lauryn Hill, gave her examples of what sexual desire looked like. She also saw examples of sexual desire on television but she felt they were unrealistic. She explained, “I’m not sure I’ve ever seen a TV show that depicted a healthy sexual relationship. I don’t think I’ve ever seen one.”

Heidi stated that she has used the internet to explore her curiosity about sexual desire and pleasure. She read web comics about a couple’s sexual experiences and she followed the web blog, *Oh Joy Sex Toy*. She described the blog as a “really funny,” husband and wife team that posts their reviews of sex toys. She admitted that the web comics and blog have loosened up her “uptight perception towards sex.” She went from feeling like “you don’t have to talk about sex at all” to “it is not bad if you want to talk about frequently as long as it is not your only topic of conversation.”

Heidi’s three most salient dimensions of sexual wellness were intellectual, physical and environmental. She spent a significant amount of time sharing her beliefs about adolescent sexuality and her speculations around the decision-making capabilities of teenagers. She reported

having no sexual experiences besides kissing at 10 years old and somewhat of an ambivalent attitude about masturbation but her FSSI scores for entitlement to self-pleasure and pleasure in partnered activity was high. Heidi mentioned her sister's marriage as a model for a good relationship to aspire to. She focused on the reciprocal nature of their relationship which could have some baring on her perceptions of entitlement to pleasure in partnered sexual activity, despite her lack of experience.

Case I: Iona

Iona was a 20-year-old college student. She reported that her mother had some college experience and her father was a college graduate. She reported not belonging to a faith; although, she shared that she often wondered if God was judging her for her sexual behaviors. Her relationship history starting with dating in the 9th grade. She reported having a committed relationship in the 12th grade and she was currently in a committed relationship. She identified as heterosexual as an adolescent but changed her sexual orientation to bisexual as an adult. She began having sexual intercourse at 19 years old. According to the Female Sexual Subjectivity Inventory Scale, Iona scored very low on entitlement to sexual self-pleasure (2.0), very high on entitlement to partnered sexual pleasure (4.5) and very high on pleasure self-efficacy (4.7).

Social

Iona stated that most of her friends started having sex much sooner than she did. She journaled, "they would talk about their sexual experiences in a positive manner and talk about how much they enjoyed it, but it was still very secretive." She explained, "they would just rave about it, and then they'd tell me not to do it." She believes they cautioned her against having sex because of the complications of being in sexual relationships.

Iona shared that even her first period was shrouded in secrecy and silence, so much so that she initially thought she was dying. She started bleeding at school and her teacher sent her directly to the nurse. The nurse didn't explain anything to her or give her a pad, Iona said, "she was just like 'keep bleeding' I guess." She then described what happened when she got home to her mother, "I got home and my mom didn't explain it to me. She was like 'Oh God', she freaked out. She handed me a pad and she was like 'use this' and that was it. And then I was just like 'Okay, I'm just using this when I'm bleeding' and I didn't know why I got it, I didn't know what happens when you get it or why it was happening. I was just like 'Okay'."

Iona shared that her parents relayed one thing about sex to her and it seemed to be at a random moment in time. She described the talk during our interview. She said, "we were getting Chinese food and I remember while we were waiting on it, my dad said, 'If you ever have sex, use a condom.' And I was like, 'Dad, please!' When do you want to talk about this? In the middle of Chinese food?'"

Iona's views on condoms and pleasure illustrated two things about her and her partner. Her views revealed that they were not concerned about transmitting STIs and they felt that being in a committed relationship protected them from worrying about STIs. She also discussed problems with birth control as she explained her issues with condoms. She shared,

> This is going to sound really bad but I hate condoms. Me and my boyfriend really don't use them. If you were my doctor you would be cursing me out right now. I was on birth control for a long while and then I got off over this summer because it was just not good mentally with me. It was just causing a lot of mental stuff that go on with me but yeah we've tried condoms, we both hate them.

Intellectual

Iona stated that for a long time she thought it was OK to do "everything else" if she did not have sex. She reported being really confused about "that orgasm thing." She also admitted that she probably would not be able to label all the female anatomy parts correctly. Her lack of knowledge had a tremendous impact on her ability to recognize sexual pleasure. She shared, "One time I was like 18ish, I was like 'something's wrong with me.' There has to be a nerve somewhere that's not connecting. Because everyone else just loved it and I was like, with oral or else 'I don't get it, man!' With my current boyfriend, I found out I could like [sex] if I was under an influence." Iona was the only participant to talk about the influence of substances on sexual desire and pleasure. She admitted that she used alcohol to ease her anxiety about having sex.

Environmental

Iona shared that her elementary school offered a general sex education course but her parents did not allow her to participate. She recalled an awkward day in class in middle school when they talked about sex. She said they discussed the sexual organs and it was "awkwardly funny." She admitted she did not learn anything from the class. She did not recall any specific movies that educated her about sexual desire but she did learn about female anatomy from internet sources. She shared the website—was a .org site—that she probably wrote down after watching an episode of *The Secret Life of an American Teenager*. She appreciated being able to go on the Internet to figure out "stuff for herself like what is this and how does that work." Iona stated that she also measured her own sexual attractiveness against models and celebrities like Nicki Minaj on social media.

Iona's most salient dimensions of sexual wellness were social, intellectual, and environmental. The lack of sexual communication between Iona and other influential people in

her life had a substantial effect on her beliefs and knowledge about sexual desire and pleasure. She tried to reconcile the silence and secrecy of sex by researching on her own through the Internet. She also dealt with tremendous self-esteem problems because of her perceived body imperfections. She was the only sexually active participant who did not strongly identify with the physical aspects of sexual desire and pleasure; however, she had high scores on entitlement to pleasure in partnered activities and self-efficacy in achieving pleasure.

Case J: Jocelyn

Jocelyn was a 19-year-old college student. She reported that her mom and dad were both high school graduates. She clarified that she was also raised by her grandmother because her mother had her when she was very young, "17 or 18." She belonged to the Methodist denomination of Christian faith and reported attending church on a weekly basis. She began dating in the 6th grade and she had her first committed relationship in the 12th grade. She identified as heterosexual in adolescence and currently as an adult. According to the Female Sexual Subjectivity Inventory Scale, Jocelyn scored high on entitlement to sexual self-pleasure (4.3), high on entitlement to partnered sexual pleasure (4.0) and average on pleasure self-efficacy (3.0).

Intellectual

Jocelyn considered herself to be very knowledgeable about female anatomy and but not so much about the female sexual response and process of an orgasm. She said, "because I still haven't been able to really experience sex to the fullest. I don't know exactly what's going to please me enjoying intercourse so it's still like learning." Jocelyn stated that she read an article comparing female orgasms to male orgasms. The article taught her that males can have an orgasm every time they have sex but for females it is okay not to have orgasms every time you

have sex. The main takeaway for her was, “you just got to find what’s pleasurable for you.” Jocelyn credited her knowledge about how to put on a condom with her godparents. She stated that before she went to college they asked her about her sexual experiences. They also asked her if she ever put a condom on. When she admitted that she had not, they purchased condoms and a banana and demonstrated how to put them on. She stated they also cautioned her against having sex while under the influence of alcohol.

Environmental

Jocelyn shared that she had a couple of sexual education classes including one lecture on the differences between male and female anatomies. She stated she also received information from the pamphlets her doctor’s office gave out. Jocelyn stated that social media taught her to keep her sexual desires and experiences of pleasure to herself. She criticized how some people overexposed themselves. She explained, “it just makes me know more that I want everything that I do intimate between my partner and me to be just between us, like private.”

Jocelyn mentioned the movie, *Friends with Benefits*. She felt that although the main character was not a Black woman, she identified strong with Mila Kunis desire to have relationships just for the enjoyment of sex. Jocelyn believed that could be very empowering for women and she recalled reading several empowering articles encouraging women to be comfortable exploring their sexual desire. Jocelyn stated that she hoped other girls would read her case and know that if their parents were not good resources to answer questions about their sexuality, then they could go online, find a trusted family member or friend, or read about it in books and articles.

Physical

Jocelyn shared that she began exploring her sexuality, going past kissing and non-coital behaviors, the summer before her senior year of high school. She began having oral sex with her boyfriend, Carter but the relationship ended shortly before she graduated. Unlike most participants, Jocelyn's sexual behaviors jumped drastically, from first kiss and touching over clothes at 10 years old to touching under clothes, touching genitals and oral sex at 17 years old. Two years later at 19 years old, she added masturbation, vaginal and anal sex to her sexual experiences. She explained that the first times she attempted oral sex she was so uncomfortable with it that she asked her partner to stop and they reverted to just kissing.

Jocelyn's most salient dimensions of sexual wellness were intellectual, environmental, and physical. Jocelyn seemed to be the most sexually knowledgeable participant in the study. She reported a variety of resources in her exploration of sexual desire and pleasure. She shared that she has pain during intercourse and she did not start masturbating until she was 19 years old; so, these things may have had some impact on her self-efficacy to achieve pleasure.

Summary of cases

The cases were organized by the most salient dimensions of sexual wellness for each participant. Concept mapping in MAXQDA was used to visualize connections and relationships between data using the case model mapping feature. As each case was mapped using this MaxMaps feature, the thickness of lines between the case and the coded dimension revealed the strength of the connection between the two. As seen in Figure 4.1, the environmental dimension of sexual wellness was the most prominent dimension for the cases. This finding suggests the participants placed importance on the resources they found to explore their sexuality and ideas of sexual desire and pleasure. The physical dimension of sexual wellness was also significant for 8

of the 10 participants. The participants embodied sexual experiences of desire and pleasure—auto erotic and partnered—were a major focus in the discussion of sexual self-awareness as it related to the dimensions of sexual wellness. The emotional dimension of sexual wellness was the third most significant dimension for the participants. The participants described a variety of positive and negative feelings regarding their thoughts and experiences of sexual desire and pleasure. Most of the feelings were negative but many of the negative feelings changed over time as the participants moved from early and middle adolescence to late adolescence. The next chapter will continue the discussion of findings across cases.

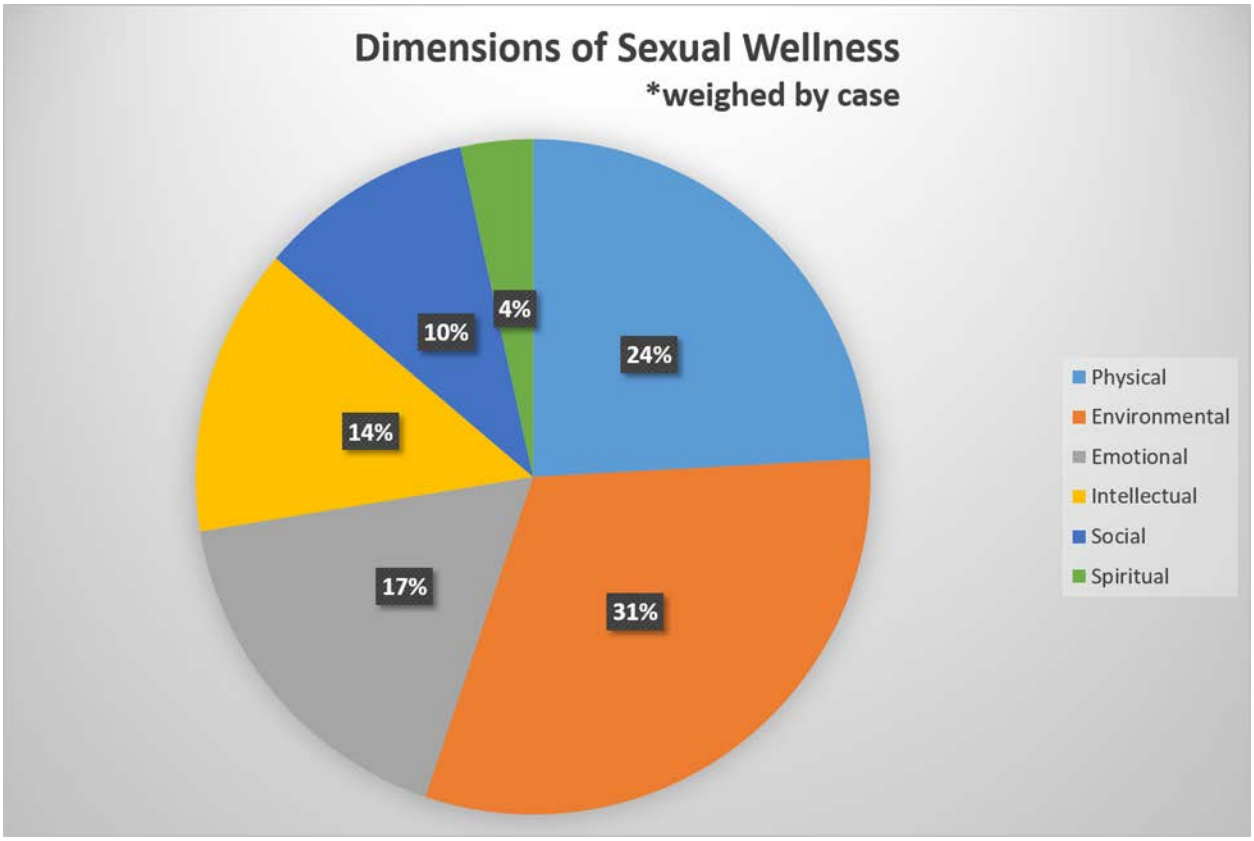

Figure 4.1 Cases by dimension of sexual wellness

CHAPTER 5:

FINDINGS: ACROSS CASE ANALYSIS

This chapter presents findings across the cases. The chapter is organized into three sections: an analysis of voice using The Listening Guide, a thematic analysis with a specific focus on Black Feminist Thought, and a thematic analysis with a specific focus on the dimensions of sexual wellness.

The Listening Guide

Four sections of The Listening Guide interpret participants' voices to illustrate how they made meaning of their sexual desires and pleasure. In first section, Voice of Self, Tolman and Szalacha (1999) suggested that listening for self, brings out the participants' experiences of herself as a subject and object in her lived experiences of sexuality. Therefore, agency or an absence of agency became known in their stories. The second section, Voice of Body, explains how participants described explicitly embodied characterizations of their sexual desires and experiences with pleasure. The third section and fourth sections, Erotic Voice and Voice of Response refer to the Desire Voices. Erotic Voice tracks participants' speeches about how desire and pleasure felt and the intensity and quality of their sexual feelings. Voice of Response captures participants' thoughts and behaviors in reaction to feelings of their own desires and pleasure.

Voice of Self

The participants' Voice of Self revealed their inner struggles with sexual agency. The first struggle was an attempt to bravely face the challenges that came with peer pressure, partner pressure, their newly developed bodies, and society's infatuation with sex. Four participants

responded to these issues by teaching themselves what they needed to know in the face of this new influx of hormones, sexual feelings, and thoughts. Abby lamented, “parents assume that we know.” While Jocelyn and Erica confided that also had to learn about their sexuality on their own. Bianca shared that she preferred it that way. Although, there seemed to be a sense of bravado in her voice that covered her true feelings. This bravado may have been the product of adolescent development that demands the establishment of independence. But in the face of uncertainties, even as Bianca declared, “there is nothing I would have liked them [her parents] to tell me!” I still heard that little girls voice echoed in Jocelyn’s adamancy about not sharing that part of herself with her mother and Felicia’s declaration that her mother could have relieved so much pressure from her decision making.

Their Voice of Self also exposed an emphasis on love and marriage. Abby talked about the importance of making sure that your partner cared about you or you would be labeled a whore. Felicia shared that she was glad she waited to do it with someone who loved her, because she did not want to regret her past. Jocelyn shared how she mourned her virginity. She told a story about how she cried the first time she had sex and thought she failed her younger self. Dionne stated emphatically, sex is for marriage, it is too complex for teens. Cayla, however, disagreed with Dionne. She stated that her ability to have sex should not be based on her age or her marriage status.

Their Voice of Self reflected a loss of agency around communicating about sex. Abby shared that she hid her sexuality and tended to “sugarcoat” sexual topics. Jocelyn stated that virginity was “sacred and secret.” Iona described it as a “danced around situation.” This loss could be reflective of their parent’s general unwillingness to talk about sex. Almost all

participants discussed parents who did not talk to them about pleasure and desire, except for instances to dissuade them from becoming sexually active.

Self-evaluation was heard in two participants. Heidi's I statements were very self-depreciating. She constantly made devaluing statements about herself such as, "I'm kind of boring." We discussed her dating history and I asked her if she had ever considered a dating app. She replied, "Well, it is funny to picture myself on there because I don't even know what to put… I'm kind of unexciting to be on." When asked about her interaction with males, she said, "They just see me as like the conversation partner or "Oh, that's just Heidi." I'm not necessarily like taking the form of anything I'm just... Heidi."

Abby self-evaluation centered around her feelings about her sexual behaviors. She felt that did not like the way she used sex as a coping mechanism for love: "I could now talk to person but I want to take things slow, to make sure that I really like [what I] am feeling [for] this person. I could be with them long term and not just because I need someone around me or I need the comfort or the pleasure or anything like that." She talked about her relationship with her father and how she connected their broken relationship with her patterns of sexual behavior. She decided to become celibate to allow herself a safe space to deal with new relationships in attempts to break those patterns.

Voice of Body

The initial analysis of the participants' Voice of Body was characterized relationally. I knew that was problematic because I could recall several participants discussing masturbation but for some reason I did not code any references to masturbate as Voice of Body. I had to interrogate my own assumptions about sexual experiences and go back to MAXQDA, this time looking specifically at masturbation coded data to find any examples of explicitly embodied

characterizations of sexual desires and experiences with pleasure. Two major categories emerged from recoding and reanalyzing the data. The first category of embodied characterizations of sexual desires and experiences with pleasure was named *a focus on partner pleasure*. I noticed that most of the participants shared narratives about participating in sexual activities with their partners that were not enjoyable or pleasurable. Gillian shared that she and her partner often used FaceTime because of their long-distance relationship. She described the experience as weird and went on to say that she didn't receive any pleasure from watching him touch himself or the experience in general but she cooperated because it was something he wanted to do. She described other similar moments with partners,

> In my early teen years, I was happy just to be kissed. I never really wanted anything past that, but if a guy tried to touch me, I just obliged because I wanted to make them happy. There were times during sexual experiences where I zoned out because I did not want to think about how I wasn't enjoying the moment. For the most part of my adolescence, I focused on male pleasure.

Other participants talked about not enjoying specific sexual activities or segments of their relationships. Dionne talked about giving oral sex and not receiving it. She shared that fellatio was not something she found pleasurable. Abby shared that she engaged in "grinding" with a sexual partner, after she told him she wasn't ready for penetrative intercourse. (Grinding refers to full body rubbing against your partners' genitals with or without clothes) It appears she viewed grinding as a conciliation for him because she described getting no pleasure from the experience. Bianca talked about ambivalence towards her sexual experiences with her partner, Steven. This quote described a period in their relationship, "towards the end it was because he wanted to. Like

– I mean, it's not that – I just didn't care either way – it's like we could or we couldn't. It didn't matter to me, so we just did it, because he wanted to."

The second category of embodied experiences were experiences of *auto erotic pleasure*. This category was developed after looking at the Voice of Body worksheet and noticing that there were almost no instances of shared coding between Voice of Body and masturbation. There were over 20 codes associated with masturbation but only two of those codes overlapped initially. Upon recoding, I found two possible explanations. The first explanation came from the observation that most of masturbation codes overlapped with Erotic Voice and Voice of Response. In other words, participants mainly talked about the frequency and situational aspects of masturbation and their feeling about masturbation. The second explanation on the lack of overlap between Voice of Body and auto erotic experience may have come from the participants' reluctance to openly discuss embodied experiences of masturbation. Some participants described masturbation as a private thing when asked if they had experiences of mutual masturbation. If they viewed masturbation as private even in consideration of their sexual partners, most of them long-term sexual partners, then how comfortable would they feel giving detailed accounts of their masturbatory experiences?

However, with further scrutiny, I found some examples of participant's embodied experiences with auto erotic pleasure. Cayla described situations in which she used masturbation as a tool to help get rid of feelings of desire when she did not have an available partner. Erica talked about her need to satisfy her curiosity after hearing her peers talk about how good sex felt. She said, "So I started looking out ways to pleasure yourself and tried it and that was pretty much it." She knew she had no desire to have partnered sex, so she focused on solo sexual activities.

Three participants had negative embodied experiences of auto erotic pleasure. Iona described her masturbatory experiences as, “It’s so sad! I feel like I never, I feel like I start and then I just get really lazy and I’m like, “nah. I’m okay now, I guess.” It’s like when you’re starving and it’s like, I guess I’ll have this thing of almonds. It’s like, that’ll do for now. It’s nothing spectacular, ever.” Felicia shared that she enjoyed masturbating until she started having more partnered sexual activity. She recalled,

> I don’t do it. When I was younger I tried it and it was like something I did a lot when I was younger but now, just after guys started fingering me, I was like; what do I need to do this for? and my wrist is just going to cramp out. And it didn’t do anything for me pleasure-wise because I thought too much about it. I thought too much about orgasms and things like that like really now all the time my finger’s up there so I’m checking for my IUD strings because it’s just – I don’t know. It was just a weird act to me.

On the other hand, Dionne had never tried masturbation and she talked about her roommate and boyfriend’s concern about her lack of experience. She stated they suggested that she watch porn as a tool for educating herself on how to give herself pleasure. She shared that her boyfriend told her, “when we actually do have sex he doesn’t want to talk through it.” Despite their insistence, she reported she still had no desire to seek out autoerotic pleasure.

Erotic Voice

Erotic Voice was heard in participants’ descriptions of sexual desire as a force they had to overcome or submit to. Other participants described their intensity of desire and pleasure with adjectives and physical descriptors. Two participants described desire and pleasure as more than a physical feeling. And several participants described the quality of their experiences of sexual desire and pleasure as evolving.

Many the participants' Erotic Voice (5 out of 10) centered around a belief that sexual desire and pleasure was a force to overcome or submit to. Abby described her Erotic Voice as something she didn't "give into" until she was 17 years old. Felicia stated, "although I felt horny and felt like I wanted to have sex, I never did because I knew that those guys would only use me for sex and that they did not really care about me." Gillian also viewed desire and pleasure as sometime to overcome because she wasn't ready to engage in sexual intercourse. She described feelings of anticipation and butterflies and stated, "I could feel something was building inside me, like passion. I knew like I wanted more but I just wasn't ready to do it at that time. I knew how amazing sex was and could be and I knew the pleasure that could be received but I just wasn't seeking that." Dionne described situational circumstances were dependent on the amount of privacy she and her partner had, "sexual desire would be at an all-time high when we were together and alone." Bianca described a similar context in which she talked about the intensity of desire being easier to overcome because there was nowhere for her and her partner to act on it. She shared, "But most times that if it didn't happen in the house then it – like if somebody was there so it was never like, except for one time, it was never like this overwhelming like, oh, this has to happen right kind of thing. It was always like even if we felt that way it was always like, okay, so where are we going to go?"

Several adjectives and physical descriptors were identified as participants described the level of intensity in their sexual desire and pleasure. Gillian spoke of the joy that sex could bring. Iona described her desire as, "the ultimate 'liking' or 'love' for someone." Bianca described her pleasure as pleasant and sought to temper her recollections of pleasurable experiences with a general statement about what she based everyone's experiences with pleasure:

> Well, so the first time, I would say it was a pleasant one. Well, as pleasant as a first time can be – it wasn't like painful, like most people say, and I measure pleasure just simply as a good feeling, not necessarily an orgasm, just because – depending on – I don't want – I don't want to make this general statement, but for a lot of people it doesn't happen often, so and that – it didn't happen first time, but I still enjoyed it though.

Gillian described her experiences of desire and pleasure as getting, "hot and heavy." Other participants described the intensity and quality of their experiences of sexual desire and pleasure using physical descriptors. Dionne commented that she wished her mother would have told her that desire was "wet panties and perked nipples." Heidi made a similar statement about pleasure after an episode of masturbation. She described it as, "after, it's all slimy and stuff, so it just feels gross. But not necessarily feel wrong, it just feels gross." Cayla described her first observations of sexual pleasure on a bus ride with her band in high school. She deduced that two of her classmates were engaging in sexual activity because of the facial expressions they were making.

Two participants' Erotic Voice centered around the quality of desire and pleasure related to emotions. Dionne shared, "Some guys got through to me cause the sweet talk they did worked, 'cause I had no clue I was getting turned on by what they were saying about me." Gillian shared an epiphany she had about her experiences of sexual pleasure. She stated, "At that moment, it all came full circle, and I realized that pleasure was more than just the physical things; it was also emotional, and it should be building me up instead of making me question how beautiful I am."

Some participants' recollections of quality of sexual desire and pleasure were reflected in their statements of preferences in certain sexual activities. Felicia shared that she felt less pleasure when her partner "fingered" her and often encouraged him to try other stuff. Bianca

described feeling “a passionate feeling” from both oral sex and penetrative sex but preferring oral sex. In contrast, Gillian stated she struggled with orgasming from oral sex and preferred penetrative sex: “I could never orgasm from just plain oral sex. I need more at the time and I guess I didn't know that then. I just thought it was me not being able to do that; then after having sex, I realized that with different stimulation that could happen.” Abby shared her dislike for foreplay. She stated her impatient nature influenced her ability to enjoy it:

> As far as foreplay, I never been one big on foreplay because I’m really impatient. You know, we could skip this whole thing but I know that it helps to, it leads to a buildup, more anticipated for me. But it has never been a preference of mine as far as the non-penetrative things that again, not a preference of mine, so I guess it falls down to, you do it for the other person and it doesn’t really benefit you.

Lastly, several of the participants (5 out of 10) described the quality of their sexual desire and pleasure as something that has evolved over time. Felicia saw a shift in the way she focused on her partners’ pleasure over her own. She stated, “because now most definitely I focus on my pleasure and I was like, in my early teens I focused on more of the guys or I just thought the guy noticing me that’s awesome and whatever happened afterwards it was just like sort of a blip.” Cayla noted a similar self-revelation, “there was a difference in, like, now is like, ‘I'll ask when I want it or when I want to feel ‘pleasured,’ before I was just, like, this is what was supposed to happen.” Iona shared that her boyfriend helped her shift her beliefs about her own sexual desire and pleasure:

> I didn’t understand where the pleasure for me was supposed to come in ever until my current boyfriend. Then that’s when I think I really started to explore my body and find out what I like and what works for me. Because all along, he wasn’t doing it either but

once I realized like “Okay. This is supposed to make me feel good too and there is someone I’m clearly going to be with for a while so I can explore” and he encourages me to explore my body, like try to find things and all those other stuff so yeah.

Abby shared that as her communication skills with her partners improved her experiences were more pleasurable. She stated being able to tell her partner things like, “put your finger here, move it here like how to do all that which is awkward but now that I'm older, it’s more like, one because when I was about this age where I kind of expect people to already know what they’re doing, it’s the conversation is still being have but it’s more direct, it’s more open.” Gillian talked about the evolution of her sexual experiences as she went from kissing to oral sex to sexual intercourse. She described sexual intercourse as a “different kind of pleasure” than oral. She explained, “I know as cliché as it sounds, I felt different, I felt not the same. I felt more like a woman and I felt just more secure because I had shared that with someone and then now as it's continued I definitely enjoy more than just oral sex before you know, it's more passionate, I actually experience pleasure.”

Voice of Response

The participants’ thoughts and behaviors ranged from negative and positive Voices of Responses. The negative Voices of Response centered around fear, shame and regretful thoughts. Other participants reported feeling anxious. One participant experienced a range of thoughts about her sexual desires from regret, to disgust to curiosity. Neutral Voices of Response varied from curiosity to feeling oblivious. More positive Voices of Response were feeling confident and a description of positive reflections. Iona stated her reaction to her parents talks about sex left her afraid to have sex with anyone. Felicia described having a similar reaction to her parents’ sex talks, “I thought about sexual desire because I was scared to get anywhere near a penis because I

was scared to get pregnant." Abby stated having similar thoughts after listening to her church elders lecture about sex, "The talks made me more ashamed to talk or think about desires as a teen because these things were always 'frowned' upon." Cayla and Felicia talked about having regrets over sexual experiences after their relationships with their partners ended.

Heidi and Iona talked about having anxious thoughts in reaction to feelings of desire and pleasure. Heidi did not make an overt statement about anxiety but I read between the lines she shared as she talked about witnessing her peers engage in romantic relationships. She stated, "I kind of had a later start in romantic types but that was the first time I was like, "Oh, people are dating now. Shoot." Iona described her anxiety during sexual activity with her partner. She shared how they address her anxiety, "I would literally feel like calming myself down. I would have to breathe and calm myself down because I was just so tense doing it and now we've figured out a way to, I just have to be more relaxed. I think when I become, it's like, and I have to get warmed up before the actual warm up, if that makes sense."

Bianca felt a range of responses to her sexual desire. In the moment, she was OK with giving in to feelings of curiosity but as time went on she began to have some regrets. Then, after a hurried sexual encounter, she felt disgust and regret over her behaviors. She shared:

He and I ended up having sex one time, and after the sexual experience, literally right after, I just sat there and I was like, "What am I doing?" "What did I just do?" And I actually felt disgusted – I was just like, "Why would I do that?" "Why?" And I feel that is like kind of the times I regret ever having sex. It was just unnecessary. I was just like, "Why?" It was – there was no purpose. It wasn't like I really, like and then after that I realize I wasn't even really attracted to him at all. And then I was disgusted that I even thought that I was attracted to him. I was like, "There's nothing here."

After some self-reflection, she figured out what led her to such a negative experience. She said,

> I think it was also like a feeling of just wanting to be loved kind of thing, and kind of like even when I was younger, I kind of felt like – and I didn't understand – I didn't understand it, because I was young, but – and I don't even know where the feelings came from to be honest, but it was always this constant feeling of wanting to be loved or and it's not that I don't have a supportive family, I have two parents that are together, very supportive family.

Neutral Voices of Response included thoughts of being oblivious and overwhelmed about sexual desire and pleasure. Iona stated that not understanding about pleasure and desire let her feeling ignorant about her body's responses to arousal, "I didn't think I was sexual. I guess I thought I was sexual. I didn't really understand what sex was when it was happening, sexually I was still oblivious." Dionne described mostly positive thoughts about her sexual experiences but she was alarmed at how her desire was overwhelming at times. She felt that desire overshadowed other aspects of their relationship.

Positive Voices of Response included Gillian's shift in thoughts about oral sex. Before engaging in the sexual act, she initially viewed oral sex as something that should only be done between a man and wife. She recalled her and her friends thinking it was gross and labeling other girls as hoes if they admitted to having oral sex. However, after Gillian experienced giving oral sex she changed her perceptions about it. She stated, "all of a sudden, once I did it I was like this is nothing now." Felicia experienced a shift in her perceptions about sexual desire and pleasure once she went to college. She remembered thinking,

> This is so thrilling! Since everything was so new, just that thrill of, 'Oh I'm doing something I'm not supposed to.' That was pleasurable and now that I'm in college and I'm like grown up and okay we've got norms, let's not be children. And I guess it's different now because if I want to have sex I can. It's my life I've got to watch out, I don't have to wait till my mom's not at home and check work schedules and all that.

Sexual desire, pleasure and emerging Black womanhood

A thematic analysis using Black Feminist illustrates five constructs of Black Feminist Thought. Hips, thighs, and booty represents the how the girls make meaning of desire and their body image. The good girl is an examination of Black gender ideology. The paradox of stereotypes reflects participants' thoughts and experiences with controlling images. Multiplicity of self describes how the participants' view their intersectionality. Becoming my authentic self describes the participants' liberatory acts as they define their sexuality on their own terms.

Hips, booty and kinky hair

This theme described the participants' thoughts and experiences concerning their body image and its influence on their perceptions of sexuality. It was important to gain a contextual understanding about how they perceived their bodies as Black girls to consider how those perceptions may have impacted their sexual self-awareness. Most of the participants viewed their adolescent body images in negative ways. For instance, many of their responses ranged from seeking approval from others to feelings of insecurity and resentment. However, one participant talked about her body in a positive manner. Additionally, two participants talked about their hair and the consequences of wearing their hair in its natural state and feeling desirable.

Heidi and Iona discussed wanting approval from others regarding their body image but in very different ways. Heidi, reflected on her lack of suitors or sexual experiences. She stated, "I

think that that complete lack of contact really negatively influenced how I saw myself back then. I always told myself that I didn't need anyone's approval, but deep down I still wanted it. I think I wanted to have the option." Iona spent a lot of time talking about her perception of not meeting the standard Black women's body. She talked extensively about not having big buttocks. She also talked about how having the standard Black women's body could be problematic. She stated,

> I think the Coke bottle [shape], having this presence… dressing sexual all the time but not meaning to be sexual. Yeah, it's really complicated and confusing and it's how we are now, as far as society, all the clothes you're wearing, I feel like I look too covered? Not even too covered, but I feel like my body shape doesn't look good if I am covered because I feel like I look really bunched up.

Iona and other participants' comparison of themselves to the Black women's standard body image of a "coke bottle" lead many of them to voice their insecurity about their bodies. Most of the participants had small frames and were very petite so many of them shared the same concerns. As stated previously, Iona talked about her perceived lack of a posterior. She bemoaned, "I felt ugly and not enough of a woman, 'I didn't have a butt.'"

Felicia faced insecurity after comparing herself to other Black women in the media and in her family. She stated, "I saw all these music videos with these big Black women. My mom was big. Everybody around me, I just felt so insecure like there is something wrong with me being so tiny. It made me feel insecure." She also noted that her dad would make appreciative comments about the women in music videos and confirmed her beliefs that her body image was not desirable. She shared, "I just felt like well maybe I'm not desirable because I'm not like them. So just saying that 'that's what my dad likes' I'm not going to be like that."

Gillian solely compared herself with her family members. However, unlike other participants, she reported ways in which she moved past her feelings of insecurity. She shared,

> My mom and her family were curvier than me, and they often made comments about how I was so tiny and had a 'cute figure.' Until recently, I felt insecure about my petite figure and thought that I was incapable of being sexy. I thought guys would never notice me because my breasts were small. Guys admired my butt, but I thought I could never be the complete package because of my breasts. When a guy first touched my boobs, I felt like maybe I could be capable of being sexy, but the insecurity surrounding my breasts and even petite size still followed me into my late teen years after several experiences with different guys. Some even joked about my boobs being 'fun-sized' or 'easy to hold,' which actually made me feel better because I love finding reasons to laugh about my 'imperfections.'

Dionne described feeling insecure during early adolescence. She initially thought that she would never be desired by others because of her appearance. She shared, "I was never really comfortable with guys because I was awkward, no guy was going to liked me, because I wore glasses", she thought, "I'm an awkward human being, what guy wants me?"

Bianca shared her strong feelings of resentment about her body image. She stated, "I had breast, hips and a round butt at a very young age, so that caught their interest, and that was flattering, but annoying to me. I got a lot of sexual advances made towards me which made me resent sex as virgin." Her resentment grew to annoyance so she vowed to herself that she would maintain her virginity, maybe as a way to counteract the overly sexual attention she received. She explained, "I wouldn't say that I saw myself as a sexual being like I really try to fight that, because I feel like everybody assumed that."

Other participants had less negative opinions about their body image. Although Felicia's view of herself may be problematic as it seems that she was objectifying her body. She commented about the changes in her body and how those changes shifted her self-perception as a sexual being. She said, "I felt like I had power over guys or just in general that I had worth from what my body was starting to look like."

Abby and Dionne speculated about how others perceived natural hair and how that affected their body image. Abby shared, "Well for instance, before natural hair become like a thing, I always had natural hair and I always asked my mom, 'hey can I perm my hair?' And she would reply, 'No.' So, I wasn't embracing my hair." I didn't feel as appealing as other girls. During our interview, Dionne shared that she recently watched a talk show episode about what they called the "natural hair controversy." She advised me that sometimes she wears her hair in its natural state and she could not understand why some of the women on the show felt that hair was sexier when it is straight and sleek. She continued on to say she never saw a difference in men approaching her with different hair textures. She said, no one has ever told me, "Oh your hair is not sexy." But she did acknowledge that she knew of other Black women who have received comments like this about their natural hair. She said people would say things like, "What did you do that for? You don't look like how you should look?"

The good girl

The participants pushed back against the traditional gender ideology of male and female sexual roles. Cayla and Jocelyn talked about the policing of girls' bodies and how they questioned the legitimacy of these unwritten rules. Cayla described talking with family members over a holiday dinner. She started the conversation by acknowledging the definition of good girls, "the church girl who would never have sex with anybody until she was married." She

stated that her family confirmed that this way the way in which a young woman should conduct herself. Cayla followed up their confirmation with the question, “Well, what if you're older and you're single and you're having sex with somebody?” She said they replied, “Well, that’s kind of different,” because they expected her to graduate from college and get a good job. She stated her response to that was, “But it's just the same situation, the only difference is the age.” Jocelyn stated that she was policed in what she could wear. She said, “My parents are very strict when it came to certain things, even how I dress, there’s a lot of things that they wouldn’t approve of.” She explained that her mother would not let her wear skinny jeans because it showed too much of her shape.

Other participants talked about the double standards that existed between how men and women expressed their sexuality. Erica wrote, “I agree that there is too much emphasis put on a woman's virginity by society. This is especially bad since the same negativity does not apply to men's virginity.” Gillian shared that she noticed differences in the way her father dealt with his children. She stated, “My dad often praised my brother for his romantic pursuits yet scolded me for showing any attraction towards males.” Dionne and Felicia talked about the double standards that exists within a religious context. Dionne stated, “I do feel like society made it harder on girls for having sex than guys, because it’s a natural thing for them to do. But for a girl, God, her family, and society would be displeased in her.” Felicia shared that the double standard within her church’s teachings eventually led her to renounce her religious beliefs. She explained,

> I didn’t like how some Bible verses encouraged women to be modest and sweet…there’s so much pressure on just the women and my dad says stuff like, well man have got to spread their seed but women they only carry a baby nine months after all and they can get

> so many women pregnant in that time. And I'm like that's stupid. That's so dumb. Sex isn't just for procreation.

Gillian, Iona and Jocelyn talked about the impossible situation women face, with the dual responsibility to desire sexually, yet remain virginal and chaste. Gillian stated, "I learned that the sexually active girls were the ones who nobody wanted, which confused me. How were they with so many people, yet nobody wanted them? Then I noticed that my friend who gave guys blow jobs was dogged out by other guys even the ones she gave blow jobs to!" These observations taught her to keep her own sexual explorations secret and hidden.

Iona also spoke about the double bind position women were placed in. She mused, "I guess I kind of always see it as you are supposed to be the object of attention and you're supposed to make men want you and this is x, y and z, what men want and be that or you won't be liked." But she acknowledged if a woman pursued the attention of men in this matter, she would likely face some kind of social shaming. Jocelyn described the double binds as receiving mixed messages but she seemed hopeful that norms were changing in regards to women being able to openly explore their sexuality. She stated,

> Sometimes even into movies, it seems like it's okay to be to want sexual pleasure and to try to obtain that but then at the same time there's still slut shaming. There's still all these things that tell you it's not okay to explore your sexual desires but I do see it's becoming more common where it's okay for women to be just as explosive with their sexual desires as men.

Some participants talked about how gender roles continue to perpetuate gender ideology. Even within a non-heteronormative relationship, Abby described the ways in which she and her partner played out gender roles. In her response about partner communication about pleasure, she

explained, “I'm the fem and she’s the stud and they don’t really, get the pleasure so I don’t, I mean that conversation might come up way, way, way down the line but it’s kind of already understood how that goes in our relationship.” Some of Felicia’s interview responses reflected her difficulties with gender roles. One of her responses talked about women’s roles in their relationships. She advised, “either you’re hardworking and you care for your husband and nobody else or you’re just lazy, you’re a no-good heathen. So it’s just this perpetuation that women are for male’s pleasure or if they care about themselves they’re just the worst person.” She also talked about men’s roles. She stated, “The guy usually dominated it, so guys they are the ones in charge and they take charge.”

The paradox of stereotypes

Most of the participants mentioned the stereotypes within the controlling images, specifically the Baby Momma and the Jezebel. They all approached the stereotypes in unique ways. Some merely acknowledged the existence of the stereotypes, others discussed competing with the stereotypes. The remaining participants talked about their lived experiences of rejecting, escaping and avoiding the stereotypes.

Felicia acknowledged the controlling image of the Jezebel from a historical context. She stated, “Black women were objectified by pretty much everybody. From the slave masters to this whole image of being pretty much pimped out to male slaves and just our bodies have always been on display and not really for anything besides pleasure or just for male pleasure not for ourselves. Bianca stated that she was aware of other people thinking that, “Black girls are these sexual beings, they're good at what they do.” She recalled a conversation with some White students at her college. She shared one comment from a White man, “I heard Black girls are really good at all kinds of stuff.” She stated this was not her first time hearing that kind of

comment. She said, “We're seen as sexual beings that are supposed to be the best sexual experience or some kind of because seemingly we are – we're willing to – I guess get our hands dirty if you will.”

Heidi talked about competing with the stereotypes of Black women. She explained, “The reason why I don’t get like a lot of physical attention is because I don’t fit in that stereotype of Black females [as] sex powerhouse video vixen. I’m quiet, I’m kind of nerdy.” She went on to further say, “The expectation as a Black woman is to be sexually expressive and open, but that is not my reality. They want me to act like I’m not a virgin anymore, but I am.”

Erica and Abby talked about escaping the paradox of becoming stereotypical Jezebels; although their experiences were very different. Erica stated that she did not see portrayals of Black women’s desire and pleasure in mainstream media and she did not relate to what was presented to her. She explained, “I don’t know how it is for people that grew up in like a mixed cultural area. So I can’t speak for them but at least in an area that’s predominantly Black and it was anything that wasn’t Black was expelled.” She viewed this expulsion as a positive thing, i.e., a way to escape the paradox of stereotypes and define their sexuality on their own terms. She stated,

> I mean, it was helpful in that way because there was no said norm this is what you had to be, this is what you had to measure up to. So all of us I mean because I grew up in an area where it was predominantly Black my entire high school was Black. So all the girls were trying to figure out; it was bad because they didn’t really have any advice other than their mothers. But it’s also good because they didn’t really have to measure up to a certain norm.

Abby escaped the paradox by educating herself, through education she was able to reject the Jezebel image. She shared, “being a Black woman, I had a project last year and it could be on anything so I did my project on the over-sexualization or hyper-sexualization of Black women and people don’t understand but since the time you were taken from Africa uprooted here, our bodies were seen like objects, like in enslaved times. Our bodies were used to have all these other children and you see the progression now. All these music videos are Black women shaking their bodies, you know?” As Abby noticed the prevalence of controlling images in the media, she noted characters’ roles were one dimensional and repetitive. She described them, “she’s [the media characters] just in some kind of insubordinate role so I feel like mentally, that just teaches us there’s only so much we can do and there’s only so many things that we can be a part of, so girls, especially African American girls, [perpetuate stereotypes of] oh she’s easy or she’s this or she’s that and we just have too many negative labels.”

Cayla and Gillian talked about their lived experiences of avoiding the controlling image of the Baby Momma. Cayla previously talked about her family’s holiday meal and she realized that they did not want her to become a baby momma. They felt that if she checked off certain milestones, such as college, career, homeownership, if she were to become pregnant, her educated and economic status would elevate her beyond being labeled a baby momma. As she reflected on their warnings and concerns, she had an epiphany. She stated, “I think back to the things that I've spoken about, and they said, ‘[When] you go to college, you're going to be distracted by boys, and don’t have sex, because then you're going to end up pregnant, then you're going to end up dropping out of school, and...’” Gillian had similar conversations with her family members. She shared,

> I know people in my family, aunts, cousins, they always talk about how they don't want us to be a baby-mama, have a child, drop out of school, have a baby-daddy. That I guess in a way that influenced me to not be or my mom would always talk about the fast girls in school and how she didn't want me to be like them. She wanted me to respect my, that's how she would put it, respect my body.

Multiplicity of self

Heidi, Cayla and Abby talked about managing their intersecting identities. Interestingly, all of them discussed the intersections of being Christians and their sexual identities. Heidi stated, “I've never dated, I've never come within 48 miles of a sexual encounter and, as a Christian you might think that was intentional, but no.” In other words, she believed that because of her Christian identity, people automatically assumed she was not interested in a sexual relationship. She also talked about being Black and a virgin. She felt that her identity as a virgin was in direct conflict with her identity as a Black woman. She stated, “You’re Black and you’re not having sex, then you probably shouldn’t be talking to anybody period especially here [in college], it’s kind of weird.” Lastly she talked about her identity as a nerd. She felt that she was placed in a box within a box, which further narrowed other’s perceptions about her sexual identity. She explained, “Nerdy people just won’t talk about anything – even though I don’t have that much sexual experience, I’m not stuffy or I’m not as stuffy as I was talking about it. So I guess I just wanted to contribute for the minority within the minority—nerdy Black people.” This response was to the interview question regarding why she agreed to participate in this study and share her lived experiences regarding sexual desire and pleasure.

Cayla acknowledged the intersection of her Christian identity and sexual identity. She felt they could co-exist together. She stated, “Yes, I do still believe in the Christian values, but I also

understand that I am sexual being, and should have the right to act and likely use it as long as I'm being safe." Abby discussed her Christian identity, LGBTQ identity, and gender expression as a femme giving her some privilege in religious spaces. She explained,

> Once I started dating girls, I wasn't ashamed when I was in church, they have this problem with being a part of the LGBT community and then identify as Christian. And then with me, because you can't, you'll never know unless I tell you, but there are some people that you look at them and be like, 'okay this person is clear gay, etc.' and she [her partner] was saying it's hard to be a part of that community and being a Christian which I am sure it is, you have to worry about being judged and how you feel and accepted and so I still am a Christian but it's something I just came into terms with, I'm never – 'Oh, my God, I feel I'm being judged.'

Becoming my authentic self

Some participants used resources to redefine their sexuality on their own terms, rejecting gender ideology to reframe their sexuality in ways that affirmed their authentic selves. Jocelyn shared, "the books I read always celebrated female sexuality and even some movies that had sex scenes seemed to demonstrate women enjoying sexual pleasure just as much as men." As previously discussed, Dionne shared the same experiences watching *Sex in the City*. Gillian wrote about a three-part process of establishing autonomy from her family, church and society. By separating herself from the traditional views of gender ideology, she came to know her authentic self. She shared, "By the time I lost my virginity, I had completely separated myself from my family's feelings and attitudes towards sex." She also discussed society's limitations on her sexuality as she explained, "After I lost my virginity, I didn't feel like a brand new person. I felt like the same old me, no more, no less. That was when I realized that I can be a sexual being,

yet still be an amazing person. The restrictions that society placed on women to be celibate beings was just plain dumb." This also lead to her separation from her church. She shared, "As I started to normalize sex, I just felt that I could not go to church at all anymore, and I've felt completely satisfied with myself since then."

Some of the participants used the introductory vignette to discuss liberatory acts. Jocelyn agreed with the authors sentiments that, "our bodies seem to be everyone's business but our own." Bianca identified with the author's initial sense of shame and its progression towards feeling liberated. Felicia wrote, "Women should be more empowered and I think that will cause women to have greater self-esteem."

Cayla talked about the liberatory act of being a single female and having the ability to ask for sex whenever she wanted it as opposed to reacting to her boyfriends' sexual desires. Abby's liberatory act was remaining celibate to allow her authentic self to connect with her partner. She further explained why celibacy was a liberatory act for her,

> In the past, after a while, I felt pressured to do something… Whereas [now] I have the control and I can decide if I want to do something and since [then], if a person isn't okay with that then I know, that's on you. Tough luck to you! Whereas in the past, I might have been, 'Oh, he said he wanted to do this.'

In other words, she felt an obligation to perform sexually in the past, if her partner wanted to, whether she wanted to or not.

Abby also stated that coming to know her authentic self has been a journey that she would like other girls to follow once they read about her lived experiences. She felt that her story could be a significant contribution to helping other girls feel comfortable establishing their sexuality on their own terms. She explained,

It’s my body and we’re the cream of the crop [Black girls] and I feel it’s something that I had to learn. So I can only imagine the other girls that they have to learn; and to some; there might have been more people [sexual partners] that they have to go through to realize that. So I feel like being able to talk about my experiences; hopefully it can be used in a way that shows a lot of girls: love your hair, love your body, just love everything about yourself and don’t let anybody tell you otherwise.

CHAPTER 6:

DISCUSSION

The purpose of this multi-case study was to use qualitative inquiry to explore Black female adolescents' perceptions of sexual desire and pleasure by addressing two research questions: (1) How do Black women in their recollections as Black girls perceive and internalize their lived experiences of sexual desire and pleasure? (2) How do Black women in their recollections as Black girls create meaning around desire and pleasure within the context of the dimensions of sexual wellness: physical, social, emotional, spiritual, intellectual, and environmental?

A qualitative inquiry was the best method to answer these questions using a case study approach to elicit a thick rich description of the quintain, perceptions of sexual desire and pleasure. The data collection strategies used in this multi-case study were a demographic survey, the Female Sexual Subjectivity Inventory scale, journal entries and a face-to-face interview. Therefore, the participants had a variety of ways to share their lived experiences of sexual desire and pleasure as an adolescent. This variety of data collection methods helped participants share sensitive information, as some pointed out, information that had never been shared with another person before. This chapter discusses the major findings. This discussion is followed by a summary of limitations, recommendations for researchers and practitioners, and a conclusion.

This study advances our scientific understanding of young Black women's sexuality in several ways. The first major finding is in relation to the history of hypersexualized stereotypes Black women have faced. This study revealed an immense variability among the 10 participants in sexual experiences. This finding was associated with the physical, intellectual and

environmental dimensions of wellness. For example, Heidi and Erica reported little to no sexual experiences in their lifetime, four participants experienced vaginal sex for the first time after 18 years old, and one participant reported that she had experienced oral sex but no penetrative sex in her lifetime. The youngest age of penetrative sex was reported by Cayla at 16 years old. These 10 Black women's accounts of sexual desire and pleasure were the antithesis to the controlling image of the Jezebel. Their lived experiences were counternarratives to the sexually aggressive and promiscuous nature often used to describe Black female sexuality, which at one point in history was also noted as a 'dangerous social problem' in a federal policy report (Melancon, Braxton, & Harris-Perry, 2015). The finding of this study were similar to those of O'Sullivan and Majerovich (2008), which emphasized a need for sexual health researchers to have more inclusive of measures of sexual desire and pleasure. Both studies included participants' accounts of increased experiences of sexual pleasure as they gained more sexual experiences. Several of the present study's participants reported sexual acts being unpleasurable at some point in their sexual history and 66% of O'Sullivan and Majerovich's sample of 128 women reported the same. Several of the participants in the study reported engaging in sexual activities they had no interest in or gained no pleasure from and O'Sullivan and Majerovich's study had similar findings that their participants commonly engaged in unwanted sex, i.e., their sexual interest or desire was low, even when their reported sexual activity was high.

The participants also discussed the expectation of others perceiving them as hypersexual based on their Blackness. Brown et al.(2013) stated that educational status was a way for Black women to disrupt internalizing the Jezebel stereotype, and these college educated participants corroborate their assessment. The National Survey of Sexual Health and Behavior researchers found that female adolescents who were academically engaged were more likely to delay the

onset of sexual activity (Fortenberry et al., 2010). Not only is this finding relevant to this multi-case study, it also supports the CDC's vision of reframing sexual health by discussing it in terms of academic achievement and other ordinary contexts in the lives of adolescents (Ivankovich et al., 2013).

The participants' overwhelming lack of knowledge about their bodies and the human sexual response was the second major finding associated with the intellectual dimension of sexual wellness. Most of the formal education the participants reported receiving was in college. Case exceptions were Heidi who reported that her mother, a nurse, supplemented her sexual education with books. In addition, Abby reported receiving valuable information about her body during a doctor's visit to discuss birth control options. It should be noted however, that these educational resources focused on the biological aspects of their bodies and not the relational aspects of sexual desire and pleasure. Although Fine and McClelland (2006) discussed that sex education did not give adolescents the skills to express themselves and did not give adolescents ways to negotiate risk while pursuing pleasure in safe and satisfying ways, this study ventures to say that the current state of sex education also does not educate youth, particularly young women, about their bodies and the functionality of the human sexual response in ways that could potentially be empowering for them.

The third major finding was that participants shared similar narratives about the lack of information and communication about sex with their parents associated with the social dimension of sexual wellness. This finding is consistent with most studies about parent-child sexual communication (Bonafide, 2015; Byers, 2011; Martinez & Orpinas, 2016). The communication that was reported was often negative and fear-based. As one participant shared, she was scared to even look at a penis. Erica recalled, "My mom told me that sex hurts and boys

didn't know what they were doing." Gillian talked about wondering why people even had sex if it was so bad.

The fourth major finding or contribution to the literature was the inclusion of non-heteronormative sexual orientations in the study. Therefore, this study also adds value to the literature on human sexuality. Erica, who identified as asexual, contributed her lived experiences as an adolescent to a growing body of literature on the asexual orientation. Asexuality is in the normal spectrum of human sexuality but there is little research that reflects this new status of normality (Bogaert, 2015; Van Houdenhove et al., 2014). Abby, Erica, and Iona also viewed their adolescent sexual orientation as different than their current sexual orientation. This finding was consistent with other research that supports the construct, erotic plasticity. Erotic plasticity referred to the ability to make changes to sexual preferences and patterns as people move through their adult lives based on cultural, social, and situational factors (Baumeister, 2004).

The fifth major finding was the relational aspect of the participant's perceptions of sexual desire and pleasure associated with the social dimension of sexual wellness. It confirmed the importance of investigating differences between solo and partnered sexual activities. Fortenberry et al. (2010) study on adolescent sexual behaviors found that solo masturbation occurred at 6 times the rate of partnered masturbation acts. His finding was consistent with the participants' lived experiences of masturbatory acts. All the participants in this multi-case study viewed masturbation as a private act and therefore none of them reported experiencing mutual masturbation or partnered masturbation.

Other relational findings was that the participants' prioritized their partner's pleasure over their own pleasure in early and middle adolescence. However, as the participants transitioned into late adolescence, their narratives were more reflective of sexual reciprocity.

Fortenberry et al.'s (2010) research on adolescent sexuality supports this finding. They found that their female participants reported more instances of giving oral sex in middle adolescence than receiving oral sex; whereas in late adolescence, the numbers were more closely matched.

The sixth major finding was the participants' reports of mixed messages from parents, peers, church, and media. These mixed messages lead to largely negative feelings and associations about their sexuality related to the emotional dimension of sexual wellness. Some examples of the mixed or contradictory messages included the dichotomy between "good girls" and "bad girls," being sexy and virginal at the same time and the double standard of men's sexual desires being viewed as healthy and natural, while women's sexual desire was viewed as dangerous and inherently riskier. Thus, there was a noticeable struggle to resolve the tensions between the dangers and pleasures of sex. As the participants experienced emotional growth and developed more abstract thinking, they reported defining their sexuality on their own terms, leading to a healthier outlook on their perceptions of sexual desire and pleasure. Feminist scholars discussed the dangers of mixed messages that undermine the development of sexual agency in young girls (Averett et al., 2008; Tolman, Anderson, & Belmonte, 2015). As Tolman (2005) noted in her studies on adolescent female sexuality, absent or low sexual awareness places young women in precarious situations. She stated, "When a girl does not know what her own feelings are, when she disconnects the apprehending psychic part of herself from what is happening in her own body, she then becomes especially vulnerable to the power of others' feelings as well as to what others say she does and does not want to feel" (p.29).

The seventh and final major finding in this multi-case study was how the participants made meaning of sexual desire and pleasure as a reflection of their authentic selves, free from controlling images, gender ideology, and what Tolman (2005) described as the 'dilemma of

desire.' Sexual liberation was an indicator of sexual wellness for Black girls. A review of the literature supported the idea that sexual freedom was problematic for Black girls and women due to the controlling images that suggest they are hypersexual and reproductively irresponsible. The variability of participants' constructions of their authentic selves add to the definition of sexual liberation found among Black women. Abby's authentic self valued celibacy. Dionne's authentic self valued maintaining her virginity until marriage. Cayla's authentic self felt empowered pursuing sexual relationships that did not hold emotional bonds of love and long-term commitment. The participant's FSSI scores revealed that the girls who reported being least comfortable masturbating, correspondingly scoring lower on the entitlement to self-pleasure factor, still maintained high averages on the self-efficacy for achieving pleasure factor. In addition, girls with high averages in the entitlement to self-pleasure had low averages to the entitlement to partner pleasure and lower averages on the self-efficacy for achieving pleasure factor. Abby and Bianca were the exceptions, as both had higher averages in self-efficacy than entitlement to partnered pleasure. These findings support Nash's (2012) assertion that sexual liberation should not be equated with sexual visibility and experience. She added that there is value in everyone's authentic self and that feminist researchers should especially be cognizant of respecting the differences. Figure 6.1 illustrates how the quintain appears as constructs from Black Feminist Thought are integrated to show how the participant's Voice of Self or agency is associated with the Dimensions of Sexual Wellness and their Authentic Self.

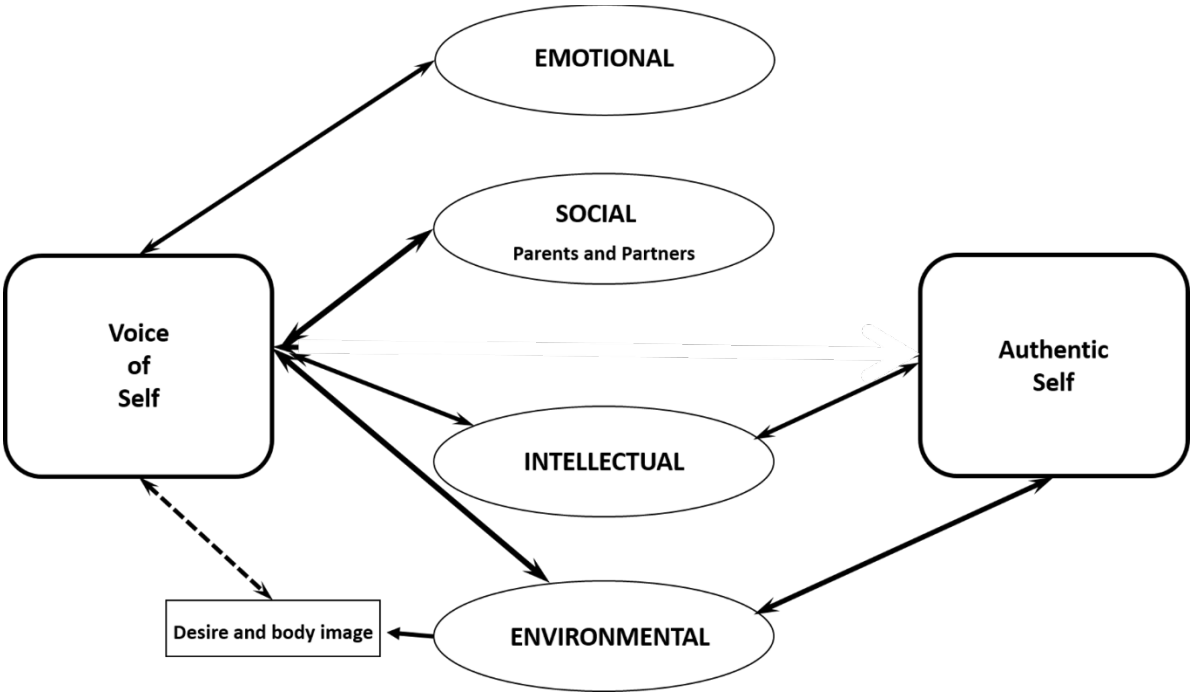

Figure 6.1 Integration of Black Feminist Thought and dimensions of sexual wellness

Figure 6.1 was developed from the MAXQDA code co-occurrence model. The model showed the complex relationships between the data, visually marking the connections between the constructs of Black Feminist Thought and Dimensions of Sexual Wellness. The model allows the viewer to note the frequency of occurrences between codes, which is portrayed by the thickness of the arrows connecting the constructs. Voice of self was strongly associated with four of the six dimensions of sexual wellness: emotional, social, intellectual, and environmental. There were thicker lines between the data segments coded *parents* and *partners* than *peers* and so they appear as a subtheme of the social dimension on the integrated figure. Data segments coded *desire and body image* were strongly connected to voice of self and the environmental dimension. This association is marked with a dashed line to represent the negative association between environmental resources and agency. Lastly, authentic self was connected only to the intellectual and environmental dimensions. These connections were noteworthy as they showed:

1. How participants viewed environmental resources to disrupt the messages about controlling images around Black women's sexuality and define for themselves ways to be sexually liberated from the stereotypes presented to them.

2. How participants' critical thinking skills and education regarding their bodies, their relationships and their perceptions of what it meant to be a Black woman to develop counternarratives to the controlling images regarding Black women's sexuality to become sexually liberated and therefore become their authentic selves.

This integrative model can be used as the conceptual framework for sexual health interventions for Black girls and young Black women. Interventions using this model would focus on the four dimensions of sexual wellness and their association with the sexual agency of girls and women. For example, modules would focus the emotional, social, intellectual, and environmental dimensions of sexual wellness. The emotional health module would consist of exploring feelings and emotions related to self and partnered sexual experiences and having discussions around shame, regret and stigma to increase feelings of entitlement to self and partnered sexual pleasure. The social health module would focus on improving communication skills with parents and partners about sexual topics. The intellectual health module would consist of building sexual knowledge about female bodies and the female sexual response. This module would also build skills regarding critical thinking and decision making about messages they receive regarding Black women's sexuality, controlling images, sexual scripts, and intersectionality. The environmental health module would build capacity for seeking sexual health resources in medical setting and improving sexual health literacy skills to navigate internet sources. The module would provide resources, such as reading materials and sex positive social media pages. The present study revealed that Black women's sexual health needs must be

addressed within a mutuality content to ensure that all sexual orientations and experiences are valued and inclusive. The proposed intervention includes the concept of mutuality and helps Black girls and women define their sexuality on their own terms to give them tools to have satisfying and safe (physically and emotionally) sexual experiences.

Limitations

Despite the benefits of using multi-case study to create opportunities to expand the field of knowledge in public health research, this study has some limitations. Qualitative research enlists the researcher as the primary instrument and this comes with some risk (Corbin & Strauss, 2008). Risks were managed with the safeguards mentioned in the section on trustworthiness to protect against researcher bias. Interviews themselves can be a subjective process when factors like the environment of the interview, room temperature, time of day, temperament of the researcher and interviewee may impact the data collection (Simons, 2009). Participants may have been guarded in their responses despite my training and best efforts to give them a non-judgmental and safe space to share their authentic selves. Therefore, using an interview method carried some risk, as participants may not be willing to share sensitive, intimate details of their lived experiences regarding sexuality. Recall bias may also be a factor in the limitation of the study; participants were asked to think about experiences that took place up to 10 years prior to the study. However, Hearn, O'Sullivan, and Dudley (2003), on an evaluation of the reliability of girls' reports of romantic and sexual behavior, concluded that girls were highly reliable in reporting their sexual experiences, especially sexual milestones. Consequently, data collection methods were intentionally varied in this multi-case study to find ways to aid participants' recall skills and comfortability sharing such details. Recruitment methods also yielded a limitation for this study. All the participants were college educated women, whose parents were primarily

college educated, which limited the maximum variation initially sought. Another limitation of the study is this multi-case study addresses one aspect of sexual health, sexual pleasure. Inquiry focused on sex-positive developmental features of adolescent sexuality and, therefore, missed some of more traditional risk-based parts of sexual health.

Recommendations for researchers and practitioners

The dimensions of sexual wellness found in this study should be evaluated among women of all sexual orientations and ethnicities. The study's findings can potentially be used to broaden the scope and definition of sexual health, not only for adolescent populations, but for all ages across the lifespan. Health education and health promotion professionals should place more emphasis on ensuring that people, especially youth, have access to resources regarding their sexual health and wellness. Policy makers for sexual education should be aware of the relation between education and agency to promote better decisions.

Communication studies scholars may be interested in investigating communication theories and models to address how parent and partner communication influence adolescent females' sexual wellness. Counseling and human development scholars may be interested in using this model to investigate the adolescent development within the emotional dimension of sexual wellness in their sexuality studies. Seminary and theological scholars may be interested in the findings presented regarding the spiritual dimension of sexual wellness. Sociology and media scholars may be interested in the ways in which participants identified or failed to identify with media images related to sexual desire and pleasure. Feminist scholars may be interested in using the dimensions of sexual wellness as a contextual framework to investigate womanhood and sexuality.

It is important to consider what it was like for the participants of this study to sit in a room with another Black woman and talk about things that the Black community never talks about, things their parents never talked about, and for some of them, things they never discussed with their friends. How it felt in that space between two Black women talking about stigmatized and taboo subjects such as adolescent sexual desire, masturbation, and porn. From a methodological standpoint, I have a few recommendations for researchers that are interested in sexual health phenomena or other sensitive health topics to gain their participants' trust and elicit thick, rich responses.

My first recommendation is to practice intentional empathy (Cameron, Spring, & Todd, 2017). Although Cameron et al.'s study on intentional and unintentional empathy is based on feeling pain, their definition of empathy was an exemplary in breaking down the key components to define empathy and therefore give directives about being intentionally empathetic. The first component of empathy consisted of vicariously resonating with others' experiences. Social scientists can be intentional in this process by going through their data collection protocol to gain an idea about what the experience may be like for their participants. Researchers interested in adolescent health may find it helpful to complete a life history calendar (appendix H) to recall for themselves what adolescence felt like and record those memories in their research journals. The second component of empathy was actively inferring others' thoughts and intentions. Social scientists can be intentional in this process by restating their participants' responses during the interview, especially if the responses include complex or long statements. The third component of empathy is the motivation to alleviate others' problems. Social scientists can be intentional in this aspect of empathy by examining their own motivations for pursuing the study and asking themselves, "What do I hope to gain from the study from an individualistic perspective?" My

second recommendation for social scientists is to pay attention and monitor their reactivity to the research process. In other words, write a journal or memo to describe reactions to the participants, the data, and the analytic process. Tolman and Szalacha (1999) described this process as keeping up with incidences of countertransference.

Further studies are recommended to continue to expand a more inclusive definition of sexual health to gain a comprehensive understanding of Black female adolescent sexuality in developmentally normative and sex positive ways. Based on the limitations of the current study, a study with a more heterogeneous sample should be conducted to assess the extent to which the same or similar findings might be uncovered. Considering these recommendations, the following questions should be addressed:

1. How can the development of sexual identity be better understood from a sexual wellness perspective using the dimensions of sexual wellness?
2. How do Black girls' perceptions of sexual desire and pleasure evolve from adolescence to adulthood using a longitudinal qualitative research approach?

It is important to have a breadth of understanding about sexual experiences in adolescence as opposed to snapshots in time because of the variability of their sexual behaviors, dependent upon access, relationship status and other factors. I recommend more longitudinal qualitative studies to capture adolescent perceptions as they develop because of the changes that participants discussed as they matured and changed partners.

Conclusion

This study broadens public health's understanding of the ways in which Black girls perceive and internalize sexual desire and pleasure in relation to how they make meaning of sexual desire and pleasure and how the dimensions of sexual wellness influence their perceptions

of sexual desire and pleasure. Participants reported varying amounts of sexual agency in relation to the internalized messages they received regarding sexual desire and pleasure from parents, religious sources, peers, and media. In early adolescence, participants reported ambivalence in their knowledge about their bodies and the human sexual response, their entitlement to self and partnered pleasure, and their self-efficacy to achieve pleasure. In later adolescence, there was a visual shift towards a healthier perception of sexual desire and pleasure.

The long-term goal of this research is to design interventions and programming that incorporates the dimensions of sexual wellness. Based on the findings, interventions and programming for Black female adolescents should incorporate a wellness framework to disrupt negative stereotypes of Black female sexuality, address the silence that perpetuates stigma and shame in sexual behaviors that could ultimately be protective, and provide a dialogue regarding the mixed messages communicated to them. Interventions and programing would also include a discussion on the multiple meanings of sexual liberation.

Are society, community, and family creating opportunities for healthy sexual exploration? Adults have been charged to educate, develop and nurture our children towards becoming healthy and responsible citizens of the world. Adolescents often take their mistakes, misinformation, and misguided attempts at relationships into their adulthood. It is up to the adults in the adolescent's life to give them developmentally appropriate opportunities and safe spaces to explore their sexuality to ensure they have happy and healthy sexual lives throughout their lifespan.

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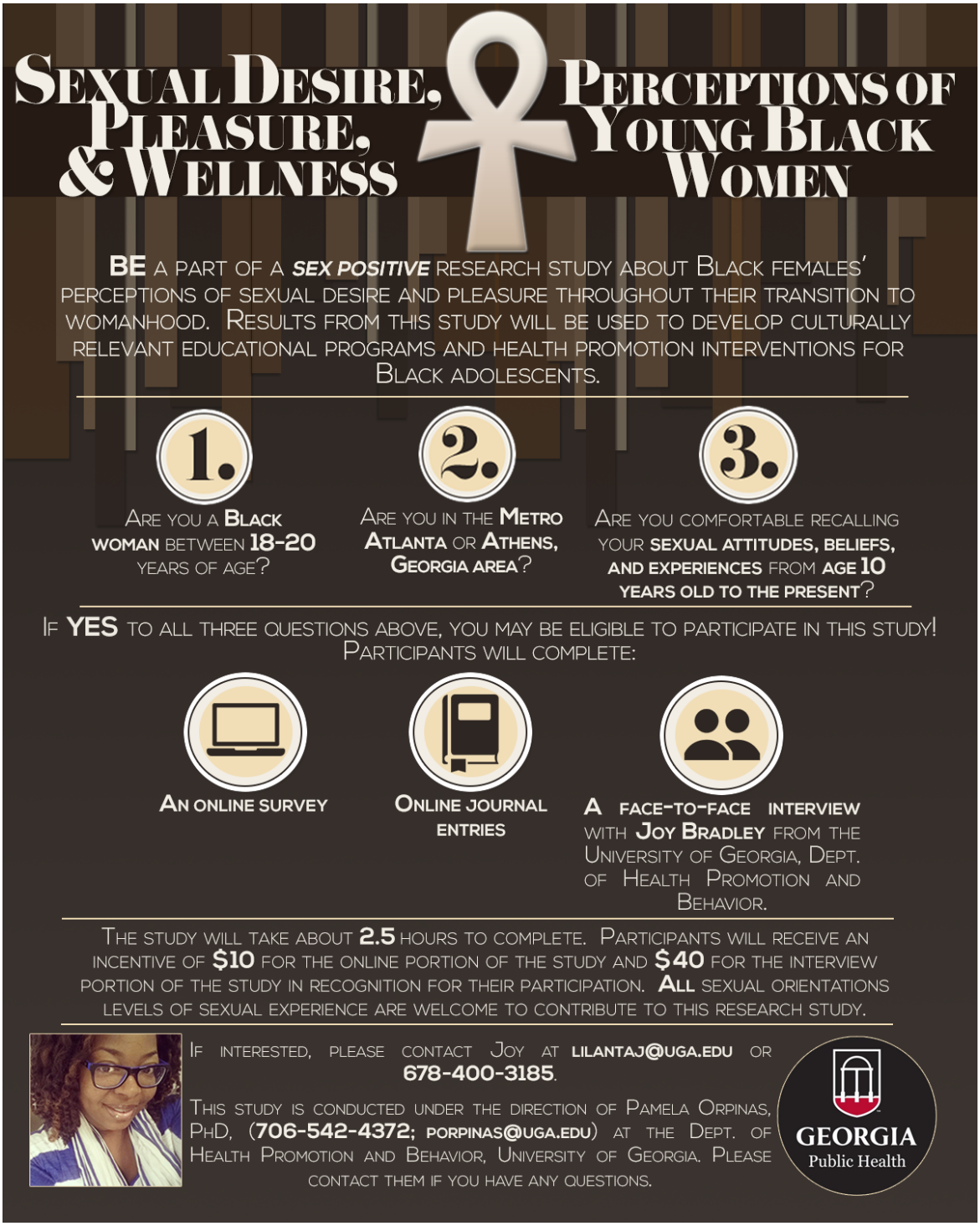
Appendix A: Recruitment Flyer



Appendix B: Prescreening Phone Interview

Thank you for calling to find out more about the study. I am Joy Bradley. Let me tell you a bit about me. I am a Black woman, mother of two young girls. I have a master's degree in Marriage and Family Therapy, and now I working in my doctoral degree at the University of Georgia's Department of Health Promotion and Behavior. As you read in the flyer, the purpose of this study is to understand what influences sexual desire, pleasure and wellness of Black women, and then use that information to develop culturally-relevant educational programs and health promotion interventions for Black adolescents.

But before starting in this study, I need to ask you 5 questions to determine if you are eligible. This should only take about 3 minutes.

1. What is your age? [If between 18 and 20 continue; if not, thank her for interest. If the age is 21 to 24, ask if she can be contacted at a later time.]
2. How do you self-identify in terms of race? [If self-identified as Black or African American, continue.]
3. Are you currently enrolled in Joy Bradley, HPRB 1710 class Spring 2017 semester? [If *no*, continue.]
4. Are you available for an in-person interview in the next couple of weeks? Do you live in the Atlanta Metro area or Athens area? [If available for interview, continue.]
5. Are you willing to talk about your sexual experiences from age 10 to now? [If *yes*, continue.]
6. Finally, I do need to ask you a personal question. As a child, were you sexually abused? [If *yes*, thank her for the participation, but indicate that this study is not appropriate for her. If *no*, continue below.]

You do qualify for the study. As mentioned in the flyer, this study as two parts. First, there is a short online survey and online journal entries. After completing them, we will meet for a one-hour interview. You will receive a $10 gift card for participating in the online portion of the study and a $40 gift card for participation in the interview.

Do you have any questions for me?

Let's set the time and place for the interview.

I will email you a link to start the survey and a study ID number; enter this number so I know that the interview on XXX day is with you. Please give me your email address.

Appendix C: Online Informed Consent

Sexual desire, pleasure and wellness: Perceptions of young Black women

The National Commission on Adolescent Sexual Health describes adolescent sexuality as a developmentally normal aspect of young people's lives. This research study—entitled, "Sexual desire, pleasure, and wellness: Perceptions of young Black women"—explores the sexual desire, pleasure and wellness throughout the transition to womanhood. Results from this study will be used to develop culturally-relevant educational programs and health promotion interventions for Black adolescents.

If you are a Black woman between 18 and 20 years of age, are available to have a face-to-face interview in the Metro Atlanta or Athens GA area, and are able and willing to recall adolescent sexual experiences, we invited you participate in the research study. All sexual orientations and levels of sexual experience are welcome to contribute to this research study.

If you decide to participate: You will complete an online survey (about 10 minutes), six online journal entries (about 15 minutes each), and a face-to-face interview (about 60 minutes) with Joy Bradley. The survey contains questions about your demographic characteristics, high school grades, sexual orientation, sexual awareness, and religious affiliation; you will not disclose your name or date of birth. Your journal entries and interview focus on recollections of sexuality you experienced during the ages of 10 to present. The interview will be conducted at a public space of your choice (e.g., university conference room, public library) and will expand on your journal entry.

Foreseeable risks are minimal. Some people may experience discomfort associated with describing sexual experiences. Remember that you can refuse to participate, skip any questions, or withdraw from the study at any time. Your participation is voluntary. Because you are completing the survey and journal entries online, there is a limit to the confidentiality that can be guaranteed due to the technology itself. However, this risk is minimal as no personally identifiable information is requested.

As a token of appreciation for your participation, you will receive a $10 gift card for participating in the online portion of the study (survey and journal entries). At the end of the interview, you will receive a $40 gift card for a total of $50.

This study is conducted by Lilanta Joy Bradley, MFT (678-400-3185; lilantaj@uga.edu) under the direction of Pamela Orpinas, PhD, (706-542-4372; porpinas@uga.edu) at the Department of Health Promotion and Behavior, University of Georgia. Please contact them if you have any questions. Additional questions or problems regarding your rights as a research participant should be addressed to: The Chairperson, Institutional Review Board, University of Georgia, Athens, GA 30602; Telephone (706) 542-3199; Email address: IRB@uga.edu.

I understand that by clicking the SUBMIT button, I acknowledge that:

- I am a Black woman between 18 and 20 years of age.
- I am available to have a face-to-face interview in the Metro Atlanta or Athens GA area.
- I am able and willing to recall adolescent sexual experiences.
- I have read the above information, and I agree to participate in this study.
- I can print a copy of this consent form.

SUBMIT (You will start the survey)

DO NOT SUBMIT (This will end the survey)

Appendix D: Interview Informed Consent

Sexual desire, pleasure and wellness: Perceptions of young Black women

Thank you for completing the online phase of this research study entitled, "Sexual desire, pleasure, and wellness: Perceptions of young Black women." Results from this study will be used to develop culturally-relevant educational programs and health promotion interventions for Black adolescents.

If you decide to participate:

- You will complete an interview (about 60 minutes) with Joy Bradley about your recollections of sexuality you experienced from age 10 to now.
- At the beginning of the interview, you will choose a pseudonym for yourself and any other persons you mention so that your real names do not appear in the transcript of the interview. There will be no link between your name and your pseudonym. Only the research team will have access to the information you provide, and none of the information will be shared unless required by law.
- With your permission, the interview will be audio recorded. The audiotapes will be destroyed after analyzing the data. If you so choose, you can meet with Joy to review the completed transcript and correct or remove any information.
- Foreseeable risks are minimal. Some people may experience discomfort associated with describing sexual experiences. Your participation is voluntary. Remember that you can refuse to participate, skip any questions, withdraw from the study at any time, or request that all the interview data be destroyed.
- As an incentive for participating in this study, you will receive a $40 gift card for participating in the interview.

This study is conducted by Lilanta Joy Bradley, MFT (678-400-3185; lilantaj@uga.edu) under the direction of Pamela Orpinas, PhD, (706-542-4372; porpinas@uga.edu) at the Department of Health Promotion and Behavior, University of Georgia. Please contact them if you have any questions. Additional questions or problems regarding your rights as a research participant should be addressed to: The Chairperson, Institutional Review Board, University of Georgia, Athens, GA 30602; Telephone (706) 542-3199; Email address: IRB@uga.edu.

I understand that by giving verbal consent, I acknowledge that I agree to participate in this interview and that I have received a printed copy of this consent form.

Researcher signature _____ Date: _____

Appendix E: Journal Entries

Journal Entry #1: Response to "the talk"

What did your parents tell you about desire and pleasure? What would you have liked them to tell you? Why?

Journal Entry #2: Relating to another girl's story

Read the following story [from an Internet blog]

When you're a teenager your body is basically all you have. You don't own anything, you still need permission walk out of your own front door, but in the quiet of your bedroom or some dark corner…your body is yours to touch, share, or desecrate. And like death—you are alone in your virginity.

You are alone in keeping it, you are alone in giving it away. I have never regretted the end of my virginity taking place when I was not quite sixteen. I have never regretted who I gave it to. I didn't feel regret, but I did feel other things.

Growing up I kept hearing how virginity was this sacred thing that should be kept and guarded. It was constantly implied that my virginity belonged to the world—not to me. I owed it to God, my family, my community. I was to be judged by others based on how I touched my own body, how I felt about being touched by others and by when I chose to explore the blurred lines of adolescence. I was to look closely at the girls around me who had babies and had—at one time or another—contracted diseases and remember that those were the consequences when girls had sex. I was to take in after-school specials and Lifetime movies and Sex Ed videos and commit to memory the scenes in which some confused girl had sex with some brash, overstated boy only to be shunned and embarrassed afterwards.

No one ever told me that my body belonged to me and that I could do with it what I pleased.

And so within the act of feeling liberated and stirred after my first few sexual encounters, I also felt dirty, disrespectful, deceitful and disappointing. No one tells young girls to do what they want with their bodies because they know that at some point young girls are going to want to have sex. And God forbid a girl should open her legs and explore her sexuality.

Instead, women are taught their bodies exist because men exist. That their sexuality should be controlled by what men think and feel. Their fathers or male protectors will guard it, their political officials will regulate it and the boys they choose to lay with will determine its importance.

No one tells their daughters that sex is sex and love is love and each can be enjoyed without requiring the other. No one tells their daughter that when a boy wants to have sex with her, she should consider one thing and one thing only—if she wants to have sex with him.

Instead we teach our daughters that despite having wet panties and perked nipples and all the necessary emotions and "equipment" needed to engage sexually, that they should hold off—not because perhaps she doesn't have the time to deal with the physical realities of sexual activity (i.e. remembering to take a pill, having your naughty-bits rubbed raw on occasion, having to maintain a new standard of personal hygiene, keeping up with your menstrual cycles and knowing what questions to ask a potential sex partner) but because the boy won't respect her, or Jesus won't like it or she may end up pregnant or itchy or dead or sad.

When we decide to besmirch adolescent sexuality we are actually closing the possibility to have a real conversation about sex at a time when that support is most needed.

We are neglecting to empower a girl at the brink of womanhood. We are creating shadowy sensationalism around something that really doesn't need the added pressure. Girls who think their bodies don't belong to them are more likely to believe that women are a lesser species. They are more likely to make choices based on what they are being told and not how they feel.

Answer the following: Did you identify with her feelings and emotions in the story? Why or why not?

Journal Entry #3: Movies, songs, books and community

What are some movies, songs, or books that educated you on how females thought about desire and pleasure? What about people in your community and neighborhood? Did you have similar or different experiences to the females you observed?

Journal Entry #4: The Bible says…

Describe times where you have heard spiritual leaders talk about sex and sexuality, how did those talks influence what you thought about desire and pleasure for teens and adults?

Journal Entry #5: Changes in my body

How did other people react to changes in your body as you started puberty? How did their comments about your body influence how you thought about desire and pleasure?

Journal Entry #6: Navigating relationships

Thinking about your relationships across adolescence, how much did desire and pleasure play a role in how you navigated relationship status and sexual activity?

Appendix F: Interview Guide

INTERVIEW GUIDE

Initial Script

Hi, I am Joy Bradley. The surveys that you completed and this interview today are related to my research for the doctoral program in Health Promotion. Let's go over the consent form. I will read for you the main bullets.

If at any time during the interview you wish to discontinue the use of the recorder or the interview itself, please feel free to let me know. All of your responses are confidential. As I said, we will use fake names for you and anyone else you mention. You can select a name from this box a name for you, and for other persons you mention.

Do you have any questions or concerns before we begin? Then with your permission, we will begin the interview.

Interview

1. Describe the changes in your body as you went through puberty. How did these changes make you see yourself as a sexual being?
2. Tell me about your first experiences of sexual pleasure. What pleased you sexually? What turned you on? What did your body do to alert you to the new experiences? Probes: Describe the sensations, your age and the age of your partner, what lead to the experience, what happened afterwards.
3. Since your first experience of sexual desire, have the experiences stayed the same? Does your body have the same responses? Describe any changes.
4. In your survey, you mentioned that you had a (pregnancy, birth) how did that experience alter your ideas about sexual pleasure and desire? Did you have any sexually transmitted diseases? Did you have any major health problems?
5. Tell me about the times you experienced non-penetrative sex with a partner.
6. Tell me about your experiences with condoms and pleasure. Probe: Did it affect your level of arousal? What did your partners say about condoms and pleasure?
7. Tell me more about what you said in the survey about _____

8. When you experienced sexual desire and pleasure, how did it make you feel?
   Probe: Do you consider them positive or negative feelings? Did these feelings change as you got older? If they did change, why do you think they did?
9. How did things like trust, intimacy, and love impact experiences of sexual desire and pleasure?
10. How did you feel about your sexual desires and pleasure, or about your behaviors?
    Probe: Have you ever felt guilty? Shame? Regret?
11. How knowledgeable did you consider yourself to be about the anatomy of a female?
    Probe: tell me about what you knew about a female's body parts and erogenous zones
12. How knowledgeable did you consider yourself to be about the process of an orgasm?
    Probe: What did you know about the process of an orgasm? At what age did you become aware? How did it influence your behaviors?
13. Tell me about conversations about pleasure and sexual desire you had as a teenager with your partners? With your friends? With your parents?
    Probe: At what age did you feel capable of articulating what your thoughts were on your sexual desires and pleasures?
14. How did your peers and partners talk about sexual desire and pleasure?
    Probe: Did you talk about what felt good and bad about sex? Did you talk about the sexual acts you wanted to do and why you wanted to do them?
15. How did social media experiences shape your experiences, understanding or knowledge about sexual desire and pleasure?
16. You are an African American woman. What cultural messages did you receive about sexual desire and pleasure?
    Probe: Where did these messages come from? How often did they come up?
17. Where did you observe examples of desire and pleasure (school, doctor, neighborhood, TV, music, internet) around you?
    Probe: These can be virtual or real time environments.
18. Where did you get information that taught you about desire and pleasure?
    Probe: Private or public spaces like neighborhoods, your house, other people's homes

19. Let's talk about porn and erotica. How frequently did you visit sites or watch/read it? Tell me about it.

    Probe: Did you watch alone, with others? How frequently? How did it influence you?
20. In which physical spaces did you experience desire and pleasure?
21. What did you think was the purpose of being a sexual being capable of feelings of sexual desire and pleasure?
22. In the survey, you said you were _____ How did your belief system shape your understanding of how females experience sexual desire and pleasure?

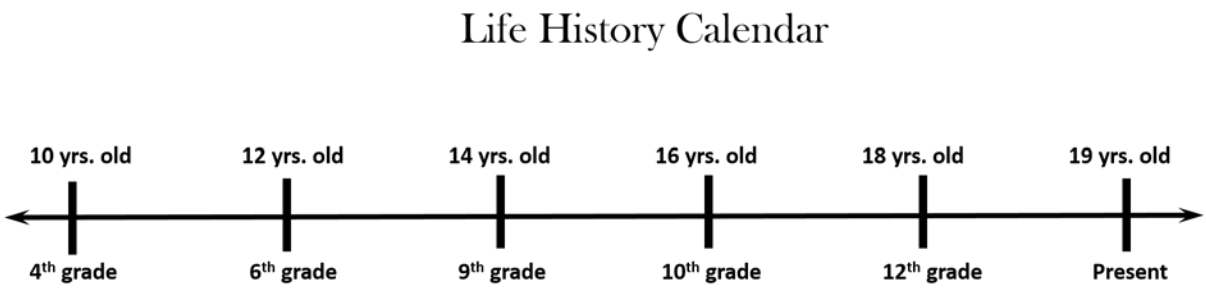
    Probe: What religious messages did you received about sexual desire and pleasure?
23. Given your sexual experiences as an adolescent and emerging adult, why did you think it was important to share your lived experiences and contribute to the discussion about Black girls, sexual desire and sexual pleasure?
24. Before we conclude this interview, is there anything else you would like to share?

Appendix G: Female Sexual Subjectivity Scale

The final section of this survey is about sexual behavior and relationships. They do NOT depend on having had any particular past experiences. Rather we are asking you about general feelings, opinions and values. There are no right or wrong answers. We are just interested in how you felt or what you thought **AS A 16-YEAR-OLD**.

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1. It bothers me that I'm not better looking.	SD	D	N	A	SA
2. It is okay for me to meet my own sexual needs through self-masturbation.	SD	D	N	A	SA
3. If a partner were to ignore my sexual needs and desires, I'd feel hurt.	SD	D	N	A	SA
4. I would not hesitate to ask for what I want sexually from a romantic partner.	SD	D	N	A	SA
5. I spend time thinking and reflecting about my sexual experiences.	SD	D	N	A	SA
6. I worry that I am not sexually desirable to others.	SD	D	N	A	SA
7. I believe self-masturbating can be an exciting experience.	SD	D	N	A	SA
8. It would bother me if a sexual partner neglected my sexual needs and desires.	SD	D	N	A	SA
9. I am able to ask a partner to provide the sexual stimulation I need.	SD	D	N	A	SA
10. I rarely think about the sexual aspects of my life.	SD	D	N	A	SA
11. Physically, I am an attractive person.	SD	D	N	A	SA
12. I believe self-masturbation is wrong.	SD	D	N	A	SA
13. I would expect a sexual partner to be responsive to my sexual needs and feelings.	SD	D	N	A	SA
14. If I were to have sex with someone, I'd show my partner what I want.	SD	D	N	A	SA
15. I think about my sexuality.	SD	D	N	A	SA
16. I am confident that a romantic partner would find me sexually attractive.	SD	D	N	A	SA
17. I think it is important for a sexual partner to consider my sexual pleasure.	SD	D	N	A	SA
18. I don't think about my sexuality very much	SD	D	N	A	SA
19. I am confident that others will find me sexually desirable	SD	D	N	A	SA
20. My sexual behavior and experiences are NOT something I spend time thinking about	SD	D	N	A	SA

Appendix H: Life History Calendar



Appendix I: Participant Resource List

Resources for Female Sexual Desire and Pleasure

Facebook

- The O.School
- Afrosexology

Instagram

- Afrosexology_
- O.school
- thecsph

Twitter

- @TheMSexReport
- @Afrosexology
- @funkybrownchick

Websites

- www.afrosexology.com
- www.Theminoritysexreport.com
- www.ohjoysextoy.com
- www.adventuresfrom.com
- www.funkybrownchick.com

Fempowerment @UGA

Mar 2 - Anatomy and Sexual Pleasure
Mar 16 - Menstruation
Mar 23 - Women and Politics
Mar 30 - Women and Religion
Apr 6 - Women in the Media
Apr 13 - Activism and Leadership
Apr 20 - Dealing with the Patriarchy/Closing