

# Gender Norms: A Key to Improving Health & Wellness Among Black Women & Girls



Let Every Child Shine.

**THE HEINZ ENDOWMENTS**  
HOWARD HEINZ ENDOWMENT • VIRA I. HEINZ ENDOWMENT

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## A Gender Dictionary

“Gender” is used in multiple contexts. Here’s a quick guide.

### Gender Aware

The same as “gender lens.”

### Gender Lens or Gender Analysis

Being aware of the impact of gender equity and/or gender norms on a problem or issue.

### Gender Expression

How we express feeling feminine and masculine through dress, hair, and adornment.

### Gender Identity

An inner sense of being male or female, useful when discussing transgender individuals who feel a conflict between their sex and gender identity.

### Gender Mainstreaming

Addressing disparities between women and men in policy and programs with the goal of achieving full equality.

### Gender Norms

Socially-constructed ideals, scripts, expectations for how to be a woman or a man; in sex—as in partner violence—they determine who does what, to whom, when, and how.

### Gender Roles

Social and behavioral norms for how men and women are expected to act: being a doctor or nurse, being martial or maternal.

### Gender Traits

Physical or personal characteristics commonly considered feminine or masculine (e.g., hairy chest or hourglass figure.)

### Gender Transformative

Gender transformative programs and policies highlight, challenge and ultimately change harmful norms of masculinity and femininity.

# Executive Summary

## DIALOGUE DEFERRED

Black adolescent girls and young women – referred to as “Black girls” in this report – face special barriers related to both race **and** gender, which have immense effects on their health, achievement and life outcomes. This is especially the case for low-income Black girls, who have added challenges associated with poverty.

The effects of race are well-explored, and researchers have found strong links to lower life outcomes in health, sexuality and intimate relationships.

But what about gender? In this context, “gender” does not mean the biological fact of being male or female, or even as specific traits usually associated with one sex or the other.

Rather, by “gender” refers both to the rules, customs, beliefs and expectations for being a woman or man, as well as the inherent inequities of power and privilege usually associated with these practices.

From this perspective, traditional norms of masculinity are understood as a combination of strength, aggression, emotional toughness, dominance and sexual prowess, and traditional femininity as a combination of physical beauty, sexual desirability, motherhood, dependence and nurturance. These vary in important ways among racial and ethnic groups, nonetheless key features seem remarkably common across different groups.

This may be because sex is considered an unvarying biological fact, while gender norms are learned from childhood. Learning how to “be” feminine and masculine and be seen as a young man or young woman may be the central rite of passage for youth, especially during the “gender intensification” years of late adolescence and early adulthood, when awareness of traditional gender norms accelerates and belief in them solidifies. This awareness of gender norms grows because there is an increased expectation from the young person’s environment (i.e., family, community and society) for them to behave according to traditional gender norm standards. As the young person moves from adolescence to early adulthood, they experience more pressures to conform to gender norms.

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With young Black males, there is now an extensive body of research that examines both gender norms of masculinity and race. However with Black girls, the effects of gender **and** race remain empirically under-studied.

## WHAT WE KNOW

Scholars have thought about the impact of gender and race on Black women and girls for several decades. Many theoretical frameworks and scholarly writings have examined the issue (Cole, 2009; Collins, 1990; Giddings, 1985; Hooks, 1981). However, the empirical research on race, gender norms and Black girls is still in its infancy. There is a small but growing body of empirical research specifically devoted to Black girls and gender norms, which the authors sincerely hope will continue growing. However, there are a wealth of studies that employ racially diverse, multi-ethnic samples that include Black girls in significant numbers. Given the limitations of the empirical research base, this report focuses on three problem areas where the research base on the impact of feminine gender norms is both broad and well-accepted:

- Basic health and wellness;
- Reproductive and sexual health, including teen pregnancy and STIs;
- Intimate relationships (including partner violence).

## BASIC HEALTH & WELLNESS

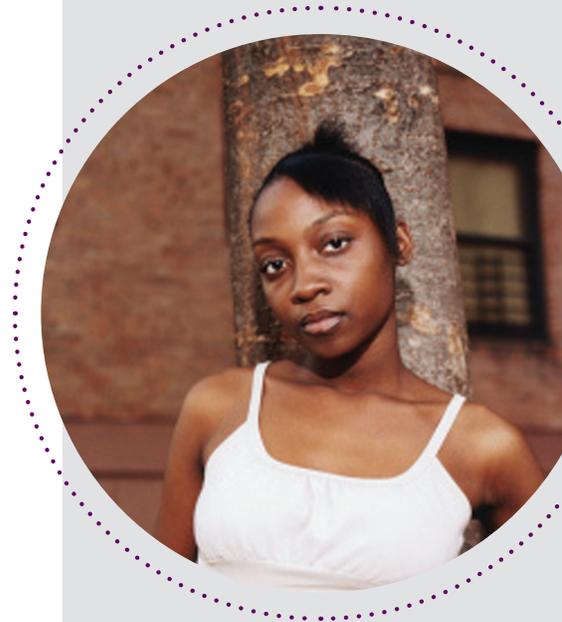
Black girls have unique race and gendered experiences of discrimination, which results in multiple stresses that impair their immune system and expose them to higher rates of disease and lowered levels of health and well-being. These experiences with stress begin in childhood and continue into adulthood.

Black girls must navigate social hostilities based on race as well as pressures to conform both to traditional feminine ideals of the larger culture and those specific to Black communities. They must also cope with the inequities inherent in a gender system that pushes males to be strong, independent and dominant, and females to be dependent, passive and weak.

The additive impact of these stresses can cause a “weathering effect,” in which Black girls’ bodies become physically and biologically vulnerable. This “weathering effect” is one reason why the Centers for Disease Control and Prevention (CDC) found that Black women have disproportionately high rates of chronic disorders and reproductive health problems.

Feminine norms in the Black community may expect that Black girls put children and family first. Therefore, they may face pressure to prioritize caretaking from an early age, such as accepting responsibility for siblings, parents or infirm grandparents. This high value that is placed on self-sacrifice may become internalized by Black girls to focus on others while disregarding their own health, ignoring signals of pain or illness, and delaying medical treatment until they experience negative health outcomes.

**Emphasis on individual behavior—rather than organization and policy change—makes it possible to directly challenge rigid gender norms.**



**Many Black girls experience multiple forms of trauma.** Many Black girls experience multiple forms of trauma and other severe life stressors including poverty, homelessness, community violence, victimization, sexual/physical abuse, incarceration, and loss of loved ones to injury or illness (Ickovics et al., 2006). Research has shown that Black girls are more vulnerable than boys to adverse mental health consequences of such traumatic events (Graves et al., 2010). In addition, girls are two to three times more likely than boys to attempt suicide, and Black girls who experience trauma are more likely to display suicidal behaviors. Harrington et al. (2010) found that Black girls tried to avoid the emotional distress associated with trauma-related memories through binge eating. Specifically, they found that exposure to trauma appears to influence how much Black girls internalized the cultural expectation of being emotionally tough (“strong black woman”). The expectation that Black girls be strong despite the trauma they experienced contributed to increased binge eating as a way to help them regulate the negative emotions they experienced. In addition to disordered eating and suicidal behaviors, there are several other long-term effects of trauma including anxiety, depression, hostility, risky sexual behavior, poor self-esteem and increased substance use.

## SEXUAL AND REPRODUCTIVE HEALTH

Studies show that young women who internalize feminine ideals of dependence and vulnerability are less likely to acquire sexual knowledge, carry condoms or negotiate their use.

Black girls also suffer special challenges because of feminine norms and race. Women of color are often perceived as hypersexual and promiscuous – not only by the dominant culture but also by young men of color.

In addition, the lack of available young men and the male-to-female ratio imbalances in many Black communities have been linked to more sexual risk taking, STI/HIV infection and partner abuse among Black girls because fewer male partners means the men that are left have more power to dictate the terms of relationships, and women believe that they have fewer alternatives.

Movies, TV and videos offer few affirming images of Black female sexuality, often presenting young women of color as devoid of personality or agency. A host of studies have linked internalizing such images to depression, low self-esteem and decreased sexual self-efficacy among young women generally, and to early and risky sexual behavior, and unplanned pregnancy among Black girls specifically.

## INTIMATE RELATIONSHIPS AND PARTNER VIOLENCE

Power inequities are inherent in social norms around intimate male-female relations. These inequities can make it difficult for young women to take an equal role in setting relationship boundaries, deciding when to have sex or negotiating condoms.

Intimate partner violence and girlfriend abuse are serious problems for many young women. Feminine norms that prioritize obedience, dependence, passivity and male dominance leave young women at higher risk for partner abuse.

Males who internalize rigid masculine norms are more likely to believe that violence is acceptable, that coercion is part of male privilege when an intimate partner is sexually unreceptive, and that physical dominance of a disobedient female is central to manhood.

Black girls are also often expected to be deferential to male partners, in order not to add to the ongoing emasculation of their male partners by the dominant white culture. Studies have found Black girls are prone to believe that men mistreat women, that anger and rage are natural facets of masculinity, and that physical abuse is a way men express love. Such beliefs are also connected to racially based stereotypes and expectations that Black men are naturally aggressive, dominant and physical rather than intellectual, gentle and reflective.

## ABOUT THIS REPORT

While this paper is concerned with impacts and problems, it does not overlook the immense resources and resilience Black girls bring to surmounting the challenges they face. The report documents scholarship that shows great promise for informing a gender-based approach to examining the lives of Black girls. It will also highlight potential strategies to improve the life outcomes of Black girls.

Created through the support and guidance of The Heinz Endowments, this report is an in-depth analysis of the impact of gender norms on life disparities among Black girls. It looks at both what is known about young women and gender norms generally, as well as what is known – and not yet known – about race-based gender norms and Black girls.

## Introduction

Black adolescent girls face special barriers related to both race and gender, which have immense effects on their health and well-being. This paper will refer to Black adolescent girls and young women, 13 to 21 years old, as “Black girls.”

For the purposes of this paper, the term “Black” is used to refer to individuals in the United States who identify as having African ancestry (African American, Afro-Caribbean, African immigrant). This term more fully encompasses the heterogeneity and rich diversity of the Black community.

There are many disparities in health and well-being that disproportionately affect Black girls. Recent data shows that:

- 30 percent of Black girls are considered obese;
- 6 percent of Black girls report having had sex before the age of 13;
- 1-in-5 Black girls have experienced intimate partner violence;
- Miscarriage is twice as frequent among Blacks than it is among white girls.

There are many situational, environmental and race-specific factors that have been identified as having strong links to these outcomes. However, the role of gender and gender-related factors has gone largely unexplored. In fact, research and programs continue to focus on solutions in what noted researcher Hortensia Amaro once called “a gender vacuum” (Amaro, 1995). That statement was made in 1995 and remains largely true today.



**PROMUNDO**

**“The foundation for any HIV educational curriculum should be critical reflection on societal constructions of gender norms and sexuality, including the impact of rigid masculine stereotypes.”**



**World Health Organization**

**“Gender norms are integral to individual’s vulnerability to infection, ability to access treatment and cope with infection.”**

When this report discusses “gender,” it is meant not as the biological fact of being male or female, or as prominent sex-linked characteristics. Rather, “gender” is referred to as the rules, customs, beliefs and expectations for how to be a woman or man, as well as the inherent inequities of power and privilege usually associated with these practices.

From this perspective, traditional norms of masculinity are understood as a mixture of strength, aggression, emotional toughness, dominance and sexual prowess, and traditional femininity as a combination of physical beauty, sexual desirability, motherhood, dependence and nurturance.

These gender norms are not just descriptive in nature. They also place girls at a disadvantage in terms of their social capital: gaining access to material and tangible resources; being able to decide when, where, how or if children will be conceived; or being able to voluntarily reject an abusive partner or exit a violent relationship.

The fact that gender norms affect so many different, but connected problems is one reason some experts refer to these ideals as a “gateway belief system” – one that begins in childhood, solidifies in adolescence and, once internalized, propagates disparities in a cluster of related areas. This is not to say that gender norms explain everything – health or violence are complex, multifaceted problems – but rather that they would explain a great deal, if they could only be integrated into research and programmatic priorities.

Gender norms vary among different cultures and are learned from childhood. One key finding from researchers is that some aspects of gender norms may be different for or have unique impacts on Black girls compared with their white counterparts.

For instance, the Black Youth Project surveyed 1,590 Black, White and Hispanic young people between the ages of 15 and 25 about their attitudes regarding gender roles and discrimination. They found there were race differences in the gender roles identified by youth.

They also found that Black youth were more likely than those of other races to believe that women face a lot of discrimination in the U.S. overall and in their communities. Despite the fact that gender matters and race has a differential impact, the effects of gender for Black girls remain little known and under-studied.



**Black youth were more likely than those of other races to believe that women face a lot of discrimination in the U.S. overall and in their communities.**

Oftentimes researchers have examined race or gender; however, studying each in isolation fails to accurately reflect the complexities and life experiences of these groups (Cole, 2009; Constantine, 2001; Giddings, 1985; Hancock, 2007, Hooks, 1981). Categories such as race and gender do not act independently of one another, but instead interact, are bound together and influenced by one another.

An analysis that asks not what it means to be female or Black, but female and Black – which examines both race and gender – is known as “intersectional.”

Intersectionality, as it is often termed, seeks to examine the ways in which these categories interact on multiple levels. There are decades of scholarship that have theoretically examined the concept of intersectionality. Unfortunately, the empirical research in this area is limited. Data is still lacking to help explain gender differences, poorer life outcomes, and the values, beliefs and practices that are the basis for how Black girls understand and enact womanhood. As empirical studies with a focus on intersectionality increase, this report will begin to fill in the missing explanatory models needed to take this work to a deeper level.

It is almost impossible to talk about race in America without also talking about class as well. The two are so intertwined it is almost impossible to separate them. The impact of gender norms is no different. Many of the life disparities this report touches on – obesity, early pregnancy/STIs and intimate partner violence – are strongly affected by class and socio-economic status (SES).

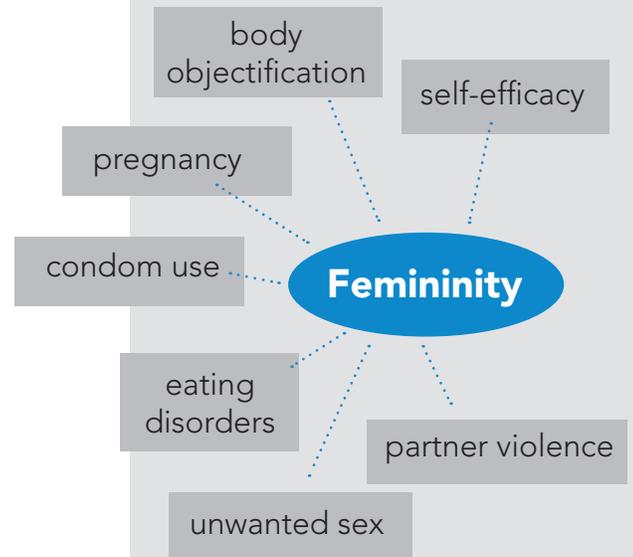
Indeed, in under-resourced communities, codes for masculinity and femininity are apt to be especially narrow, penalties for transgressing them particularly harsh, and opportunities for constructively displaying public manhood or womanhood few (Whitehead, 1997; Anderson, 1999). This means the impact of harmful gender norms on Black girls in these communities is magnified.

It is not that Black girls in affluent suburban communities do not experience similar problems with gender norms – studies show they do. Rather it is that in higher income neighborhoods the impacts are buffered by living in an environment where girls enjoy more personal resources and social capital, and are exacerbated in impoverished environments where they lack them. Given the added risk of low-income status, this report will focus on low-income Black girls.

This group was chosen not as an endpoint, but as a beginning to what is hoped will become growing dialogue on the unique lives and challenges faced by Black girls and will provide a framework of how gender norms can better inform philanthropic and programmatic efforts on their behalf. The report focused on three problem areas where the research base is extensive and well-accepted:

- Basic health and wellness;
- Reproductive and sexual health, including teen pregnancy and STIs;
- Intimate partner violence.

## Gateway Belief System



# PARENTS

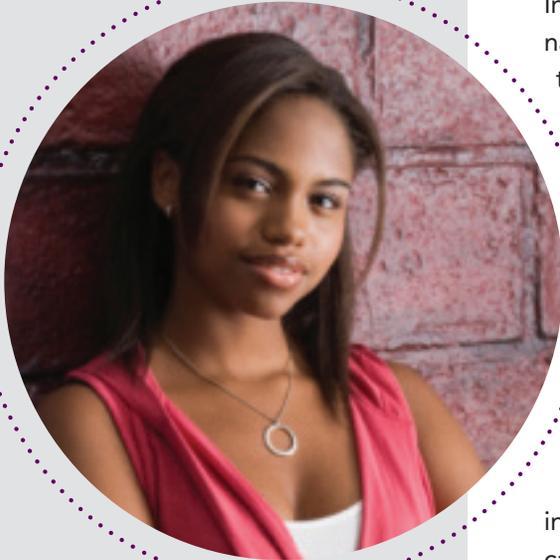
**Father absence may have a negative influence on Black girls.** It is well-established that parent relationships are important for youth development. In particular, research has shown that supportive parent relationships (e.g., good communication, supervision, bonding) contribute to a positive self-esteem for female youth (Mandara & Murray, 2000; McKinney, Donnelly, & Renk, 2008). Most of these studies, however, focused on the mother’s contributions.

Given that African Americans are more likely to grow up in households where the father is not present, it is important to understand what impact this has on outcomes for Black girls. There has been a lot of conversation about the negative impact that father absence has on Black youth. However, there is limited research that has examined this issue as it relates to Black girls. What is known from the limited research is that it appears father absence may have a negative influence.

Cooper (2009) conducted a study examining the quality of relationships among Black girls and their fathers. They found that Black girls who have better quality relationships with their fathers were more likely to have higher self-esteem. In addition, they found that Black girls with better quality relationships with their fathers were more likely to do well academically. The research of Mandara et al. (2005) found that father absence was associated with Black girls’ understanding of and identification with gender norms. This study found that Black girls with fathers present were more likely to identify with higher levels of femininity and traditional female gender norms than girls from father absent homes.

# Basic Health and Wellness

**Black girls have unique race and gendered experiences, which result in multiple stresses that may weaken their immune system.**



Gender equity is another important part of the gender lens in understanding barriers to health and wellness. Treating men and women the same can have very different impacts on women and girls who have dependent children, need reproductive services, or are responsible for elder care.

Black girls have unique race and gendered experiences, which result in multiple stresses that may weaken their immune system and expose them to higher rates of disease and lowered levels of health and well-being. Studies show this stress begins in childhood and continues into adulthood and is affected by things like exposure to high rates of poverty, violence and poor nutrition. The additive effect of these stresses can cause a “weathering effect,” in which Black girls bodies become physically and biologically vulnerable to disease and breakdown.

In addition to living in highly distressed neighborhoods, Black girls must also navigate racism and pressures to conform both to traditional feminine ideals of the larger culture and those specific to Black communities.

Black girls must learn how to navigate and cope with the inequities inherent in a traditional gender system that promotes males as strong and dominant, and females as dependent and passive.

Black girls must also cope with culturally specific expectations of being emotionally strong “superwomen.” For example, it is culturally taboo for Black girls and women to show signs of sadness or emotional pain (Williams, 2008). This “superwoman” ideal makes it challenging for them to acknowledge depression or the need for assistance.

Feminine norms in the Black community prioritize the importance of caretaking and self-sacrifice. Thus girls and women are expected to prioritize taking care of family members and the larger community (Kerrigan et al., 2007), disregarding their own health, ignoring signals of pain or illness, and delaying medical treatment until they are in crisis (Lekan, 2009).

This concept of Black girls and women suffering from the stress of being Black and female has been termed the “Sojourner Syndrome” (Mullins, 2002). This syndrome has been attributed by several researchers as a reason why Black girls and women have disproportionately high rates of health problems including chronic disorders like diabetes and infant mortality (Dominguez, 2010).

The feminine ideal of being the primary caretaker coupled with the cultural expectation for Black girls to be emotionally strong may cause many to delay addressing their own health concerns and seeking treatment. Being strong can be a positive attribute and has helped many Black girls overcome important barriers. However, changing the discourse about the “superwoman” complex among parents, providers and Black girls themselves could have a positive impact on their health and well-being. Programmatic efforts to redefine feminine strength as empowering Black females to also prioritize their own health and needs might be one way to reverse this trend.

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***Movies, TV and videos offer few affirming images for Black girls, who are presented as devoid of personality or agency, and valued only for their bodies.***  
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## OBESITY

Black girls are disproportionately affected by the national obesity crisis which is linked to a host of chronic illnesses (e.g., diabetes, heart disease). Statistics show that 30 percent of Black girls 12 to 19 years old are considered obese. This is compared to 18 percent of Hispanic and 15 percent of white girls.

According to the Centers for Disease Control (CDC), Black youth have the highest number of Type 1 diabetes – associated with obesity – cases of any group: 500 out of the 1,590 cases (CDC, 2011; Mayer-Davis et al., 2009).

In addition, Black girls often internalize the cultural norm that “curvy” body types (i.e., high levels of body fat) are highly valued sexual traits for Black men. In addition, strenuous physical exercise is often in direct conflict with hairstyling (Wilcox et al., 2002). The effects of both of these can be exacerbated by homemaking ideals that stress the importance of showing affection and care by making heavy, fried meals that emphasize fat, salt and sugar.

Despite the high rates of obesity among Black girls, research has indicated they have higher levels of satisfaction with their body compared to white and Hispanic females (Akan and Grilo, 1995; Mayville et al., 1999; Parker et al., 1995; Salazar et al. 2004; Story, French, Resnick and Blum, 1995).

This resiliency in feeling good about body weight has led many to assume that Black girls do not have issues with eating disorders. However, there is a growing body of evidence showing Black girls are more likely to suffer from bulimia and disordered eating patterns than girls from other racial groups (Striegel-Moore et al., 2005; Striegel-Moore et al., 2000; Tyler, 2003).

Both types of eating disorders are related to overweight and obesity. Although environment, genetics and cultural eating practices are associated with obesity, gender norms also play a role. For example, there are many studies that have found that Black girls may overeat to compensate for and cope with the stressful demands of being female and of color (Baptiste-Roberts et al., 2006; Falconer & Neville, 2000; Harris, 1995; Harris & Kuba, 1997; Parker et al., 1995; Patton, 2006; Talleyrand, 2010).

*Black girls face challenges that place them at risk for negative life outcomes, yet they show significant resilience in overcoming, surviving and often thriving despite them.*

## INFANT MORTALITY

Black girls and women have very high rates of miscarriage and infant mortality. Miscarriage is twice as frequent among Blacks as it is among whites (Chichester, 2007; Kavanaugh & Hershberger, 2005; Van, 2001). Recent data shows that infant mortality is 12.1 per 1,000 live births among Blacks as compared to 5.5 per 1,000 live births among whites (Price, 2006).

Research has found that the stress Black girls experience associated with race- and gender-based inequalities may negatively impact pregnancy and lead to pre-term and low-birth weights, which are risk factors for infant mortality (Barnes, 2008; Hogue & Bremner, 2005).

In addition, Black girls experience physical abuse from their romantic partners during pregnancy more than twice that of white girls (Barnes, 2008). Physical abuse and poor relationships with men have also been identified in the research as having an impact on infant mortality.

As discussed, while there is a growing body of research suggesting that gender norms have a negative impact on Black girls’ overall health, it is limited. More studies in this area, and the connections to infant mortality, are urgently needed.



**“Gender norms, inequity and power relationships increase women’s vulnerability to violence.”**

# Sexual and Reproductive Health



**National studies have found that Black girls are more likely to have sex early (before age 13).**

There are decades of research to show that sexual and reproductive health outcomes are worse for Black girls compared to girls from other racial groups. National studies have found that Black girls are more likely to have sex early (before age 13). The majority of those cases are from sexual abuse and/or statutory rape, which is associated with significant trauma that is often carried into adulthood. In addition, Black girls are more likely to have multiple partners and more likely to acquire an STI (including HIV). Gallup-Black and Weitzman (2004) found in their study that Black teens were 4 1/2 times more likely than white teens to get pregnant. They were also more likely to say that their peers found teen parenting acceptable.

## RELATIONSHIP INEQUALITY AND SEXUAL/REPRODUCTIVE HEALTH

Power inequities are inherent in the norms associated with intimate male-female relations. It is apparent in the terms often used by adolescents for sexually active males versus females, and in norms that demand men to be the aggressor during sex while women are silent about their relationship and/or sexual needs. These inequities can make it difficult for young women to take an equal role in setting relationship boundaries, deciding when to have sex or negotiating condoms.

Studies show that young women who internalize feminine ideals of dependence, submission and vulnerability are less likely to acquire sexual knowledge, carry condoms or negotiate their use (Wingood & Diclemente, 1998).

Women who internalize feminine ideals are also more likely to use their bodies to get attention, status and power, be uncomfortable with expressing their desires, defer to male decisions in matters related to relationships and sex, and have early or unwanted pregnancies. All of these are connected to lower reproductive health outcomes.

## BODY IMAGE

**Skin color and appearance is an important issue for Black girls.** Research shows that many girls experience a marked decline in their self-esteem during early adolescence (Pipher, 1994). Because of the high value placed on beauty and image for women in our society, body image and appearance often becomes a big part in self-esteem for girls. Body image is a multifaceted concept regarding one's view of his/her body and its appearance. Research has indicated that Black girls have more positive body image views compared to girls from other racial groups (Mayvill et al., 1999; Story, French, Resnick and Blum, 1995).

Although, previous research has found higher levels of body image satisfaction among Black girls, this is not to say there are no concerns related to body image. Research has found that skin color and Western physical features are particular concerns for many Black girls (Gordan, 2008; Townsend et al.; 2010). Specifically, some Black girls have a preference for physical characteristics that they believe will be judged more favorably (i.e., lighter skin, longer hair, fine hair texture, etc.), and this preference is related to negative outcomes (Wallace et al., 2011).

## CULTURAL EXPECTATIONS AND SEXUAL/REPRODUCTIVE HEALTH

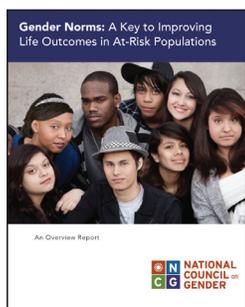
Black girls suffer specific challenges because of feminine racial norms. Women of color are often perceived as exotic, hypersexual and promiscuous. They feel pressure to conform to a standard of physical beauty — “good” hair and desirability – that is established not only by the dominant culture but also by young men of color. Internalizing these normative beliefs and wanting to achieve this “gold” standard for womanhood creates an environment where Black girls are more likely to have early sex, have multiple partners, engage in unsafe sex and acquire STIs – including HIV.

National statistics from 2000-2008 show that the pregnancy rate for Black girls ages 15-17 was higher than for Hispanic or white girls, 73 per 1000 compared to 70 per 1000 and 22 per 1000, respectively (Ventura et al., 2012).

In under-resourced communities, having children is often considered proof of womanhood, single-parent maternal families are the norm, and motherhood offers one of the few acceptable routes out of school and into a respected social role. Sometimes having a baby may be the only way a young woman feels she can keep the relationship with her male partner.

In many Black communities, the lack of available male partners and male-to-female ratio imbalances make relationship dynamics challenging. These imbalances are due to mass incarceration, high levels of mortality and under-employment among young Black men. In addition, black women/girls are much less likely than women of other races to date outside of their race, which further exacerbates this imbalance (Banks, 2012).

The lack of available mates has been linked to more sexual risk taking, STI/HIV infection and partner abuse among Black girls (Adimora & Schoenbach, 2005; Brown et al, 2012), presumably because fewer male partners means those men that are left have more power to dictate the terms of relationship, and women believe they have limited alternatives.



### Additional Resource

#### Gender Norms: A Key to Improving Life Outcomes in At-Risk Populations

National Council on Gender Good overview of concepts, studies, and background on gender norms.

## MEDIA INFLUENCES AND SEXUAL/REPRODUCTIVE HEALTH

Media images of Black femininity only reinforce the negative impact of racial gender norms. Young people spend up to seven hours with media daily, with Black youth spending 13 hours each day (Brown, 2002).

Movies, TV and videos offer few affirming images for Black girls in terms of relationships, power or sexuality. Indeed, Black girls are often presented as devoid of personality or agency, and valued only for their bodies. This is often reflected in the expanding language to depersonalize, demean and sexualize Black girls (“video vixen,” “gold digger”).

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*Having a gender and race analysis should be standard in social and philanthropic work that seeks to impact life disparities among Black girls.*

.....

This sexualization of girls in the media creates an atmosphere where womanhood is equated with sex and a woman’s physical body. Media viewers are fed images that a women’s worth is highly valued based on the sexual pleasure they can provide men. This is coupled with the fact that sexual health content in the media is rare (Hust, Brown, L’Engle, 2008; Kunkel et al., 2003). As mentioned, the media has a negative impact on the sexual and reproductive health of Black girls. One solution might be building online media partnerships that empower Black girls to counteract the negative images and create their own, more positive images (Brown, 2009).

As discussed, there are few examples of healthy dating and sexual relationships where Black girls can model more positive behaviors. Therefore, it is not surprising that a host of studies has linked internalizing these negative media images to depression, poor self-esteem and low sexual self-efficacy among young women generally, and to early and risky sexual behavior, and unplanned pregnancy among Black girls specifically (APA 2010, Peterson et al., 2007; Townsend et al., 2010; Wingood et al., Stephens & Phillips 2003).

Understanding the relationship dynamics among Black girls and their partners is a crucial area of study. More research is needed that examines how gender norms are practiced in the intimate and sexual relationships, what protective factors may help Black girls exert power in their relationships, and what programmatic strategies – particularly around gender norms – can help teach them healthier relationships.

# Intimate Relationships and Partner Violence

Intimate partner violence (IPV) and girlfriend abuse are serious problems for many young women, particularly Black girls, among whom the rates of IPV are higher than that of those of Hispanics or whites (Catalano, 2007). A large study found that IPV was reported by 18 percent of Black girls (Wingood et al., 2001).

Studies have found that those who have experienced intimate partner violence have a significantly higher likelihood of inconsistent condom use, are more likely to have a sexually transmitted infection, and are more likely to have non-monogamous male partners. Much of this is due to girls' fear of the perceived consequences of negotiating condom use, talking with their partner about pregnancy prevention, and feeling limited control over their sexuality (Teitleman et al., 2008; Wingood et al., 2001)

## TRADITIONAL FEMININITY/MASCULINITY AND IPV

Feminine norms that prioritize obedience, dependence, passivity, sexual availability and male dominance leave young women at higher risk for IPV.

At the same time, the belief that dating older, stronger men with more status, money and sexual experience is highly valued for women only exacerbates power imbalances. This often exposes young women to manipulation or abuse from partners who can easily dominate them. A young woman who insists too often on her own terms may find herself abandoned, threatened or abused – psychologically, sexually or physically.

Young men who internalize ideals of manhood as defined by aggression, dominance and toughness are more likely to abuse female partners (Anderson, 1999). In particular, they are more likely to believe that control of a female partner is a crucial indicator of public manhood and that being shown up by an "insubordinate" female is the height of unmanliness (Miller, 2008b).

Such men are more likely to believe that physical violence is acceptable in those situations. Traditional norms of masculinity also include sexual coercion as an extension of male privilege when an intimate partner is unresponsive to their sexual requests.

Interestingly, there is some emerging evidence (Tolman, 2012, personal communication) that it is not women's beliefs around femininity, but rather their beliefs around these male norms that places them at higher risk for domestic violence. A woman who believes that it is a man's role to dominate, and that violence is part of this, is less likely to avoid or leave an abusive partner.

## RACE, GENDER AND IPV

Scholars have argued that IPV should be examined through the lens of intersectionality, taking both race and gender into account (Crenshaw, 1994; West, 2004). Studies have found Black girls in particular are prone to believe that men mistreat women, that anger and rage are natural facets of masculinity, and that physical abuse is the way men express love (Johnson, 2005; Miller, 2008a).

Research has found that Black girls in under-resourced communities often feel that violence against women is a justified response to something a woman has done or to punish women for being disrespectful (Jones, 2010; Miller, 2008b).

Some studies (Johnson et al., 2005) have found that Black girls consistently agreed that girls "do things to boys to try to make them want to hit them." One participant observed: "It's understandable why men abuse women...some women do not know how to be quiet."

These types of beliefs are also connected to racially based stereotypes and expectations that Black men are naturally dominant, aggressive and physical rather than intellectual, gentle and reflective.

Sexual violence is a continuation of the sexualization of Black girls. These actions against women are rooted in power and control by men and grounded in narrow constructions of masculinity. The stereotype of Black girls as promiscuous and always sexually ready adds to the risk of sexual violence against these girls.

One in-depth interview study of 35 Black girls and 40 Black boys (Miller, 2008b), found that the Black girls reported being pressured or coerced into unwanted sex, and described actual or attempted sexual assaults, as well as gang rapes.

In addition nearly 1 in 3 of the girls had experienced multiple sexual victimizations, and nearly half of young men in the study reported having “run trains” on girls (i.e., three or more males taking turns having sex with the same female, consensually or not.)

In some communities, hyper-sexualization is prioritized to attract young men, and some Black girls resort to adopting the “video vixen” or “gold digger” culture with its emphasis on subservience, availability and sexual exchange for money/gifts.

Because of the limited number of eligible young men and the lack of visible two-parent families in many Black communities, having and holding onto a male partner can be seen as an important goal to some Black girls. This leaves them more likely to tolerate male infidelity and/or violence.

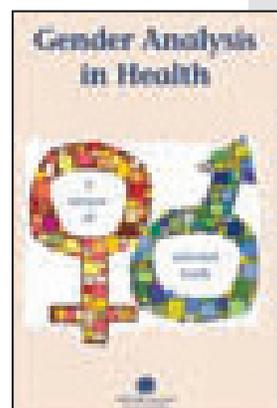
Despite the perception that Black girls are vocal, the literature shows that Black girls are less likely to be vocal in their intimate relationships (Miller, 2008b). They often avoid speaking out or taking action in order to preserve a sense of womanhood and fulfill public expectations of a romantic relationship with a man.

Black girls who are coerced or assaulted often feel they must say and do nothing because of racial feminine norms that stress showing solidarity with Black men in the face of a dominant white majority culture.

Some researchers (West and Rose, 2000) have found that, despite suffering aggression in their dating relationships, Black girls have a strong desire to be traditional caretakers and for their boyfriends to behave as protectors. These attitudes are strongly grounded in feminine stereotypes and expose such girls to high rates of IPV.

It has been argued that educating young men about the harms of normative masculinity to themselves and to women and working to foster greater empathy and egalitarian connections with young women may be a strategy to combat IPV against Black girls (Miller, 2008a). The findings of this report suggest that providing Black youth with opportunities for cross-gender friendships, activities and engagement will decrease coercive sexual behaviors and foster more egalitarian relationships. In addition, there is utility in working with policymakers to set better protections for victims of abuse and advocating for more programs that assist Black girls who are at risk for and/or experiencing IPV. Finally, this research indicates that important efforts must be made to challenge harmful codes of femininity and womanhood that continue to make Black girls more vulnerable to partner violence, prevent them from seeking help or going to authorities, and keep them going back to abusive partners.

**A woman who believes that it is a man’s role to dominate, and that violence is part of this, is less likely to avoid or leave an abusive partner.**



### **Additional Resource**

**Gender Analysis in Health**  
*World Health Organization*  
Comprehensive critical review of several dozen tools used in by international NGOs to address issues of gender equity.

# Conclusion

Black girls face many challenges, including having to navigate gender norms and race-based experiences that place them at risk for negative life outcomes. Despite those risks, Black girls have shown significant levels of resilience in overcoming, surviving and in many instances thriving. The purpose of this report is to highlight where the literature finds further exploration is needed as it relates to how gender and race impact the life outcomes of Black girls.

Some consensus on areas to focus programmatic efforts include:

## More training is needed for youth providers and parents about the role of gender in the lives of Black girls.

- An online resource could be developed for parents, school personnel and youth providers. The online resource could include brochures about the role of gender in the lives of Black girls. The site could also include tutorials and tool kits on how to support Black girls in development of more positive gender norms.
- A partnership could be developed with national organizations that work directly with Black girls. For example, a partnership could be established with the NAACP or National Urban League to train their local chapters about gender norms and tailoring gender-based curricula for Black girls.

## Programs need to be developed that have tailored gender-based curricula focused on improving the overall health and well-being of Black girls.

- A national media campaign could be developed to address the issue of depression/mental health among Black girls. The campaign could focus on the negative impacts of the cultural expectation of Black girls/women to prioritize caretaking for others at the expense of their own health.
- Healthy eating and exercise programs could be developed that include tailored behavioral and educational approaches specifically for Black adolescent girls (Williamson et al., 2006). For example, a program would be tailored to address issues identified in research as related to obesity and unhealthy eating among Black girls. This includes addressing the consequences of the “strong Black woman” cultural norm and bulimia/disordered eating as a source of masking stress.

- More sexual health programs that involve family members, including siblings, could be developed for Black girls (Murry et al., 2011; Wallace et al., 2012). This would allow for the support of the extended family network, which is highly valued in the Black community. Funding support could be provided for existing family based sexual health programs to be tailored, expanded and replicated across the country.
- An intimate partner violence prevention campaign could be developed to promote agency and the importance of achieving personal safety (Tietelman, Ratcliffe, Moreles-Aleman, & Sullivan, 2008). For example, a partnership could be created with an existing national organization dedicated to intimate violence prevention. A tailored campaign could be developed and distributed through the partnership to promote IPV awareness and provide skill sets for maintaining healthy relationships among Black girls.

## Researchers, policymakers and stakeholders need to be encouraged more to address the needs of Black girls.

- A series of RFPs could be implemented that support empirical research focused on examining gender norms and their relationship to developmental outcomes among Black girls.
- A conference could be held to bring together policy-makers and stakeholders to discuss new philanthropic goals that address the needs of Black girls.
- Donors could be encouraged to conduct an evaluation of how their current portfolios and programs challenge gender norms that keep Black girls vulnerable to lower life outcomes, and move toward more gender-informed and truly gender transformative philanthropy.

This report has been offered as a snapshot of the huge impact the role gender norms play in the lives of women and Black girls specifically. It has been able to provide broad strokes at best. The literature is both wider and deeper than what could be communicated here.

With that said, this paper is the beginning of a dialogue that can unpack, challenge and positively influence how gender is understood and enacted in the lives of Black girls.

The “gender vacuum” around young people of color in research, policy and programs that Hortensia Amaro spoke of almost two decades ago should no longer exist. Just like the dream deferred described by Langston Hughes, a dialogue about Black girls that continues to be deferred will have significant negative consequences. Gender and race analysis should be a standard in social and philanthropic work for those seeking to truly have a long standing impact on the life disparities observed among Black girls.



For philanthropic institutions, please check out the report **“Gender Transformative Philanthropy: A Key to Improving Outcome and Impact in At-Risk Communities”** available online at [truechild.org/funders](http://truechild.org/funders)



Please check out the online clearinghouse summarizing each of the studies mentioned in this report at [truechild.org/heinz](http://truechild.org/heinz)

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