What’s Culture Got To Do With It?
Prevention Programs for African American Adolescent Girls

Maya A. Corneille, PhD
Amie M. Ashcraft, PhD
Faye Z. Belgrave, PhD

Abstract: This paper examines prevention programming for African American girls by placing the prevention process within the larger African and African American cultural context. We provide an overview of the theories and issues we consider most relevant to African American culture, including Africentric theory, ethnic identity, gender identity and relational theory, developmental issues, the community context, and historical considerations. Drawing from our own drug prevention work, we provide examples of how to incorporate culture into prevention programs to make them most relevant for the target population. We also summarize our own efforts to create culturally appropriate prevention interventions and their impact on the girls in our programs. We conclude with suggested directions for future research into culture-specific prevention programs.

Key words: African American girls, culture, cultural competence, prevention programs.

The influence of culture on health decision-making and behaviors has received increasing attention in research and prevention programs in recent years. An understanding of the role of culture in health decisions and behaviors is essential for the development of effective prevention programs that meet the needs of specific groups of people. Culturally tailored prevention programs may promote recruitment and retention of participants as well as affect risk and protective factors that influence negative health behaviors. In this article, we draw on our research and prevention programs with African American adolescent girls to illustrate how an understanding of participants’ culture is integral to the development and implementation of effective prevention programs.

We conducted three multi-year, multi-site prevention interventions funded by the Center for Substance Abuse Prevention. Project Naja (1995–98; Naja is a Kiswahili word that means safe), the Cultural Enhancement Project (1999–2003) and the Cultural Experiences in Prevention Project (2002–2004) were targeted at reducing negative drug outcomes for girls from low-income, high-risk communities. Most of
the girls involved in our research and interventions were from urban communities in the Washington D.C. and Richmond metropolitan areas. While most of the girls with whom we worked resided in urban areas, we draw our insights on prevention programs for African American girls from the larger African American culture and from our understanding of girls’ identity development in general. There are many theories and issues relevant to the culture of African American girls, including Africentric theory, ethnic identity theory, gender identity theory, and relational theory. Developmental issues, community factors, and historical context are also germane.

We begin by defining culture and explaining the concept of cultural competence and why prevention programs should be culturally appropriate. Next we address the general lack of inclusion of culture in prevention programs. Third, we provide an overview of the parts of culture we consider most important for the design and implementation of prevention programs specific to African American girls and offer suggestions for how each of these can be incorporated into prevention curricula. We then summarize our own efforts to implement culturally appropriate prevention interventions and their effects on the girls who have participated in them. Finally, we offer suggestions for future research on culture-specific prevention programs.

Culture and cultural competence. While there are many definitions of culture, it is generally agreed that a culture is a set of beliefs, values, attitudes, role perceptions, and customs that are shared among a group of people. Culture includes beliefs about how to interact with others and how to behave in various situations. In order to understand the behavior of a group of people, it is essential to understand their culture. This is particularly true when designing programs, such as prevention programs intended to influence behavior.

Cultural competence begins with an understanding of the theory and conceptual framework most appropriate for addressing the prevention needs of a target population. This competence is achieved by identifying theoretical perspectives specific to a given culture as well as by active collaboration with members of the target population. Cultural competence enables researchers and prevention scientists to begin to view the world through the same lens as their target population. It entails an appreciation of the backgrounds and experiences of specific groups of people affecting how they interact with their environment and make decisions about how to behave. Research and prevention programs have often neglected culture and cultural competence and have failed to account for the complexity of the relationship between cultural values and health practices.

The lack of cultural considerations in research and prevention programs. The general lack of inclusion of culturally tailored material in prevention programs is due to a variety of factors. While an in-depth discussion of this issue is beyond the scope of the present article, we highlight some of the reasons behind it and refer readers to more detailed analyses of this issue. The majority of prevention programs are designed to be universally implemented and are based on White, middle-class American values. Even when culture is used in prevention programs, there is no common definition of it among researchers nor an agreed-upon method about how to incorporate it into programs. Many researchers use proxy variables (e.g., race, ethnicity, or nationality) for cultural differences or design interventions making only
Culture and prevention programs

surface modifications to established programs by hiring staff members with ethnic backgrounds similar to those of the participants. In addition, many researchers fail to appreciate the diversity of subgroups within racial groups that may correspond to diverse values, attitudes, and behaviors.

Much of our own prevention work has attempted to provide culturally appropriate drug prevention interventions to African American adolescent girls. In the following sections we share what we have learned by highlighting some of the parameters of culture to be considered in the development and implementation of prevention programs specific to African American girls.

Theories and issues relevant to African American girls. Africentric theory. We believe it is not possible to develop and implement prevention programs for African American girls without an understanding of African and African American cultures. The Africentric worldview comprises beliefs, values, assumptions, and ways of understanding and interacting with the world. These basic values, beliefs, and philosophical orientations interact with and are modified by Western values and experiences in America. Although there is a great deal of variability among African Americans in adherence to this worldview, many believe it to be widespread among African Americans and Blacks throughout the Diaspora. We conceptualize Africentric values as having an orientation towards spirituality, interpersonal relationships, communalism, expressive communication/orality, and rhythm and verve (for more on these topics, see below). Several scholars have summarized values and behaviors central to the Africentric worldview, linking Africentric values to a variety of attributes, such as strong ethnic and racial identity, positive feelings about the self, good health, positive peer group norms, pro-social behavior, the use of adaptive coping strategies, academic achievement, and the practice of health-promoting behaviors. In evaluating our programs, we operationalize Africentric values as having a communal and interpersonal orientation that also includes the other core values found among people of African descent.

We have used several strategies for fostering Africentric values in the girls in our prevention programs. We promote the values of communalism and collectiveness through the use of cooperative and interdependent learning strategies (e.g., role plays, team building activities, and group problem solving activities). We promote the value of unity through the use of an opening and closing unity circle. During the unity circle, we conduct a libation ritual that encourages girls to consider their own spirituality and connectedness to the past and future. A third method we have used to enhance Africentric values is the incorporation of music, poetry, and dance in our prevention programs. These activities acknowledge the Africentric values of orality, verve, and rhythm. Encouraging girls to express themselves through rhythmic and creative activities facilitates sensitivity to varied learning styles. During the Cultural Experiences in Prevention program, we conducted spoken poetry workshops in which girls listened to, wrote, and performed spoken-word poetry. The girls also learned a hip-hop dance and performed it at the program’s closing ceremony.

Ethnic identity. An adolescent characteristically seeks to understand her own identity better, including her ethnic identity. Consequently, it is important for programs designed for African American girls to facilitate ethnic identity
development and the resolution of other developmental struggles. Research indicates that higher levels of ethnic identity are associated with higher self-esteem, less risky drug and sex behaviors, and fewer behavioral problems overall among African American youth.\textsuperscript{10–12} To address girls' identity development, our programs create opportunities for participation in cultural activities (e.g., Kwanzaa celebrations, spoken-word poetry, hip-hop dance) designed to enhance feelings of ethnic identity. Girls are also exposed to the culture and history of people of African descent. These activities increase girls' cultural knowledge and foster feelings of belonging. African Americans' ethnic identity is conceptualized in our study as feelings of belonging and affiliation with other Blacks.\textsuperscript{12} These strategies were effective for our programs due to the racial homogeneity of our participants, while alternative strategies would be appropriate for participants from other cultural groups.

Gender identity and relational theory. African American girls are typically socialized to have a balance of both masculine/instrumental (e.g., assertiveness, self-confidence) and feminine/expressive (e.g., nurturance, expressiveness) sex-role characteristics.\textsuperscript{13} This tendency for African American girls to have androgynous gender role identities may serve as a protective factor against a variety of risks; androgyny is associated with increased levels of self-confidence and assertiveness.\textsuperscript{14}

African American girls are also socialized to have a relational orientation. The self-in-relation model emphasizes interpersonal connections as the primary way in which girls and women develop their identities.\textsuperscript{15} This socialization leads girls to value interdependence and relationships. While this characteristic may contribute to more positive and affirming relationships with others, it can also have negative results. Caring for others at the expense of the self may make girls more likely to engage in risky health behaviors. For our programs, we conceptualize adaptive gender identity as possessing an interpersonal style that promotes collaboration and community as well as a balance of both instrumental (e.g., assertiveness, self-confidence) and expressive (e.g., nurturance, interpersonal sensitivity) traits.

In order to meet the relational and affiliative needs of African American girls, programs designed for them should encourage building strong relationships with other girls and with adult women. In our programs, positive relationships are encouraged by convening girls in small groups to discuss curriculum topics, to solve problems, and to carry out other activities. A central component in our prevention interventions is the utilization of African American women as group leaders. These facilitators, referred to as mzees (Kiswahili for respected female elders), model positive and collaborative interactions and relationships with each other as well as with participants.

Our programs are designed to facilitate girls' adoption of both instrumental and expressive gender role traits because they facilitate feelings of self-assuredness, competence, and self-worth. For example, we encourage instrumental gender role traits, such as assertiveness, by developing decision-making skills and providing opportunities for girls to assume leadership roles. We also encourage girls to practice expressive gender role traits, such as compassion, through perspective-taking activities. Girls participate in role-play activities during which they reenact the historical experiences of African Americans to enhance their perspective-taking skills as well as to highlight African Americans' resiliency in overcoming hardships.
Developmental issues. Adolescence encompasses numerous personal transitions, including biological, social, cognitive, and emotional changes, any one of which can increase a young person’s insecurities about the self. During adolescence, young people spend significantly more time with peers, increasingly conform to group norms, and frequently socialize with small groups or cliques. Girls, in particular, may use gossip or ridicule to assert dominance within their peer group; this relational aggression may be damaging to girls’ sense of self. Biological changes, including hormonal and reproductive changes, can also affect girls’ sense of self and social and emotional experiences. Moreover, physical development affects the way girls are treated by parents, peers, and teachers. These physical changes tend to occur earlier for African American girls than for girls of other racial groups.

Our programs seek to build a cohesive group through collaborative activities to minimize the negative ramifications of conformity and cliques. Girls meet in small groups organized by the group leaders to reduce the impact of existing cliques. The groups are also formed by considering the girls’ social and emotional development so that they can discuss developmentally appropriate issues without feeling pressure to conform to responses of older peers. In order to decrease girls’ insecurity about their bodies’ physical changes, we provide information about biological changes and proper hygiene. For example, we invite specialists to discuss proper skin and hair care.

Community context. The community context can also affect adolescent development. From an ecological perspective, an individual’s process of creating meaning out of her social and economic context contributes to how she comes to view herself in relation to society. Urban, suburban, and rural communities vary along both spatial and social dimensions. Residents of urban communities, for example, are more likely than others to experience financial strain, economic uncertainty, higher crime rates, and isolation from beneficial institutions and middle class role models. Such communities may influence maladaptive outcomes for young people (e.g., poor self-efficacy and low levels of academic achievement). The increasing urbanization of African American communities and migration of residents with white-collar employment to suburban communities has limited the range of role models for young people residing in urban communities. African American adolescents residing in urban areas may experience a so-called bounding process during their identity formation that limits their perceived opportunities for the future. The Cultural Enhancement Project, conducted in urban schools, utilized group leaders with various levels of educational attainment and employment to broaden girls’ exposure to role models.

Because everyday survival can be a pressing issue in some urban communities, it is important for programs to orient youth towards their future through activities such as goal setting and discussions about educational and business opportunities. Through the Cultural Enhancement and the Cultural Experiences in Prevention Projects, we used guest speakers to provide girls with information about entrepreneurship and financial options for financing college (such as loans, grants, and scholarship programs).

Additionally, part of everyday survival in some urban communities involves safety. For this reason the Project Naja curriculum addressed safety precautions for women...
and girls. This was of particular concern for these participants because they were forced to deal with drug activity in their everyday lives. In evaluating our programs, we collect information about participants’ perceptions of their neighborhoods as well as objective information (e.g., crime rates and poverty levels) about their communities. We also conduct focus groups and talk to residents of communities prior to interventions in order to better understand each community’s specific challenges and resources.

**Historical considerations.** African American youth and communities continue to be affected by the enslavement of their ancestors, the economic disenfranchisement of generations of African Americans, and the myriad long-lasting consequences of this history. Preferential treatment of lighter-skinned individuals during slavery, to take just one example, persists in today’s society. Both African Americans and non-African Americans tend to prefer lighter skin tones and to assign more positive stereotypes to African Americans with light skin (though not “too light”).

The media perpetuates stereotypes about African American women through frequent portrayals of African American female sexuality and a lack of diversity in appearance of African American women. Though increasingly diversified, media images of physical attractiveness tend to highlight African American girls and women with lighter skin and long, straight hair. We examined youth’s preferences for a more acculturated physical image (e.g., lighter skin, straighter hair) prior to and following the intervention.

Our programs use experiential activities to teach youth about the hardships their ancestors endured to overcome slavery and economic disenfranchisement. During the Cultural Experiences in Prevention program, girls participated in activities that illustrated the obstacles their ancestors faced while developing the Underground Railroad. This connected girls with displays of resiliency in their cultural heritage and aided them in the development of coping and problem-solving skills. Our programs also educate girls about the stereotypes that resulted from slavery and oppression. For example, girls discuss stereotypes about African American women and the impact of discrimination on skin-tone/hair texture preference. We encourage girls to avoid participating in this type of discrimination through name-calling and self-segregation.

Since the present-day culture allows young people ready access to media messages, and since parental monitoring has become increasingly challenging, it is important for young people to develop the skill of viewing media images critically. In the Cultural Experiences in Prevention program, girls watched music videos and discussed both their positive and negative messages related to African American girls and women. Girls learned that some images in current, mainstream hip hop focus on sexuality and appearance as the sole measures of African American females’ worth. Girls also gained an understanding of the fact that, while males may reinforce the value of these qualities, internalizing them as the sole measures of African American females’ worth has negative consequences. We do not mean to suggest that all hip-hop music contains negative messages. However, hip-hop music with more positive messages does not tend to be as highly mainstreamed (i.e., does not receive frequent radio or music television airplay). Our programs utilize hip-hop music that contains positive
messages and enhances youth development. By allowing girls to reflect on conceptions of gender in relation to women’s roles historically and in current popular media, our programs facilitate more flexible gender schemas and decrease the likelihood that girls will internalize limited portrayals of African American females.

Studies on the Effectiveness of Our Culturally Specific Approach

As previously mentioned, we have completed three prevention interventions that provide evidence that our culturally specific strategies are effective at increasing protective factors and improving drug-related attitudes in adolescent African American girls. Due to space limitations, we provide a brief overview of three published studies; the reader is referred to papers by Belgrave and colleagues for more information.10, 23–24

A cultural curriculum, based on the format and strategies discussed in this paper, was used in all three interventions. The 15 cultural sessions addressed topics such as relationships, Africa and African American culture, physical appearance, and leadership. Project Naja included 210 girls who participated in an intervention or comparison group.10 The intervention was designed to increase resiliency factors such as self-concept, Africentric values, and ethnic identity. Findings indicated that intervention participants scored significantly higher than comparison participants on Africentric values and racial identity and on self-concept regarding physical appearance at post-test. The Cultural Enhancement Project included 59 African American girls who participated in the cultural intervention or a comparison group. The findings indicate that girls in the intervention component showed a significant increase in ethnic identity, a marginally significant increase in androgynous gender role identity, and a significant decrease in relational aggression.23 Finally, the Cultural Experiences in Prevention Project included 92 African American girls who participated in a culturally enhanced drug prevention intervention or a standard drug prevention intervention as the comparison group.24 Girls participating in the culturally enhanced prevention intervention group showed significantly higher alcohol and drug refusal self-efficacy than did girls in the comparison group. Taken together, the findings from these studies suggest that culturally specific prevention interventions can be effective in increasing resiliency factors and also in promoting alcohol and drug refusal self-efficacy. Participants in these 3 studies were all in early adolescence and from an urban environment so the findings are limited to this population.

Conclusions and Implications for Future Work

The question, What’s culture got to do with it? can be answered in one word: everything. In this paper, we have attempted to delineate the role of culture by illustrating how we have used several aspects of culture in our prevention programs with African American adolescent girls. We provided an overview of several theoretical perspectives relevant to African American girls, including Africentric theory, ethnic identity theory, gender identity theory, and relational theory. We also discussed developmental, community, and historical issues as they also influence the cultural fabric of any targeted group.
Our belief is that prevention programs will be more effective in attracting and retaining participants, engaging participants, and producing more effective outcomes when cultural elements are woven in. The programs described in this paper have proven effective in increasing desired cultural beliefs and practices and healthier attitudes concerning drug use.

Our programs are promising but there are several areas where additional work is necessary. One challenge in determining the best prevention practices is to discern what aspects of culture are relevant to which target group. This involves deciding how best to operationalize and implement the cultural constructs of interest. For example, our more recent work with African American adolescent boys has pointed to differences from girls in cultural constructs as well as the method for implementation. One difference that we have found is that attention to verve, understood as “a desire for creative extemporaneousness and antipathy for the mundane and monotonous [p. 41],”25 is more important in activities with boys than girls. Verve is characterized by an increased taste for stimuli that change by increases in energy level and pace.26 We have also had to address different types of community and familial influences for boys (e.g., potentially negative influence of older adolescents in the neighborhood and the high rate of incarceration of African American males in the community).

Another issue that calls for further investigation is how universal programs can be tailored to a specific target group. We have used cognitive-based programs such as Botvin’s Life Skill Training program and have combined these with cultural curricula and/or strategies.26 Additional research on the relative contribution of culturally integrated programs to desired outcomes is necessary.

Participants in our prevention programs primarily have been African American girls and our prevention efforts primarily have been targeted at reducing negative sex and drug outcomes. Despite the specificity of our programs, we hope that sharing what we have learned will enable other researchers and prevention specialists to better design, adapt, and/or implement culturally competent prevention programs for a variety of target populations and behavioral health issues.

Decisions related to health behaviors (e.g., deciding whether to take drugs) are much more complex than the events at the single point in time in which they occur. There is a pressing need for the development of programs and services that are culturally tailored and address the variety of influences (social, contextual, and interpersonal) on the health decisions and behaviors of individuals. Such programs have the potential to enhance the lives not only of participants, but of their families and communities as well.

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Notes