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To cite this article: Marisol L. Meyer, Jacqueline Del Rosario & Guerda Nicolas (07 Nov 2023): The Values in Perspective Comprehensive Sex Education Program: Experiences of Black Youth, American Journal of Sexuality Education, DOI: [10.1080/15546128.2023.2278529](https://doi.org/10.1080/15546128.2023.2278529)

To link to this article: <https://doi.org/10.1080/15546128.2023.2278529>



Published online: 07 Nov 2023.



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The Values in Perspective Comprehensive Sex Education Program: Experiences of Black Youth

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ABSTRACT

Limited research is available on the acceptability of comprehensive sex education for economically marginalized Black youth. The current evaluation study collected quantitative self-report data from 109 high-school-aged predominately Black or African American economically marginalized youth after completing a comprehensive sex education program. Youth reported positive experiences with the program, improvement in socioemotional skill development, and increases in sexual risk avoidance behavior. Youth report of quality of experience predicted youth sexual risk avoidance. These findings serve as evidence for tailoring comprehensive sex education programs to youth demographic variables.

KEYWORDS

Comprehensive sex education; economically marginalized youth; black youth; adolescent health; sexual risk avoidance

Due to social health determinates, such as socioeconomic status and community resources, Black and African American youth are at an increased risk for adverse outcomes related pregnancy and sexually transmitted infections (STIs) (Cox, 2020). Black females aged 15–19 experience a higher rate of pregnancy than White and Hispanic youth (CDC 2021b). With regard for STI rates, Black youth ages 15–19 in the United States experience higher rates of chlamydia (CDC 2021f), gonorrhea (CDC 2021g), syphilis (CDC, 2021h), human papillomavirus (HPV; CDC, 2021e), herpes simplex virus (HSV; CDC 2021c), human immunodeficiency virus (HIV; CDC, 2021d), and hepatitis B and C (CDC, 2021i) when compared to other racial-ethnic groups.

In the state of Florida, pregnancy rates and rates of STIs in Black youth is typically higher than national rates (Florida Department of Health, 2019d). For example, the chlamydia incidence rate has been on an upward climb since 2014, where rates remain higher for minoritized females (Florida Department of Health, 2021a). Gonorrhea rates also have steadily increased since 2015 (Florida Department of Health, 2021b). Similarly, the

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syphilis incident rate has steadily increased since 2005 (Florida Department of Health, 2019c), disproportionately impacting Black girls. Additionally, a recent study by the Centers for Disease Control and Prevention found that the HIV infection rate in Miami was the highest per capita in the entire country with Black individuals being disproportionately affected (CDC, 2020). These health inequities stem from a variety of complicated systemic issues including barriers to accessing quality healthcare, (e.g., lack of insurance, transportation, and affordable healthcare facilities, stigma and discrimination when seeking healthcare services, limited sex education, economic factors, and systemic racism in a broad sense) (Artiga & Hinton, 2018; Harling et al., 2013; Williams et al., 2019). Economic status and sub-optimal or a lack of sex education are significant factors that impact Black adolescent sexual health.

Influence of Economic Status on Black Adolescent Health

Economic marginalization substantially contributes to poor health outcomes in adolescents, making them more likely to engage in sexual risk taking (Kearney & Levine, 2012). According to the Census Bureau's American Community Survey, the median household in Miami-Dade county earned \$45,275–\$52,837 (U.S. Census Bureau, 2017), with a large percentage of low-income families spending more than 30% of their income to support their housing (Malik, 2019).

Black families in Florida experience significant economic disparities compared to White families (Florida Policy Institute, 2021). According to a report by the Florida Policy Institute, in 2019, the poverty rate among Black households in Florida was 25.9%, which was more than twice the poverty rate among White households (11.7%; Florida Policy Institute, 2021). Additionally, Black families in Florida have a median household income of \$43,364, which is less than half of the median household income of White families in the state (\$89,710; Florida Policy Institute, 2021). These economic disparities can have significant impacts on Black families, including limited access to quality healthcare, education, and housing, which can, in turn, contribute to negative health outcomes and exacerbate disparities in health and wellbeing.

Indeed, research has found a long-standing relationship between economic marginalization and a high risk for teenage pregnancy (CDC, 2021a). In South Florida these economic disparities are typically interwoven with ethnic-racial identity, meaning Black and Hispanic/Latino youth are at greater risk for poor sexual health and related poor life outcomes (Ramirez & Watson, 2021). This aligns with national trends in which youth of color are typically at greater risk for poor health outcomes (Pew Research Center,

2019). The consequences of the intersection of economic inequity and ethnic-racial identity result in Black and Hispanic/Latino teens in South Florida experiencing far higher rates of teen pregnancy than their White peers; Black teens have a birth rate of 26.6 per 1,000 compared with birth rate of 11.3 per 1,000 among White teens, 15–19 years old (Ramirez & Watson, 2021). Relatedly, research conducted with a national sample of young adults also demonstrated that poverty and racial/ethnic identity are associated with a higher likelihood of contracting an STD during one's lifetime (Harling et al., 2013).

Addressing Sex Education for Black Adolescents

Research has demonstrated that socioeconomic status, racial-ethnic identity, and sexual health share a relationship (Banks et al., 2020). Indeed, a qualitative study conducted by Hall demonstrated that harmful stereotypes that persist in popular culture might contribute to low-income Black female youths' participation in unsafe sex practices (2020). In addition to the influence of harmful stereotypes, engagement with unsafe sexual practices was also found to be partly informed by a lack of high-quality sex education (Hall, 2020). Additional research has demonstrated that youth not receiving sexual education are also vulnerable to experiencing sexual abuse, sexual violence, and sexual trauma (McKibbin et al., 2017).

It is imperative to provide culturally responsive, effective health intervention programs to economically marginalized youth (Caruso et al., 2023; Massicotte, 2023). This is confirmed by research demonstrating that strengths-based sex education programming that is responsive to the youth's socioecology can effectively contribute to youth engagement in safe sexual and general health behaviors (Goldfarb & Lieberman, 2021). Sex education programs are typically considered effective when they increase youths' ability to engage in responsible decision-making related to sexuality, provide education regarding sexual and reproductive health, and both understand and respect the importance of consensual intimacy (Robinson et al., 2017). This type of approach to sex education, termed "Comprehensive Sexuality Education" or "Comprehensive Sex Education" (Seiler-Ramadas et al., 2021; SIECUS, 2004; UNESCO, 2018), goes beyond physical aspects of sexuality and includes education regarding socioemotional, cognitive, and legal dimensions of sexuality.

One of the differentiating factors of comprehensive sexuality education is an emphasis placed on developing youths' socioemotional skills to bolster their ability to make decisions that are in alignment with personal, physical, and psychological health (Seiler-Ramadas et al., 2021; SIECUS, 2004; UNESCO, 2018). In an expansive review of the literature, Goldfarb and

Lieberman (2021) found that thirty years of research on the impact of comprehensive sex education reflect strong support for this approach to sex education across youth developmental stages. Similarly, Bordogna et al. (2023) found in their meta-analytic review of randomized control trials that comprehensive sex education programs were likely to reduce pregnancy rates and increase safe-sex behaviors.

Sex Education in Miami

In low-income neighborhoods in South Florida, youth typically receive sexual education through their public or charter school. However, Florida law only ensures that youth receive an abstinence-only sexual education rather than comprehensive sex education. This means that youth in Florida public schools only receive sexual education to the extent that they are taught abstinence is the only way to ensure youth do not become pregnant or contract a sexually transmitted infection (Armstrong et al., 2009); they do not necessarily receive additional components a comprehensive sexuality education could provide. As has been demonstrated by the alarming rates of pregnancy and STI infection in economically marginalized youth of color in South Florida, likely, youth would significantly benefit from the additional socioemotional, cognitive, and legal dimensions of a comprehensive sexuality education. However, despite the current literature highlighting the profound relationship economic marginalization shares with sexual and other health risk behaviors, few studies assessing the impact of comprehensive sexuality education have focused on a sample of economically marginalized Black youth. Indeed, in their literature review, Goldfarb and Lieberman (2021) indicate the need for programs tailored to youth demographic factors, including socioeconomic background and racial-ethnic identity.

Focus of the Current Project

Given this gap in the literature, the current research study aimed to explore outcomes related to economically marginalized Black youth's engagement in a comprehensive sexual risk avoidance program implemented in South Florida. As will be discussed in the following section of this paper, the *Values In Perspective Curriculum* (VIP) provides youth with a comprehensive sex education that aims to bolster youth socioemotional skills to equip them with the intrapersonal and interpersonal skills to make healthy, and adaptive decisions. Importantly, the risk-avoidance dimension of the program aims to reduce youth sexual risk-taking by teaching youth to apply these positive youth intrapersonal and interpersonal skills to situations in which they may otherwise engage in risky sexual health behaviors.

Importantly, given the intersection of economic marginalization and racial-ethnic background in South Florida, this program was also designed to be culturally responsive and value the youth's cultural identity.

Materials and Methods

The current study first aimed to document economically marginalized Black youth's self-report of (a) quality of experience with a comprehensive sex education program, (b) socioemotional skill development, and (c) sexual risk avoidance. Then, the study aimed to assess these variables' relationship and predictive quality. We hypothesized that increased socioemotional skill development and positive program experience would increase youth sexual risk avoidance. Findings from this study may contribute to the broader literature aiming to understand how comprehensive sexuality education programs can be designed to serve economically marginalized Black youth in an acceptable, culturally responsive, and strengths-based manner.

The Values in Perspective Curriculum (VIP)

The Values In Perspective Curriculum (VIP) is a comprehensive sexuality education program to bolster youth socioemotional development and encourage sexual risk avoidance among at-risk youth. The mission of the VIP curriculum is to build youth assets via didactic and interactive lessons to promote healthy choices and lifestyles. This program is a semester-long course that includes approximately 40 hours of instruction. The program emphasizes youth socioemotional skill development, educational attainment, and setting long-term goals for the youth's future. At the same time, the program aims to reduce adolescent pregnancy and birth rates by empowering youth to utilize the socioemotional skills they are developing to negotiate abstinence, resist pressure to have sex and avoid substance use. It should be noted that this curriculum also identifies the benefits of sexual abstinence to prevent the risks of unwanted pregnancies and sexually transmitted infections and the development of skills to delay sexual activity.

For sex education to successfully reduce risk behaviors and negative health outcomes, education must consider the youth holistically (DiClemente et al., 2005). Indeed, research indicates that sex education programming that is responsive to the youth's socioecology can be critical for youth to successfully transition into adulthood (Goldfarb & Lieberman, 2021). Therefore, the VIP program was designed to be implemented as a school-based program. While the youth's teachers administer the curriculum, they are trained to share power with the youth, acting more so as a group mentor who guides the students along at their own pace for the

youth to discover what assets they already have or can develop to lead a healthy lifestyle. Specifically, VIP has a “no preach” culture where teachers guide students to identify personal values and motivations to lead healthy lives rather than imposing the teacher’s system of values on the youth. One key component of the VIP program is the use of “*Reality Lessons*,” in which youth are encouraged to respond to many culturally and socioecologically responsive hypothetical scenarios. When presented with these scenarios, youth are encouraged to respond authentically and jointly explore the possible results of their choices on health outcomes and personal life goals.

The Values in Perspective (VIP) program was implemented at a local school in South Florida, from August 2021 through May 2022. The participating schools were selected based on their risk factors which include teen birth rates, low economic status of attendees based upon free or reduced-priced lunch, high crime areas, and low graduation rates. Once schools meeting these criteria were identified, a needs assessment was conducted to develop a partnership before implementing the VIP program. The current study utilizes data from only one school, given confounding variables related to racial-ethnic make-up differences across schools and facilitator effects across schools that could not be statistically controlled.

Participants

The current sample consists of 109 high-school-aged youth eligible for free and reduced lunch. Participant ages ranged from 14–17 ($M = 15.88$, $SD = .988$), and participant grade levels ranged from 9–12th. Most participants identified their racial identity as “Black or African American” (80.7%), and the majority did not identify as “Hispanic/Latino” (71.6%). Regarding sex assigned at birth, roughly half of all participants identified as female (55.0%). Greater detail regarding participant demographics can be found in [Table 1](#).

Outcome Measures

The VIP exit survey has 25 items with a score range of either 1–3, 1–4, or 1–5 per item, depending on what variable the item was assessing. Specifically, each question measures engagement with risk behavior, active avoidance of risk behavior, or program experience. [Table 2](#) reviews the items and scale for this measure. This measure had good internal consistency when used for this study ($\alpha = .816$).

Table 1. Participant demographics.

		n	%
Sex	Female	60	55%
	Male	49	45%
Age	14	12	11%
	15	24	22%
	16	38	34.9%
	17	35	32.1%
Grade Level	9	32	29.4%
	10	40	36.7%
	11	33	30.3%
	12	4	3.7%
Hispanic/Latino	Yes	31	28.4%
	No	78	71.6%
Race	Black or African American	88	80.7%
	White	7	6.4%
	Other	18	16.5%
	American Indian or Alaska Native	3	2.8%
	Asian	3	2.8%
	Native Hawaiian or Other Pacific Islander	3	2.8%

Procedure

Convenience sampling was utilized to recruit the study participants and teachers who agreed to implement the VIP curriculum. Teachers implementing the curriculum and all other program staff completed a full day of training regarding the implementation of the program before the administration of the program to youth. Additional participatory training was done weekly for the first 30 days.

Youth were eligible if they resided in Miami-Dade or Broward County at the time of the study, were in grades 9–12, and were eligible for free and reduced lunch. Additionally, youth needed to be able to speak and read English proficiently. After the youth was deemed eligible to participate and had proper written consent from a biological parent or legal guardian, students engaged in the program as a school elective in a coed setting for course credit. Students would engage with the program on a rotating schedule in which every other week, they would receive the program twice a week, and every other week they would receive the program three times a week. Individual sessions would take place between either 55–85 minutes.

The classroom teacher and the VIP staff instructor delivered the VIP curriculum. For students in Florida to receive academic credit, a Certified Teacher with the Florida Department of Education must be present during class instruction. After completing the program, youth completed a survey via Qualtrics or paper during the school day. A post-intervention survey was administered upon program completion. All study procedures were

Table 2. VIP exit survey.

Item #	Measure Item	St.			
		Mean	Deviation	Mode	Range
	Has being in the program made you more likely, about the same, or less likely to ...				
1	... resist or say no to peer pressure? ^a	1.12	.39	1	1-5
2	... manage your emotions in healthy ways (for example, ways that are not hurtful to you or others)? ^a	1.34	.71	1	1-5
3	... think about the consequences before making a decision? ^a	1.29	.53	1	1-5
4	... feel comfortable talking with you parent, guardian, or caregiver about sex? ^a	1.88	1.07	1	1-5
5	... make plans to reach your goals? ^a	1.21	.63	1	1-5
6	... care about doing well in school? ^a	1.20	.62	1	1-5
7	... better understand what makes a relationship healthy? ^a	1.17	.42	1	1-5
8	... resist or say no to someone you are dating or going out with if they pressure you to participate in sexual acts, such as kissing, touching private parts, or sexual intercourse? ^a	1.20	.47	1	1-5
9	... talk to a trusted person/adult (for example, a family member, teacher, counselor, coach, etc.) if someone makes you uncomfortable, hurts you, or pressures you to do things you don't want to do? ^a	1.24	.59	1	1-5
10	... plan to delay having sexual intercourse until you graduate high school or receive your GED? ^a	1.38	.68	1	1-5
11	... plan to delay having sexual intercourse until you graduate college or complete another education or training program? ^a	1.57	.88	1	1-5
12	... plan to delay having sexual intercourse until you are married? ^a	1.85	1.15	1	1-5
13	... plan to be married before you have a child? ^a	1.40	.82	1	1-5
14	... have a stead full-time job before your get married? ^a	1.15	.49	1	1-5
15	... plan to have a steady full-time job before you have a child? ^a	1.07	.33	1	1-5
16	... are you planning to abstain from sexual intercourse? ^b	N/A	N/A	N/A	N/A
	How important are each of these reasons in your decision to not have sexual intercourse?				
17	... how it might affect your plans for the future? ^c	3.81	.50	4	1-4
18	... the possible emotional consequences (for example, feeling sadness or regret)? ^c	3.76	.58	4	1-4
19	... the risk of getting a sexually transmitted infection (STI)? ^c	3.93	.43	4	1-4
20	... the risk of getting pregnant or getting someone pregnant? ^c	3.85	.53	4	1-4
	Even if you didn't attend all of the sessions or classes in this program, how often in this program ...				
21	... did you feel interested in Program sessions and classes? ^d	1.32	.61	1	1-4
22	... did you feel the material presented was clear? ^d	1.2	.47	1	1-4
23	... did discussion or activities help you to learn program lessons? ^d	1.2	.51	1	1-4
24	... did you have a chance to ask questions about topics or issues that came up in the program? ^d	1.4	.76	1	1-4
25	... did you feel respected as a person? ^d	1.2	.52	1	1-4

^aResponse options ranged from *Much more likely* (1) to *Much less likely* (5).

^bResponse options included Yes, No, Not Sure. Item Statistics are available in the Results section of this manuscript.

^cResponse options ranged from *Not at all important* (1) to *Very important* (4).

^dResponse options ranged from *All of the time* (1) to *None of the time* (4).

approved by the University of Miami Institutional Review Board. Additionally, the study was registered at the US National Institutes of Health (ClinicalTrials.gov).

Data Analysis

Data were entered into SPSS version 28. Descriptive statistics were first analyzed. Then correlation analyses were conducted using the Pearson

correlation coefficient to identify relationships between the variables of sexual risk avoidance, socioemotional development, and participant program experience. Lastly, regression analysis was conducted with variables for which the extant literature supports a causal relationship.

Results

The following results section will first review participant self-report of (a) socioemotional development attributed to the VIP program, (b) sexual risk avoidance attributed to the VIP program, and (c) quality of experiences within the program. It should be noted that there are no statistically significant differences between participant responses to these variables with regard to participant sex assigned at birth.

Participant Self-Report of Socioemotional Development

Items 1–9 were designed to assess socioemotional development in youth as it related to youth’s ability to engage in responsible-decision making and leverage social support to make adaptive choices. Overall, youth indicated that the program influenced their socioemotional development to a significant degree, most often self-reporting that they are much more likely to make good choices in the future due to their experience in the program across most items. Almost all of the participants indicated that they were much more likely to resist or say no to peer pressure (89%), make plans to reach their goals (87.2%), care about doing well in school (88.1%), better understand what makes a relationship healthy (85.3%), resist or say no to someone if they are pressuring the youth to engage in sexual acts (81.7%) and talk to a trusted adult if someone makes the youth feel uncomfortable, hurts them, or pressures them (80.7%). About three-fourths of all participants indicated that they were much more likely to manage emotions in healthy ways (76.1%), and think about the consequences before making a decision (74.3%). Notably, slightly less than half of the participants indicated that they were much more likely to talk with a parent, guardian, or caregiver about sex (46.8%).

Participant Self-Report of Sexual Risk Avoidance

Items 10–20 were designed to assess sexual risk avoidance in youth as it related to youth’s perception of the likelihood they would engage in safe behaviors or delay sexual activity. Almost all of the participants indicated that they were much more likely to have a steady full-time job before getting married (89.9%) and plan to have a steady full-time job before they have a child (93.6%). Almost three-fourths of all participants indicated they

were much more likely to delay having sexual intercourse until after graduating high school or receiving their GED (72.5%), and plan to be married before they have a child (75.2%). Slightly more than half of youth indicated that they were much more likely to delay having sexual intercourse until after graduating college or completing another education/training program (64.2%) and plan to delay having sexual intercourse until they are married (55%).

When asked if the program inspired the youth to abstain from sexual intercourse, 49.5% ($n = 54$) of the youth said yes, 5.5% said no, 16.5% said they were not sure, and 28.4% did not answer the question. The 54 participants that indicated they would be abstaining from sex were asked to decide how important certain variables highlighted in the program were in their decision to abstain. Almost all youth indicated that the possible ramifications of sexual intercourse on their plans for the future (88.7%), the possible emotional and social consequences (81.5%), the risk of getting an STI (96.3%), and the risk of becoming pregnant or impregnating someone else (90.7%) were very important.

Participant Self-Report of Quality of Experience in the Program

Items 21–25 were designed to assess the quality of the participant's experiences in the program. Almost all youth felt respected as a person while involved in the program (85.3%), felt the material was presented clearly (81.7%), and felt discussion of activities helped them learn program lessons. About three-fourths of all participants indicated that they felt interested in program sessions (73.4%) and felt they had the chance to ask questions about topics or issues that came up in the program (74.2%).

Linear Regression Analysis

To conduct a linear regression analysis, first an average score was calculated for items related to socioemotional development, sexual risk avoidance, and quality of experience in the program. Then, Pearson correlation coefficients were computed to assess the linear relationship between each of these variables. There was a moderate positive correlation between participant average score reflecting the quality of their experience and sexual risk avoidance, $r(105) = .45$, $p < .001$. There was also a weak positive correlation between participant average score reflecting the quality of their experience and socioemotional development, $r(104) = .35$, $p < .001$. Moreover, there was a weak positive correlation between participant average score on items related to socioemotional development and sexual risk avoidance, $r(106) = .31$, $p < .001$.

Given the correlations above, a simple linear regression was calculated to predict participants' sexual risk avoidance based on their quality of experience in the program. A significant regression equation was found ($F(1, 50) = 14.58, p < .001$), with an R^2 of .226. Similarly, a simple linear regression was calculated to predict participants' socioemotional skill development based on their quality of experience in the program. A significant regression equation was found ($F(1, 29) = 8.721, p = .005$), with an R^2 of .151. Lastly, a simple linear regression was calculated to predict participants' sexual risk avoidance based on their socioemotional skill development. A significant regression equation was found ($F(1, 104) = 11.05, p = .001$), with an R^2 of .096.

Discussion

The VIP curriculum is a comprehensive sex education program designed to be implemented with economically marginalized Black youth. Despite being at particularly high risk for poor sexual health and other health outcomes, few studies have attempted to explore how comprehensive sex education programs can serve economically marginalized Black youth by empowering youth to develop and leverage personal, cultural, and community-based assets (Goldfarb & Lieberman, 2021). The current study aimed to explore how the VIP program contributed to youth development of socioemotional skills, engagement in sexual risk avoidance behaviors, and youth experience of the quality of the program in a sample of 109 economically marginalized high-school-aged majority Black or African American youth ages 14–17. Overall, the majority of the sample self-reported that their experience in the VIP program influenced them to utilize adaptive socioemotional skills and avoid sexual risk-taking. Overall, youth indicated they had a high-quality experience while engaged in the program.

Interestingly, positive changes in the study variables did not seem to share a strong relationship. Prior research emphasizes the role of socioemotional development as a central component of comprehensive sex education and other public health concerns in this population (i.e., substance abuse; Goldfarb & Lieberman, 2021; Jones et al., 2015). However, limited research has explored the predictive nature of various dimensions of comprehensive sex education program components with a predominately Black, low SES population. It is possible that the finding that the study variables did not share a strong relationship suggests future comprehensive sexual education programs may better benefit participants by more explicitly connecting socioemotional skills and sexual risk avoidance as interrelated variables that can contribute to youth positive outcomes. The following section will provide a more in-depth exploration of findings from the study with regard

for the relationship between program components that constitute comprehensive sex education and youth self-report of programmatic impacts on behavioral health.

Sexual Risk Avoidance

With regard for avoidance of sexual risk taking, most youth reported plans to delay sexual intercourse until they have attained a high school degree or other form of educational attainment. This finding is promising for the sample's future sexual health outcomes given that delay of sexual debut has been demonstrated by prior research to improve the health outcomes in minoritized populations (Lowry et al., 2017). Moreover, about half of the sample indicated they planned to abstain from sexual intercourse specifically because of what they learned in the program, with most identifying that they intended to abstain from or delay sexual intercourse due to the possible ramifications on their plans for the future, emotional and social consequences, the risk of getting an STI, and the risk of becoming pregnant or impregnating someone else.

Youth's avoidance of sexual risk-taking due to concern about contracting an STI and pregnancy are in alignment with research and theory related to the goals and impacts of sexual risk avoidance and comprehensive sex education programming broadly (Haberland & Rogow, 2015). The finding that youth plan to delay sexual intercourse with regard to the impact it might have on their plans for the future is in alignment with studies that more broadly find that leveraging future orientation in Black youth can be a powerful mechanism to inspire positive behavioral health outcomes (Johnson et al., 2014; McCabe & Barnett, 2000; Stoddard et al., 2011). Lastly, the finding that youth intended to delay or abstain from sexual intercourse due to concerns for the emotional and social consequences are also in alignment with comprehensive sex education programming to the extent that they reflect youth's acquired knowledge for emotional and relational dimensions of sexual intercourse (Goldfarb & Lieberman, 2021). However, they may also reflect the youth's socioemotional development as will be reviewed in the following section.

Socioemotional Development and Sexual Health

Socioemotional skill development is a central component of comprehensive sex education (UNESCO, 2018), partly due to prior research demonstrating that the intentional development of youth socioemotional skills can result in sexual risk avoidance (Taylor et al., 2017). With regard to socioemotional skill development, youth reported a great willingness to engage in

responsible decision-making as it relates to setting and pursuing goals, attaining education, pursuing a desired career, and considering the consequences before making a decision. As previously identified, these findings align with a litany of research that demonstrates Black youth particularly benefit from behavioral health intervention and prevention programs that intentionally leverage youth's future orientation (e.g., thinking about future education, future career, long-term goals, etc.; Johnson et al., 2014; McCabe & Barnett, 2000; Stoddard et al., 2011).

Additionally, youth self-reported an increased likelihood in adaptively regulating emotions, feeling better equipped to resist peer pressure in a broad sense and with regard for pressure to engage in sexual acts, understand what makes a relationship healthy, and rely on an adult if harm occurs in the context of an interpersonal relationship. These socioemotional skill development domains align with guidelines for comprehensive sex education set forth by SIECUS (2004) and have been demonstrated in prior literature to share a relationship with youth's ability and motivation to engage in sexual risk avoidance behaviors (Bordogna et al., 2023; Goldfarb & Lieberman, 2021; Seiler-Ramadas et al., 2021). These findings also align with research more specifically focused on Black youth. Kimmel et al. (2013) highlighted that Black youth often express an interest in sex education that supports youth in making responsible decisions when navigating intense emotions associated with involvement in romantic relationships.

However, one notable finding was that slightly less than half the sample felt comfortable talking with a parent, guardian, or caregiver about sex. This finding aligns with Kimmel et al.' (2013) qualitative study, in which Black youth reported avoiding discussion of sex with caregivers for fear of judgment and punishment. However, it is notable that in their review of the literature, Flores and Barroso (2017) found that African American adolescents were more likely than other racial-ethnic groups to receive information about sex from their caregivers via verbal communication. Nonetheless, this study's finding that slightly less than half of youth felt comfortable talking to a caregiver about sex is unfortunate, given that prior research demonstrates that increasing youth communication skills and intentions to discuss sexual health-related matters with parents can serve as a significant protective factor in promoting youth sexual risk avoidance (e.g., Flores & Barroso, 2017, Rice et al., 2017; Scull et al., 2014; Schuster et al., 2008).

Interestingly, despite youth self-reports of increasing utilization of socioemotional skills and avoidance of sexual risk-taking, only a weak relationship was found between these variables. Moreover, youth self-reports of socioemotional skill utilization explained quite little in the regression model predicting sexual risk avoidance. Unfortunately, the preexisting literature

regarding the relationship between socioemotional skill development and sexual risk taking within comprehensive sex education programs for Black youth specifically is limited. However, when comparing this finding to the broader literature on the relationship between socioemotional skill development and sexual risk-taking, it does not align with prior research. Indeed, prior research has consistently established a stronger predictive relationship between increasing socioemotional skill development and improved sexual health outcomes in youth (Goldfarb & Lieberman, 2021).

Program Experience and Sexual Health

In the current study, the best predictor of sexual risk avoidance was youth quality of experience in the program. Essentially, youth that reported a higher quality experience (i.e., finding sessions to be interesting and clear, finding program activities useful, being able to ask questions, and feeling respected as a person) were more likely to report intentions to delay sexual activity and engage in sexual risk avoidance. These results show that it is particularly important for youth to feel affirmed and safe in environments in which they are discussing topics related to sexual risk avoidance. Indeed, prior research indicates program acceptability is particularly important for sexual education programming targeting Black youth. A qualitative study by Kimmel et al. (2013) found that Black youth often find that sexual education programs are taught in a way that is not engaging nor meaningful and sometimes even humiliating or prejudiced. Instead, youth in this study overall felt interested in the material and respected as individuals. Dimensions of program design such as intentional cultural responsiveness and intentional leveraging of youth agency (e.g., teachers were trained to adopt a “no preach” style of interacting with the youth and use of “Reality Lessons” based on relevant socioecology) may have contributed to youths’ positive experience in the program.

Limitations and Recommendations for Future Study

While the current study benefited from many strengths, a notable limitation was the use of self-report with regard to behavioral outcomes, as social desirability bias may have influenced how youth responded to the surveys (Holden & Passey, 2009). Future studies may address this limitation via the use of alternate methods of data collection, such as reports from caregivers and healthcare providers, as well as via the use of objective assessments when appropriate. Additionally, rich findings from this study point to the importance of future orientation in inspiring Black youth to engage in positive health behaviors. Future studies may follow up on these findings

via qualitative work to deepen the current understanding of future orientation and health outcomes in Black youth.

Moreover, future studies may utilize qualitative methods to elevate the voices of Black youth participants when exploring what dimensions of comprehensive sex education programming can be tailored to increase program acceptability for this population, such as including culturally and socioecological realistic hypothetical scenarios in didactic and interactive lessons.

Conclusion and Study Significance

Taken altogether, it appears that economically marginalized Black youth benefit particularly from comprehensive sex education programs that they find acceptable. This study found that the indicators of program acceptability, inclusive of session content being interesting and clear, useful program activities, creating an environment in which youth feel empowered to ask questions, and making efforts to ensure the youth feels respected as a person, positively contributed to youth experiences. These variables predicted delay in sexual behaviors and avoidance of sexual risk-taking in this population.

Moreover, this population reported increased socioemotional skill development as a product of engagement in this program, citing an increased ability to make responsible decisions and engage successfully in future-oriented behavior.

Disclosure Statement

The authors report there are no competing interests to declare.

Funding

This work was supported by the Department of Health and Human Services Administration for Children & Families under Grant Number HHS-2023-ACF-ACYF-SR-0035, CFDA Number: 93.060

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