

Risking it all for baby's daddy

Why do African-American teen moms shun condoms, at the risk of contracting HIV/AIDS or STIs, to have sex with the father of their child? It's not what you think

By Lucianna Ciccocioppo

Sitting in his office on the second floor of the Bloomberg Faculty of Nursing, Dr. LaRon E. Nelson, a new assistant professor, still shakes his head as he explains the stories he heard as a nurse at a sexual health clinic in Rochester, New York.

He remembers adolescent teen moms, mostly African-American, coming in for assessments, diagnoses, and treatments, worried they had a sexually transmitted infection (STI). He would ask them to fill out the requisite questionnaire, asking, among other things, 'Do you use a condom?' with a box to tick for either 'always,' 'sometimes' and 'never.' Pretty cut and dry, except their answers were anything but cut and dry. Many told him 'always' or 'sometimes'—then qualified it with a "But not with baby's daddy."

"I heard this once, twice, five times and more, and I didn't understand it," says Nelson, a former associate director of public health with Rochester's Monroe County. "So I asked my colleagues in the clinic, 'Have you heard girls say this before?'" The answer was yes, actually, they say that all the time, could you just tick off the 'sometimes' box, LaRon?

"They weren't interested. They didn't see how it could make a difference in how we treat them," says Nelson. But that wasn't good enough for this nurse. Maybe because he's African-American. Maybe because his mother was a teen mom, and he has siblings who were teen moms. Says Nelson: "I wanted it to be my issue, and I wanted to figure it out."

Using focus groups led by a female nurse, more than 30 adolescent girls between the ages of 15 and 19 and who identified themselves as African-American participated and opened up in an astonishing manner on the factors influencing their decision-making and risk-taking among sexual partners.

He discovered there's a clear and categorical classification system of partners, complete with names and defining characteristics and rules—and it was a system that was consistent among all the girls. "Love, trust and perceived seriousness of the relationship factored into their decision-making about risk-taking with pretty much all the partners—except the baby's daddy," says Nelson. This partner was the only partner who held this title and was not tied to the emotional factors because of his biological role.

It didn't matter if the baby's daddy provided little or no financial or parental support. What mattered was trying to maintain some sort of



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relationship between the child and biological father. He heard comments like "I need him to come around and see the child." Says Nelson: "And sex was a way to do that. Calling him up and saying 'Come on over, let's chill' was code." Just showing up and playing with his child would put a smile on the teen mom's face. And then it was payback time, and if he didn't want to wear a condom, so be it.

"It was tough to hear that," says Nelson. "There was this longing for a traditional family unit. In clinic, we conceptualize them as promiscuous girls. But when you talk to them—really talk to them—you think, 'Oh my goodness, she wants a family.'"

For some girls, growing up without a father contributed to their actions. Others explained there was just no way to keep the baby's daddy returning other than this 'free pass' to sex. Nelson says some teen moms stressed the biological father was more important than the current father-figure in the child's life, perhaps a steady boyfriend, who helped out with babysitting so the teen mom could attend school. "From a nursing perspective, we pointed out to the moms that this is considered a family. But to them, a father-figure is not the same; it's not the baby's daddy," says Nelson. The teens stressed there was a 'connection' that they shared with the father of their child.

Fear of contracting an STI or HIV/AIDS is not a deterrent, says Nelson. "A lot of adolescent girls did come in with an STI, and a lot would go back out and do the same thing. They saw it as a consequence of what they had to do, so their baby could spend some time with his or her father." With other partners, there simply was no incentive not to use condoms.

It's not about teaching them about their use, or where to find them, or helping them with negotiation skills. "These girls know where to find condoms, and how to use them. It's about other issues that we don't address at all. It's about asking them about the relationship with the father of their child," says Nelson. "I've never asked those questions in clinical practice, but now that the study is completed, I have some tools to use. I know what to ask next to help her."

This research can help put a different emphasis on counseling at sexual health clinics, says Nelson, who presented his findings to the nurses at the sexual health clinic in Rochester. "They saw this issue differently for the first time, and I could see their perception of this



adolescent group of moms had changed,” says Nelson.

Training sessions at the clinic now include information from Nelson’s study, and health-care providers are encouraged to ask questions about the father’s role. More discussions lead to more connections, as referrals to maternal and baby care and other public health nurses are increasingly made for this group.

There are similar stories on this side of the border as well, says Riffaat Mamdami, BScN 9T9, a health promotions consultant at Toronto

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Public Health, who has worked with teen moms in her nursing career. “There was this desire for some semblance of a normal family life,” says Mamdami, “at the risk of emotional or even sexual abuse.” Mamdami is currently pursuing her master’s in community nursing at the Bloomberg Faculty of Nursing and says these findings can be useful to help create practice guidelines for maternal health programs.

Nelson wants to engage these fathers in the health care of these children from the very beginning of pregnancy, in prenatal programs, not after the baby is born. “I don’t think we do a good job of involving fathers. Many of these programs are very focused on baby and mother. But after the birth, when the teen mom shows up in the sexual health clinic worried about an STI, we’ve missed nine months of having him engaged. And sex is now the leverage.”

Glossary of Sexual Partner-Type Terms

Hubby: is a partner, usually a boyfriend, who holds marital-like status. The adolescent mother perceives that she and this partner are in a life-long, committed, romantic relationship.

Baby Daddy/Baby Father: is defined by the Oxford English dictionary as “the father of a woman’s child, who is not her husband, or (in most cases) her current or exclusive partner.” Adolescent girls’ use of this term suggests biological paternity, while noting a lack of parental involvement.

Boyfriend: is a partner with whom the adolescent girl has established a romantic, committed relationship, one that does not, however, carry the same sense of permanency as “hubby.”

Friend with benefits: is a friendship in which occurrences of sexual activity are allowable and accepted within the bounds of the relationship. This partner-type often does “favours” for the adolescent girl, based on her needs, not as one-for-one transactions.

Boo: is a sexual partner for whom an adolescent girl has a lingering romantic attraction, and also possesses friendship-like qualities.

Friend/Homeboy: is a friendship in which occurrences of sexual activity are allowable and accepted within the bounds of the relationship. There is no lingering romantic affinity.

Shorty/Booty Call: is a partner contacted for the sole purpose of on-demand sexual encounters, which can occur any time of day, but are often arranged to take place in the late evening.

One-Night Stand: is a partner in a short-term, sexual encounter where no previous relationship existed or is expected.

Pop (pop-off): is a partner with an extraordinarily dense network of sexual partners, simultaneously reviled for their indiscriminate copulative patterns, and revered for their sexual prowess.

Source: “Influence of sexual partner-type on condom use decision making by Black adolescent mothers.” National Institute of Nursing Research, Study #F31NR008964