


The Impact of COVID-19 Among Black Girls: A Social-Ecological Perspective

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Abstract

Objective To explore the impact of the COVID-19 pandemic on Black adolescent girls' physical, psychological, and sexual development. **Methods** Semistructured interviews were conducted with 25 girls (9–18 years old) primarily across the Midwestern United States. Interviews were conducted until theoretical saturation was reached. We conducted a conventional content analysis by reviewing transcripts, coding data, and developing themes. **Results** Utilizing the social-ecological model findings revealed themes related to the individual-, interpersonal-, institutional-, and community-level changes that Black girls experienced during the COVID-19 pandemic. **Conclusions** Black adolescent girls need opportunities to discuss the changes, receive relevant resources, and have spaces to support their physical, psychological, and sexual development. Systems such as families, schools, and clinics should implement programming to facilitate discussions around the impact of COVID-19 on Black girls.

Key words: COVID-19; health disparities and inequities; health promotion and prevention; psychosocial functioning; sexual or reproductive health.

Introduction

The 2019 pandemic caused by the coronavirus (COVID-19) revealed yet again the pernicious racial and ethnic health disparities in the United States, particularly for Black communities. Black communities have experienced the highest burden of COVID-19-related infections, hospitalizations, and death (APM Research Lab Staff, 2021) as they are 2.9 times more likely to be hospitalized and 2 times more likely to die from COVID-19 compared to White communities (Centers for Disease Control and Prevention [CDC], 2020). While COVID-19 vaccines have resulted in greater management of the epidemic (APM Research Lab Staff, 2021; CDC, 2020), the benefits have not

been realized equally across racial and ethnic groups. Notably, Black individuals have been less likely to receive vaccinations compared to White individuals (Ndugga et al., 2021) despite efforts to address community concerns (Graham, 2021). Several factors are implicated in the lower vaccination rates in Black communities, including (but not limited to) historical mistrust of the medical system, less available vaccines, and lack of education about the vaccine's utility (Crooks, Donenberg, et al., 2021). These disparities are attributed in part to increased exposure due to high-risk work status, decreased accessibility to health care, and vaccine hesitancy (Laurencin, 2021; Moore et al., 2020).

A major consequence of the pandemic has been the worsening of mental health in children and adolescents worldwide (Schiavo, 2020). The social and cultural disruption and isolation have shifted how families care for their children and adolescents (Smith & Ma, n.d.) due to job loss, change in family dynamics (i.e. divorce), loss of community support, and death of extended families (Moore et al., 2020). These disruptions extended to adolescents' personal lives as they struggled to learn how to cope with the death of family members, the loss of friendships from social isolation, and the delayed learning about their sexual development in schools. Moreover, the recent protests marking the importance of the Black Lives Matter (BLM) movement created a double-edged sword for Black children and adolescents. The widespread support for Black lives has the potential to strengthen child mental health, but the ongoing unrest and constant exposure to police violence have led to higher levels of child anxiety and depression (Davis, n.d.). Especially now, access to mental health services for Black girls and families is critical to stem the growing racial and ethnic mental health disparities in the next generation. Unfortunately, seeking mental health care has been historically challenging for Black communities due to lack of access, mental health stigma, and mistrust, and the pandemic has exacerbated these concerns (Schiavo, 2020). While Black adolescents want support from a culturally sensitive and caring mental health-care provider (Banks, 2021), little is known about Black girls' specific needs during this time.

Adolescence is a particularly critical developmental period in which social systems (i.e., families, schools, and health-care settings) have increased influence on identity exploration, psychological, and sexual development (Brittian, 2012). The COVID-19 pandemic is impacting girls' understanding of their development. Limited peer support (due to social isolation) and family support (due to death and job loss) often leave girls to understand their developmental process alone. Few studies assess the effects of the pandemic on Black adolescent girls without including older Black women or Black boys of the same age. However, Black girls undergo different physical, psychological, and sexual developmental processes, in comparison to their peers (Teitelman et al., 2008). As a result, additional research is needed to address this unique population's concerns.

Black girls enter puberty and develop secondary sex characteristics earlier than their non-Black peers (Karapanou & Papadimitriou, 2010; Pflieger et al., 2013). Puberty is a "risky" period for Black girls marked by rapid physiological changes, becoming sexual beings (Fortenberry, 2013; Halpern & Haydon, 2012; Pringle et al., 2017) and emerging complex sexual identities (Suleiman et al., 2017). Additionally,

Black girls suffer adultification due to their early pubertal development and sexualization by society (Epstein et al., 2017; Karapanou & Papadimitriou, 2010; Krebs et al., 2011). Racism and stereotype messaging, specifically from social media, contribute to elevated sexual and mental health risks among Black girls (Rosenthal & Lobel, 2016; Townsend et al., 2010; Woods-Giscombé, 2010; Woods-Jaeger et al., 2013). However, during social unrest, increased isolation, and educational disruption caused by COVID-19, while simultaneously experiencing developmental changes, poses even more of a risk to their coping skills and may have profound long-term effects on their well-being.

We employed the social-ecological model to better understand the impact of the COVID-19 pandemic on Black adolescent girls (McLeroy et al., 1988), focusing on the social determinants at each level of influence: individual, interpersonal, institutional, and community. The individual level speaks to the characteristics of the individual girl (i.e., race, age, body shape) that influence health. The interpersonal level speaks to familial and peer relationships that influence social identity and development (i.e., rules, social stigma, societal/cultural expectations, and safety during COVID-19). The community level consists of environments (i.e., social media) that promote social norms, resources, and networks (McLeroy et al., 1988). By taking a social-ecological approach, we aim to improve our understanding of the individual- and population-level determinants of the impact of the COVID-19 pandemic on Black girls' physical, psychological, and sexual development. This framework allows us to examine the intersection of systems and multilevel factors that lead to risk, produce inequities, and sustain inequalities, which are critical to addressing health disparities experienced within this population. Therefore, the purpose of this study was to explore the impact of the COVID-19 pandemic on Black adolescent girls' physical, psychological, and sexual development.

Method

Data Collection

Purposive sampling was used to recruit Black girls ages 9–18 years old, meaning that we intentionally sampled young girls, as previous research indicates that this age range captures the most vulnerable phase in girls' sexual development and warrants further investigation (Crooks et al., 2019). Sampling continued until theoretical saturation was reached, meaning that we continued interviewing until the concepts that emerged were fully explored (Strauss & Corbin, 1990). Girls were recruited using flyers posted on social media, (i.e., Facebook and Instagram),

organizations supporting Black girls (i.e., Uniquely You Summit, MEAN Girls Empowerment, and Sisters Supporting Sisters), and sites aimed at Black parents (i.e., private and public school systems). Flyers directed interested girls and parents to contact the first author for further information and screening to confirm eligibility. Following verbal parental consent and girls' assent, eligible girls were scheduled to participate in a semistructured interview. Twenty-five girls were interviewed from December 2020 to April 2021 on Zoom. Interviews lasted 28–76 minutes (mean, 54 minutes) and were audio-recorded. After the interview, girls completed a survey reporting on their demographics, body shape, sexual maturity, identity, and social factors with the greatest influence on their sexual development. Participants received a \$30 gift card of their choice upon study completion.

The original focus of the study was to explore Black girls' sexual and reproductive health, and thus, planned interview questions were related to Black girls' sexual development, bodies, and behaviors. However, as context is critically important in adolescent sexual development (Adimora & Schoenbach, 2005; Champion, 2011; Crooks, Singer, et al., 2021), we decided to include additional questions about the impact and implications of COVID-19 on girls' physical, psychological, and sexual development. Furthermore, recognizing the potential influence of social context, we included new questions about the simultaneous impacts of COVID-19 and police brutality highlighted by the BLM movement on Black communities. For the purposes of this study, we report on girls' responses to the following overarching questions: "How has COVID-19 changed the way you think about your body and health?" and "How has the Black Lives Matter movement affected how you think about your body?" Table I lists additional questions related to COVID-19. Probes such as "Can you tell me more about that?" were used to elicit participant responses. This study was approved by the Institutional Review Board at [institution name].

Data Analysis

The research team of Black cisgender women included an expert in qualitative methods and health disparities among Black girls and women (NC), a clinical psychology student (WS), and a medical student (AD) interested in health disparities research. The last author White cisgender women (GD) contributed expertise in Black adolescent mental and sexual health. We conducted a conventional content analysis consistent with Hsieh and Shannon (2005). Interviews were transcribed, and each team member individually coded the data to identify common responses across participants (Strauss & Corbin, 1990). Codes emerged from the data and were captured by direct quotes from

participants representing keywords, text, thoughts, and concepts (Hsieh & Shannon, 2005). After the codes were finalized, the team created categories that best represented the themes highlighting the impact of COVID-19 (Hsieh & Shannon, 2005). When discrepancies arose, codes were reviewed and discussed at length among the research team until a consensus was reached. The team often returned to participant quotes for additional clarity. Themes were created by team members to ensure the codes captured the nuances of participants' responses. The overarching themes were predetermined to align with the levels of the social-ecological model (individual, interpersonal, family, community) representing data across codes. Data were extracted and organized into a codebook. The codebook was maintained throughout the analytic process and updated to reflect new codes (quotes), categories, definitions of categories, and notes to be used as an audit trail in decision making. Participant pseudonyms are used in reporting quotes to protect their anonymity and confidentiality.

Results

Sample and Setting

We interviewed a total of 25 participants. Girls ranged in age from 9–18 years old (mean age = 14) and 48% were Black, 20% Black Latinas, 16% Black and White (bi-racial), and 16% were African (i.e., Cameroonian, Ethiopian, Somali, Nigerian). Most girls (92%) resided in the Midwest primarily Illinois and Wisconsin, but 8% lived on the east coast of the United States. The majority of girls (60%) received free and reduced lunch, and 48% lived in a two-parent household. Girls identified as heterosexual (68%), bisexual (16%), lesbian (8%), and 8% declined to respond. On average, girls' first menstruation occurred at 11 years old. A majority of the girls (80%) desired to know more about pubertal development, and 52% said their family had the most influence during the adolescent developmental period.

Areas of Social-Ecological Model Most Impacted by COVID-19

Our findings revealed themes related to each level of the social-ecological model: **individual**—physical changes, **interpersonal**—peer social and emotional support and familial changes, **institutional**—safety during COVID-19 and BLM, and **community**—social media impact (McLeroy et al., 1988). We discuss policy-level implications in the discussion.

Individual-Level

Physical Changes

Every participant ($N = 25$) described physical changes that occurred during the COVID-19 pandemic,

Table I. COVID-19 and BLM Questions

1. How has COVID-19 changed the way you think about your body?
2. Has anything new happened to your body since or during COVID-19?
3. Have you been educated (school) about your body during COVID-19?
4. How do you feel about going back to school? How are you feeling being back in school? What could your school do to make you feel safer about returning to school?
5. Have things with your family, friends, and/or partners changed during COVID-19? How has this made you feel?
6. Do you think you touch, hug, cuddle, or kiss people as much now as you did before COVID-19? How has this made you feel?
7. How has the Black Lives Matter movement affected how you think about your body? Has it changed the way you think about protecting your body?

including pubertal transformations, such as getting their periods, developing breasts, getting taller, and having curvier body shapes. Girls described discomfort due to these physical changes and often relied on their mothers or other women in their household (sisters or aunts) to educate them about their bodies. Ayanna, 9 years old, shared, “I am starting to wear training bras . . . My mom got them for me because my little breasts are poking out.” For girls without present caregivers, the school was typically a primary source of health information, but the pandemic left them without this essential resource as many schools shifted to remote learning and opted to delay teaching sex education because of the materials’ sensitive nature. Participants ($N=23$) reported missing this education during a critical time of change. Lucy, 10 years old, stated, “In fourth grade when you were supposed to learn about some puberty stuff but that’s when COVID-19 started so we couldn’t.” Girls worried how the lack of education would affect their understanding of their physical and sexual development. In contrast, girls who attended schools that taught sex education remotely reported limited information retention and poor motivation to learn. Other schools eliminated sex education entirely. Sarah, 11 years old, mentioned, “We don’t really talk about bodies in school.” The absence of formal sex education required girls to turn to families, friends, and the internet to learn about their changing bodies.

Girls ($N=17$) reported that COVID-related restrictions impacted their physical health regimens. Lack of engagement in extracurricular activities, organized sports teams, and recreational activities resulted in unanticipated weight fluctuations. Jasmine, 13 years old, described the implications of weight loss on her social life and relationships with peers:

COVID, really made me happy about my body because, I was the heaviest girl in school, last year, and the year before that. But COVID, I really lost a lot of weight. I lost over a hundred pounds . . . I was exercising, because I was in the house. There was nothing to do. I was just exercising, eating very little and stuff, so I feel like, it helped me . . . as soon as I lost weight, I got my period. And I never had my period when I had a lot of weight, until I lost some . . . I feel like when I did have a little weight on me, I wasn’t able to get a boyfriend . . . and I feel like when I lost some more

weight and . . . I feel like boys in my school would rather date . . . a skinny a tiny girl.

However, Jasmine described unhealthy eating habits such as “starving herself” at times throughout quarantine to feel better about her weight. Other participants ($N=8$) shared similar experiences leading to unhealthy eating habits and weight gain which posed risks to girls’ mental and physical health. Poor diets and eating habits were viewed as responses to boredom or as strategies to cope with the compounding stressors of the current context of the world. Girls described a vicious cycle where they restricted their eating and were obsessed with their weight, which led to low self-esteem and general mood disturbances (e.g., anxiety and depression). Jasmine, 13 years old, shared how this affected her:

I feel like, I was starving myself, at first. And, that’s really it . . . I feel like it was before that. Yeah, I think it was in the middle of COVID because COVID I was eating a lot at first, but then I started to start eating smaller portions and stuff . . . because I feel like I was overeating and stuff like that, or binge eating.

Girls ($N=21$) consistently described mixed feelings trying to meet peers’ body expectations while undergoing body changes. Additionally, lack of communication about puberty at home and in school left them feeling unprepared and afraid to return to school. Vicky, a 17-year-old girl, describes this:

Knowing I’d be coming back to school and seeing some of those people definitely gave me anxiety. Having classes with some of these people in a school like this, where classes are 15 people max, even with one of my classes, when we have breakout rooms, I get so anxious that I’m going to be put into a breakout room with this one girl.

Interpersonal-Level Peer Relationships and Self-Discovery

Participants ($N=18$) expressed that isolation and loss/reduction of peer interactions and relationships provided them time to engage in emotional healing. Girls shared feelings of empowerment and self-love as consequences of the pandemic that may not have occurred without the opportunity to isolate themselves from others during quarantine. Angel, 18 years old, describes this:

At the beginning, yes. I think really what depressed me when reality was a mixture of not having friends because I was alone by myself a lot. I did learn to have fun by myself and enjoy my alone time. Honestly, I don't think I could ever have as much friends as I did before because of my importance to be by myself and love myself.

In contrast, in response to the isolation related to remote learning, girls ($N=9$) experienced emotional distress from the loss of friends, such as depression and anxiety. Amburo, 17 years old, described this, "With friends? Yeah. I feel like I've definitely lost friends and lost the connection with friends. So, we haven't officially cut each other off, but we just stopped talking." The inability to spend time with friends during and outside of school diminished the size of peer networks and the ability to share leisure activities and bodily changes. However, in some cases, the pandemic underscored the importance of supporting oneself rather than relying on others for affirmation. It provided a chance to explore their identity independently or with peers. One participant said that the emotional impact of the pandemic led her peer group to establish a mental health group that fostered community and support using virtual platforms.

We've been friends for years so it didn't really change our dynamic. COVID allowed us to get in tune with self and made me more confident. It forced us to find ourselves within isolation. We also had mental health check-ins and zoom calls. (Makeba, 17 years old)

The pandemic also allowed for the development of self-thought and independence from peer pressure. Girls formed new peer relationships, engaged in self-reflection, and examined their identity leading to improved social-emotional functioning. They also utilized the internet for information for help establishing adaptive physical health routines, support systems, and mental health practices to reduce distress.

Because that was a time (quarantine) where it was so bad. School was terrible and I think I was experiencing depression. Because I did search up the symptoms, but I never really knew what depression was, you know? And that was the time where I started my journey of, I need to make a change. This is so toxic. You're always in this cycle of mentally and emotionally and just exhausted. And that's when I started to do morning workouts, even if it's 10 minutes. I started off with small, 10 minutes, 15 minutes, added on, added on. And now I can't even go a day without working out. . . . And it made me feel comfortable with my body because . . . I'm taking care of my body. (Lija, 18 years old)

Pandemic and quarantine-related restrictions meant more alone time where girls could engage in self-care. Nikkita, 16 years old, reflected on learning how to process feelings she typically avoided. "So sometimes I'll just try to take emotional or mental health days." Participants described that the utilization of Black mental health professionals, together with family and peer relationships, religion, and self-empowerment, allowed them to heal, forgive, and transform their

perspectives and emotional responses to aspects of their lives that existed pre-pandemic and during the pandemic.

Facing the issue. You don't have an escape anymore. You have to sit with yourself, you have to face everything, and I can smile at it now because I've grown, I've forgiven myself on past, a lot of the stuff that I did, and was able to heal from. But it forces you to sit with it. It was bad for a lot of people because people dealt with guilt, people dealt with depression and anxiety. I had anxiety earlier this quarantine and prayed that away. It's gone now. I had so much . . . I had four anxiety attacks a day. (Sheree, 16 years old)

Familial Changes

One of the most visible and tragic outcomes of the pandemic has been the immense loss of life within families. The disproportionate death toll in Black communities required families to find new ways to grieve while trying to stay alive. Traditional ways of grieving (e.g., funerals, family gatherings) typically provided much-needed support but were unavailable due to COVID. The loss of ceremonial processes changed how Black families viewed and coped with death, and the impact on girls was reported to be very stressful:

I was a bigger hugger before. It actually made me really sad because I saw my grandmother on a Friday and I didn't hug her because of COVID. Then she passed away a couple of weeks later and I didn't even get to give her one last hug. (Makeba, 17 years old)

[S]ince my grandfather passed last April I wasn't able to see him because of COVID . . . I was really hurt. (Nikkita, 16 years old)

The inability to grieve with loved ones is likely to have lasting effects on Black girls and negatively impact the way they cope with loss. By contrast, the losses also allowed for greater introspection and promoted growth, maturity, and desire to build stronger connections with their family:

All right, none of you guys are real friends. Bye. That's really how it went. I dropped all my friends. My family, spending as much time as we have spent together during this quarantine.

Additional family-related issues arose from the pandemic. Participants ($N=19$) reported major life changes to their family structures, including financial support, job loss, home location, marriage, and divorce. Girls noted that these changes negatively affected dynamics within the family. Concerns of financial instability put additional pressures on families, and forced relocations added layers of difficulty, including losing an entire support system. Since COVID-19 restrictions made it difficult to connect with others, establishing a new support system in a new community felt impractical to girls, leaving immediate family as the only option for connection. However, family tensions often left girls to their own devices to find support and understanding. Sheree, 16

years old, noted the great difficulty she experienced with a change in family structure:

When my dad told me that they were getting married in December, it literally felt like a death in the family. It felt like the end of my mom and my dad's marriage for real. It hurt deeply, and I didn't know how to process emotions because it was a first time for this type of . . . it was a first time. I didn't know what to do with that. So that was a change that happened. (Sheree, 16 years old)

Institutional Level Safety During COVID and BLM

All participants ($N=25$) reported increased isolation due to quarantining and safety measures against COVID-19. Physical distance requirements and masks decreased social interactions and prompted girls to utilize other sources of information, such as media (i.e., television, internet, social media) to stay up to date on the changing world. Social media has its advantages and disadvantages, as media can also traumatize girls with repeated violence and dismissive countermovements against BLM leaving them feeling unsafe.

Racial tensions brought to the forefront in the media contributed to girls' ($N=20$) distress. The murders of Breonna Taylor and George Floyd were nationally broadcasted events, and the continued mistreatment of Black people by the police amplified the anxiety and stress of our participants. With unemployment at an all-time high, lack of government assistance, increasing death rates due to COVID-19, and lack of acknowledgment of the mistreatment of Black people in the country, civil unrest erupted as individuals took to the streets to protest the injustices in society. Girls reported watching and participating in protests, which were met with mixed feelings of fear and empowerment. This unrest was not exclusive to street protests but rather found its way into homes. Rania, 14 years old, shared:

Okay, so my grandma's White, so she can be like insensitive sometimes, especially with this Black Lives Matter movement, killing of George Floyd, all this stuff, it's sparked some conversations. And I just don't agree with her views and like certain ways she sees things, but what can you do? She's my grandma.

Conversations about race relations between members of Black families were emotionally charged and draining for girls, especially in mixed-race families or when individuals within the same home had opposing views. Girls reported receiving conflicting messages about Black culture, often leaving them confused and rejecting parts of their identity deemed "unfavorable." This confusion was exacerbated by the loss of community to clarify cultural misunderstandings. Importantly, however, the tensions created an opportunity for Black girls to learn more about their history, previously inaccessible in school, and offered a greater

sense of confidence and empowerment as stated by Naomi who is 15 years old:

I like learning more about Black people. I learn something about Black people every single day. I like learning about girls. I like learning all about that stuff, educating myself more every single day. That's what I live for.

Community-Level Social Media Impact

As typical forms of communal events were unavailable, girls ($N=18$) reported that quarantine resulted in more social networking to create a sense of community, promote social norms, and provide access to resources. Yet, social media also had a strong influence on girls' body image, internalization of stereotypes, and messages centered on body ideals of being thin, curvaceous, or physically fit as described below:

I think I've lost weight. I've always been kind of skinny, but I feel like over quarantine . . . it made me have more anxiety, and I feel like I never have an appetite now. I realized how my change of eating habits has affected my weight. (Vicky, 17 years old)

Social media platforms (i.e., Tik Tok, Instagram, and Snapchat) were named as the primary avenue for information related to their body and social norms (i.e., dieting and binge eating). For example, while some girls received health information from health-care providers about their bodies, they were also exposed to messages from social media influencers who displayed their bodies via dancing or through more revealing clothing. Participants described how they faced repercussions, such as public shaming, bullying, and pressure to be provocative after showing their bodies on social media. Overall, social media created an immense amount of pressure on girls to critique or modify their bodies during quarantine. Angel, 18 years old, shared her struggle with body image:

COVID has made me more insecure if anything because I have gained weight. I've lost, gained, lost, gained. It's been a roller coaster. You also see people on social media like, "I lost this much weight during COVID." It gives you time to lose weight but other people are going in the opposite direction. It goes into insecurity. Most people, it's the time for social media blasts. People are posting their bodies more on Instagram. Society wants model perfect bodies at this point. . . .It does make you insecure about it, about your body.

Discussion

Findings highlight the individual, social, familial, and community factors in girls' lives that were impacted by the COVID-19 pandemic. Overall, girls reported physical, psychological, and relationship-related changes as a consequence of COVID-19, including depression, anxiety, weight fluctuations, body image, grief, disempowerment, social isolation, and loss of control. The changes brought by the pandemic created

a mix of positive and negative effects on Black girls' development and psychological well-being.

At the individual level, a majority of participants reported significant psychological and physical consequences, including depression and anxiety, disrupted eating, distorted body image, and both increased and decreased self-esteem. These findings are consistent with other research on the impact of the pandemic at the individual level. For example, [Rodgers et al. \(2020\)](#) found that heightened social isolation, stress, and negative affect due to the pandemic contributed to increased risk for eating disorders. Likewise, [De France et al. \(2021\)](#) showed that adolescent-reported depression and anxiety increased post-pandemic, but these were largely evident in girls rather than boys. In another study, women's disclosure of greater COVID-19-related anxiety was significantly associated with body dissatisfaction and a drive for thinness ([Swami et al., 2021](#)). Mental health problems and body image and weight concerns emerged as major consequences of the pandemic. Health-care providers are well-positioned to evaluate these issues during regularly scheduled appointments and refer for follow-up services as needed.

Our study portrays a culmination of factors that significantly affected Black girls during the pandemic. While sexual and reproductive health information and care are particularly important for Black girls who are uniquely vulnerable to sex stereotyping, hypersexualization, and adultification embedded in the U.S. history of slavery ([Rosenthal & Lobel, 2016](#); [Townsend, 2008](#); [West, 2008](#)), the pandemic's shift to remote learning left many girls without proper sex education, exacerbating existing health disparities for Black communities including sexually transmitted infections (STIs) and HIV ([Hall et al., 2020](#)). Rates of STIs and HIV are disproportionately high among Black females compared to women and girls in all other racial and ethnic groups (CDC, 2020). Targeted efforts are essential to compensate for the losses concerning sexual and reproductive health as a consequence of COVID-19. Community-based organizations, churches, and schools could be leveraged to provide much-needed sex education programming.

On an interpersonal level, one of the numerous strengths of Black communities is the high degree of connection among its members ([Weekes, 2003](#)). It is commonplace for families without biological ties to care for each other, share food, provide childcare, host events, and monitor neighborhood activities. This sense of community increases safety and facilitates education about and passage of cultural norms across generations. However, our findings indicate that the pandemic disrupted community practices of social connectedness as people lost friends and family to death, divorce, and COVID-19 isolation requirements.

Social distancing eliminated the ability to rely on others as a safety net or seek necessary guidance, and girls described anxiety about rebuilding peer and family relationships. These patterns underscore the need for new and comprehensive resources to help families and communities adjust to the changes over the past two years (Smith & Ma, n.d.).

Findings highlight the intersectional impact of COVID-19 across individual-, interpersonal-, and community-level systems. Similar to our study, the research emphasizes how intersectional identities (being young, Black, and female) are related to negative physical, psychological, and sexual health outcomes of individuals during the pandemic ([De France et al., 2021](#); [Hall et al., 2020](#); [Rodgers et al., 2020](#); Smith & Ma, n.d.). Intersectional identities and health outcomes are impacted by the historical context and messaging that perpetuate the social hierarchy ([Crooks, Singer, et al., 2021](#)). [Crooks, Donenberg, et al. \(2021\)](#) explained that racial policies and modern medical practices continue to harm Black communities. Girls in our study expressed feeling unsafe and fearful during COVID-19, which was amplified by the police brutality and social injustice they witnessed through social media. Young Black girls lack protection in countless spaces, particularly within school and family systems ([Crooks et al., 2020](#); [Townsend, 2008](#)). The simultaneous experience of COVID-19 and police brutality during the course of the pandemic may have had even more negative effects on Black girls in comparison to their peers. More research is needed to understand the intersectional impact of social injustice and COVID-19 on Black girls' psychological health.

At the community level, girls expressed increased engagement with social media messaging, which had positive and negative effects on perceived body image and emotional well-being. [Schwartz and Costello \(2021\)](#) explored eating disorders in teens during the COVID-19 pandemic and reported similar findings that increased social isolation, use of social media networks, school closings, restricted access and means to extracurricular activities, and the overwhelming access to COVID-19-related news impacted teens health. In our study, girls described social media as a resource for health information and news, but it also promoted positive health-seeking behaviors and education for Black girls and communities. Health promotion programming and interventions aimed at improving Black adolescents' health outcomes should consider utilizing social media platforms while being cautious about its unintended consequences. Clinicians, more specifically Black therapists, may be more accessible to adolescents through social media or telehealth.

Our findings suggest that Black girls need opportunities to talk about their concerns in safe and supportive spaces. These conclusions have implications for

policy changes. While girls used isolation to improve self-care, they also lost important opportunities to learn about their bodies through school-based sex education. Schools must recognize the importance of delivering sexual and reproductive health information and ensure that all girls receive this. Additionally, the culmination of loss and racial trauma experienced by Black communities centered on the disproportionate COVID-19 deaths and police brutality of Black people, underscore the need for school-based counseling or mental health policies that address the impact of trauma on Black girls resulting from the pandemic and BLM movement. Schools may want to reconsider the effects of policing as drivers of anxiety and fear for Black youth and offer excused time off (e.g., mental health days) or social and mental health support groups within schools to address students' mental health.

Similarly, as girls return to school and public forums re-open, peer relationships may require renegotiation. Quarantine allowed participants to learn and adopt new self-care practices, use online mental health resources, explore identity, and engage in self-empowerment. These newly acquired "skills" should be nurtured and promoted. Findings point to a need for innovative interventions and resources that support the mental and sexual health needs of Black girls post-pandemic. School systems and personnel, medical and mental health professionals, and family members must recognize girls' needs and insist on community resources to support them. Resources such as sexual education and access to information about sexual development (i.e., puberty, menstruation, primary and secondary sex characteristics), mental health resources (i.e., telehealth and access to Black clinicians/therapists) to support intrapersonal and interpersonal changes that arose during the pandemic, and awareness of body image and eating disorder risks should be directed towards Black girls.

Study limitations require careful consideration when interpreting findings. The relatively small sample size of 25 limits generalizability. The study included girls primarily from the Midwestern United States. Hence, findings may be unique to this region where Black girls reside. Future research is needed to explore the impact of racial/ethnic and sexual identities on Black girls' developmental process. Additionally, all of our participants had either one or two caregivers and may not represent girls with no parental support. Future research is needed to explore adolescent physical, psychological, and sexual development post-pandemic.

Our study also emphasizes the need to address intersectional identities and to further explore how participants' experiences of the COVID-19 pandemic may vary by race/ethnicity, age, gender, and sexual

identity. We have provided new information about the impact of the COVID-19 pandemic on Black girls' developmental process. We present recommendations and windows of opportunity to support Black girls' development at the interpersonal, individual, community, and policy levels of the social-ecological model. Our findings highlight the need to create opportunities to discuss developmental changes, receive relevant mental and sexual resources, and have spaces to support their physical, psychological, and sexual development.

Conflicts of Interest

None declared.

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