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Abstract

Social work researchers who identify and define social problems run the risk of leaving their social fingerprints on such problems, as well as their favored solutions to them. As a result, the direction of the research agenda is driven by the focus of the research problem formulation, instead of the cultural relevance. The purpose of this article is to offer guiding principles for integrating cultural relevance into the social work research process. The authors offer definitions of cultural relevance, a rationale for using cultural relevance in social work research, a framework for constructing cultural relevance in the process of research problem formulation, and an example of how this framework applies within the context of HIV prevention education in the African American community.

Keywords

Afrocentric, social work research, cultural relevance, centering, HIV

If we were in an African family meeting I would expect to go into detail about African history and culture, in order to ground the discussion in truly meaningful

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information. . . . It is here that we can come to grips with matters of belonging, purpose, and destiny.

Asa Hilliard III

Discussions of cultural relevance in social work typically occur within the context of social work practice but rarely in research. Researchers have long advocated that social inquiry be performed within a context of culture (Baugh & Guion, 2006). Several social work researchers advocate cultural grounding to tell the stories of the people whom we serve, acknowledging their lived experiences, realities, and other ways of knowing (Mertens, 1999; Schiele, 2000, Saleebey, 1994). However, all too often, the stories of a people or culture are developed by outsiders and then forced on that group. In the case of people of African descent, non-African voices, as informed by outside influences, speak to the realities of African American communities based on stereotypic notions that are often irrelevant or inconsistent with the people being researched. The result is an alien-imposed definition of the phenomenon, the research question, its solution, and its criteria for success. Disturbingly absent from research about African American communities is an authentically Afrocentric interpretation of the subject of research.

A strategy to address this issue involves the social work researcher's engaging in culturally informed research practices at the problem formulation stage. As such, culturally relevant factors, when coupled with socially constructed knowledge in conceptualizing, designing, implementing, and assessing the research problem, presumably lessen the aforementioned biases. As a result, the focus of the research problem formulation drives the direction of the research agenda. In this article, we offer definitions of cultural relevance in the context of African American populations, a rationale for using cultural relevance in social work research, a framework for constructing cultural relevance in the research problem formulation process, and an example of how this framework applies within the context of HIV prevention education in the African American community.

Definitions

Two key concepts must be defined to understand cultural relevance and research with people of African descent—namely, *Afrocentric* and *culture*. What do we mean by Afrocentric? To “center” simply means to view a phenomenon, such as the research question, from the standpoint of the people who are subjects of the study (Asante, 1987). Afrocentric research is then done from

the standpoint of people of African descent—that is, as grounded in their history, culture, experience, and knowledge (Asante, 1998). Disciplines that advocate for this perspective include Black psychology, womanist theory, and Black studies (Collins, 1991; Mazama, 2003; Nobles, 1985; Tillman, 2002). Baldwin (1990) posits that African psychology's conceptual framework is directly related to African reality. In this context, *African* refers to all people of African descent throughout the diaspora, including Africa, North America and South America, Europe, and the Caribbean.

Afrocentric scholars studying African American people have to be well grounded in African history and African American history, as well as African American culture, to tell the story of African peoples' life experiences and life chances from their perspective (Kershaw, 2004). The approach of Afrocentric research is to center the question in the lived experience of the African peoples. Once centered or contextualized, the phenomenon is viewed from not only a contemporary perspective but a historical perspective as well. Several Afrocentric scholars have made important contributions in defining the concept of Afrocentric epistemology. Asante (1993) stated that an Afrocentric perspective is an orientation to data that places African people as participants and agents in the shaping of their life chances and experiences. What this means is that phenomena must be observed from a multidimensional perspective. Karenga (1988) makes a similar argument in writing that an Afrocentric approach is essentially intellectual inquiry and production centered on and in the image and interest of African peoples.

When the Afrocentric perspective is applied to social work research, such a perspective can help generate information on the implications of human behavior and social events in the lives of people of African descent (Schiele, 2000). An Afrocentric consideration of historical events, policies, and behaviors has similar goals as other contextualizing forms of research (i.e., feminist research, participatory research, empowerment research, and appreciative inquiry). The difference is that African American experiences and culture are placed at the center of the research question, which allows culturally meaningful constructs to emerge and become part of the research agenda. This article later details a process for how this placement can occur.

A basic premise of an Afrocentric approach is that culture matters—in the past, in the present, and in the future. It is sometimes difficult to identify exactly what culture is, because we easily accept and perpetuate its tenets. Drawing on these definitions, we say that culture is a geopolitical reality formed by a group's struggle to obtain materials in the context of their daily lives (Akinyela, 1996; Giroux, 1983). The meaning and nature of culture are derived out of the lived experiences of different social groups and the practical

activities of the ownership, control, and maintenance of institutions. Based on this definition, culture is not simply a flat map depicting a superficial view of a phenomenon; rather, culture is a typography of historical and social hills and valleys that, when deconstructed, illustrate contextual experiences with clear links to the past and distinct consequences for the future. Having defined our key terms, we can now address the rationale for building cultural relevance into social work research.

Let's take HIV prevention, for example: Early prevention messages were not traditionally tailored to communities of color; they focused more on gay White men. However, the rates of HIV and AIDS are disproportionately affecting communities of color—specifically, African American women (Gilbert & Goddard, 2007; Thomas, Bunch, & Card, 2003). The racial disparities in HIV/AIDS infection rates and service delivery have served as supporting evidence for the need to construct culturally sensitive, relevant, and competent service delivery (Thomas et al., 2003). As the HIV/AIDS epidemic grew at disproportionate rates, prevention programs began to target communities of color, therefore exacerbating the need to implement programs in a culturally competent manner. Owing to the belief that culture shapes and influences the way that people think about health, illness, gender, and sexuality, a program's ability to deliver services in the context of that culture has serious implications for access and quality of preventative services and care (Thomas et al., 2003). If you liken that perspective to HIV/AIDS preventative research, you can clearly see the need for a researcher to ground his or her inquiry into the culture at hand (e.g., African American women) to produce relevant knowledge that will serve as the foundation for prevention programs and care.

For African American women, Gilbert and Goddard (2007) suggest using an African-centered approach to HIV/AIDS prevention, which would allow for the reflection of true life circumstances. It would also target the core barriers to prevention (e.g., poor perception of future quality of life), as opposed to isolated risky behavior and its relative prevention (e.g., unprotected sex and condom usage). As we move toward evidence-based practice and culturally grounded service delivery, we need to make sure that the research guiding our practice is truly evidence, as defined by the target group, and not merely imposed perspectives.

Rationale

In her book *Decolonizing Methodologies: Research and Indigenous Peoples*, Smith (2002) attributes this polarization, “insider/outsider,” to the fact that

most researchers, even those of color, are primarily trained within Western academies and use those disciplinary practices. Even indigenous researchers, such as those trained in the ways of knowing of tribal communities, struggle against socially imposed ways of knowing. Many indigenous researchers individually have great difficulty engaging with the apparent disconnections between the demands of research and the realities they encounter among their own indigenous communities and others with whom they share lifelong relationships.

A number of ethical, cultural, political, and personal issues can present special difficulties for indigenous researchers who in their own communities partially work as insiders; are often employed for this purpose; and may work across clan, ethnic, linguistic, age, and gender boundaries. They simultaneously work within their research projects and institutions as (a) insiders within a particular paradigm or research model and (b) outsiders because they are often marginalized and perceived to represent an African or rival interest group. Collins (1991) refers to this positioning of research as “the outsider within.” Figure 1 illustrates this relationship, depicting the dominant path of outsider-imposed constructs, such as government, research, and media, as opposed to the socially constructed ways of knowing that emerge from within the community, including folk art, music, and stories. The bold, broken, and directional lines depict the historically marginal role that African American people have played in defining the research agenda supposedly designed to improve their quality of life.

Cultural relevance and the identity and social location of the researcher have been debated for more than a decade. S. Hood (1998, 2001) argues that researchers of color are more able to bridge the gap among cultural nuances because of their shared understanding of African realities. Madison (1992) goes further in saying that researchers who have minimal contact with other African groups, regardless of ethnicity, may not be the most suitable to decide whether a particular intervention is appropriate for meeting their needs. Ultimately, the insider/outsider dilemma must be taken seriously if we are to move beyond superficial connections of race, class, and gender. If transformation is truly the goal of any inclusive paradigm, then the lives and experiences of marginalized groups must be placed at the core of the research context (Mertens, 1999). Consequently, the only way to ensure that relevant African perspectives are included in the problem identification/formulation phase is to center the research agenda in the lived experience of African American communities.

An Afrocentric perspective, as it relates to being well grounded in a people’s understanding, involves the researcher’s having an affinity, knowledge,

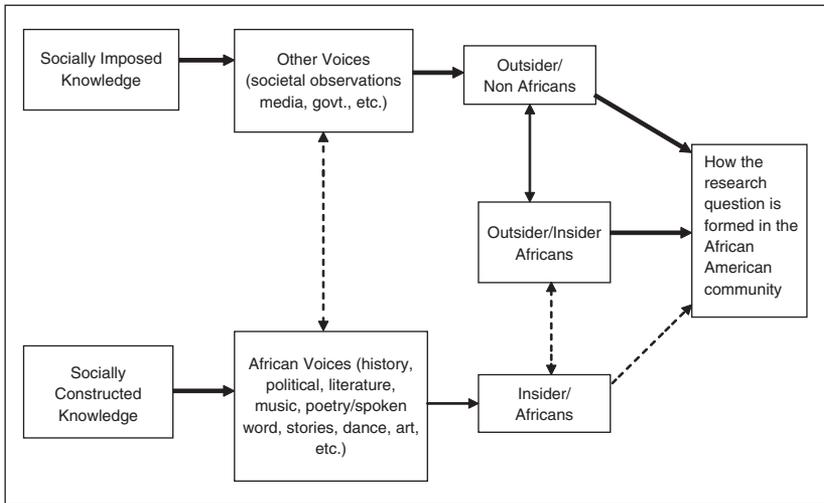


Figure 1. The historical path of knowledge development in African communities. The relationship is suggested by the direction of the arrows, and the strength of the relationship is based on whether the line is solid or broken. Stronger relationships are represented by solid lines, and more tenuous relationships are represented by broken lines.

and respect for the history, culture, and knowledge of African-descendant people. This does not preclude non-African group members from conducting culturally competent research; however, the research agenda must serve the interest of the African-descendant persons of study. According to Kershaw (2004), we should ask some or all of the following questions when defining the research question and the antecedents and outcomes concerning a people’s life experiences and life chances: “How did they / do they understand relevant historical and contemporary phenomena related to the question?” “How have their attitudes and behaviors been shaped and misshaped by this phenomenon?” “What are the factors that they see as being important?” “How do we know?” “Where are their words?” “When are they speaking?” and “Where is their voice?”

In the final section, we draw on the work of Smith’s indigenous research agenda (2002) to identify techniques for building cultural relevance into the problem formulation of social work research. Several critical concepts guide Smith’s framework: healing, decolonization, transformation, and mobilization. For the purpose of illustration, we use the Afrocentric approach

to enhance cultural relevance as it relates to HIV prevention education in the African community.

An Overview of Building Cultural Relevance in Social Work Research

Smith (2002) uses the metaphor of ocean tides to represent the movement, change, process, life, and inward and outward flow of ideas, reflections, and actions. The four directions identified here—decolonization, healing, transformation, and mobilization (instead of north, south, east, and west)—represent processes. They are not goals or ends in themselves. They are processes that connect, inform, and clarify the tensions among the local, the regional, and the global. Each process is accompanied by questions related to the related physical, economic, spiritual, and psychological antecedents. The answers to these questions ultimately help identify and frame the culturally grounded practices and methodologies.

Four major tides are represented as survival, recovery, development, and self-determination. These nonsequential conditions are states of being through which African communities move. Survival is subject to some basic prioritizing: survival of a people as physical beings; survival of languages, social and spiritual practices, personal relations; and survival of the arts. Recovery is a selective process often responding to immediate crises rather than a planned approach. Recovery is related to the reality that African groups are not in control and are subject to a continuing set of external conditions. Development suggests stability, in that a group can engage in critical reflection and planned movement forward. Finally, at the core is self-determination—the ability of a people to name themselves, define themselves, and govern in their own best political, economic, and social interest.

This Afrocentric research agenda is broad in its scope and ambitious in its intent. Some aspects make this agenda quite different from the traditional research approaches; other elements, though, are similar to any research agenda that connects research to the “good” of society. The different elements can be found in key words, such as *healing*, *transformation*, *spiritual*, and *self-determination*. These terms seem at odds with the research terminology of Western science, much too politically interested than neutral and objective. The intentions conveyed by these terms, however, are embedded in the social work code of ethics (National Association of Social Workers, 1996). For example, the belief that research will benefit individuals, families, and the communities in which they live conveys a strong sense of values, ethics, and social justice.

Application of Smith's Model to HIV Prevention Education and Research

According to the Centers for Disease Control and Prevention (2007), the HIV/AIDS epidemic is a health crisis for African Americans in the United States. At all stages of HIV/AIDS—from infection with HIV to death with AIDS—African Americans are disproportionately affected, as compared with members of other races. According to the 2000 census, African Americans make up approximately 13% of the U.S. population. However, in 2005, African Americans accounted for 18,510 (49%) of the estimated 38,096 new HIV/AIDS diagnoses in the United States. Furthermore,

- of the estimated 18,849 people under the age of 25 whose diagnosis of HIV/AIDS was made during 2001–2004 in the 33 states with HIV reporting, 11,554 (61%) were African American;
- of all African American men living with HIV/AIDS, the primary transmission category was sexual contact with other men, followed by injection drug use and high-risk heterosexual contact;
- of all African American women living with HIV/AIDS, the primary transmission category was high-risk heterosexual contact, followed by injection drug use;
- of the estimated 141 infants prenatally infected with HIV, 91 (65%) were African American (Centers for Disease Control and Prevention, 2006);
- the rates of HIV/AIDS among persons 50 and older are 12 times as high among Blacks (51.7 per 100,000) and 5 times as high among Hispanics (21.4 per 100,000) as compared with Whites (4.2 per 100,000; Centers for Disease Control and Prevention, 2008).

Despite the high rates of knowledge about the transmission of HIV and the numerous media messages indicating that only condoms and barrier methods can protect against the infection, African Americans are still not making a connection between collective risk and their personal need to use condoms when participating in sexual intercourse.

When we use Smith's model (2002) to center the phenomenon of HIV/AIDS in the lived experience of African American people, we have a collective experience based on 400 years of slavery, 200 years of Jim Crowism in the South, and 40 years of de facto segregation nationwide. Collins (2004) attributes these oppressive factors to African Americans' inability to define healthy gender ideology outside the dominant culture. Figure 2 translates

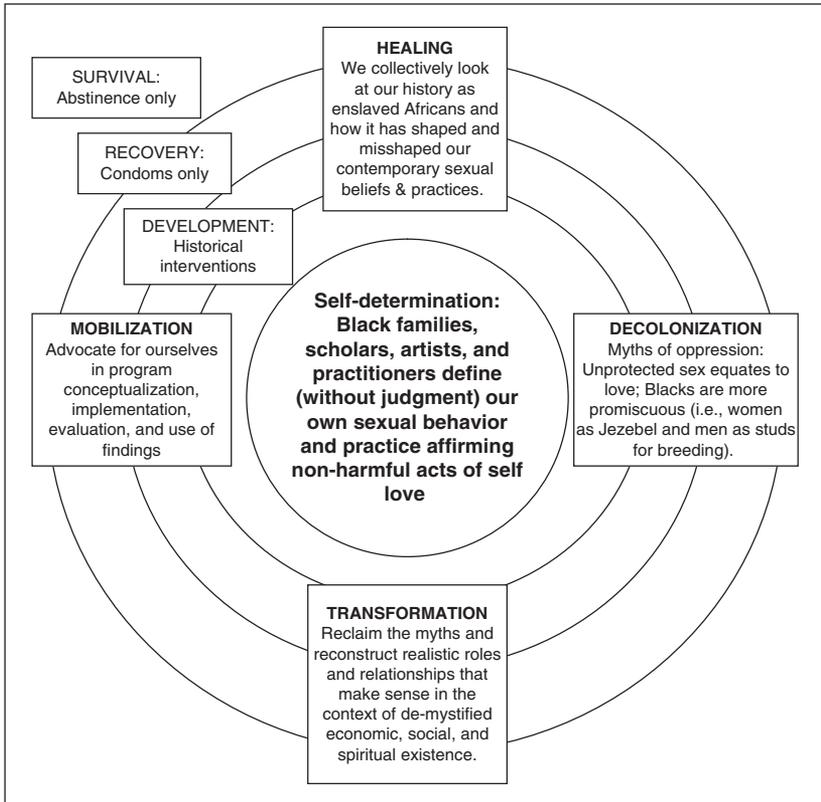


Figure 2. An Afrocentric approach to HIV/AIDS prevention education and research

Smith's model in the context of HIV/AIDS prevention education strategies. The first tide, survival, is represented by one-dimensional approaches, such as protection-only HIV/AIDS strategies (e.g., the distribution of condoms and dental dams). Barrier methods are an important tool in preventing the spread of HIV; however, absent education on appropriate usage (placement, removal, condom material, type of sex, etc.), singularly focused strategies can be rendered ineffective.

The second tide, recovery, represents a return from a setback—that is, obtaining a state of normalcy. In the context of this conversation, normalcy is present in the form of instruction or education. To be instructive means

that enough experience and information have been gained so that proactive rather than reactive measures can be taken. HIV education strategies are typically guided by theory or values (e.g., cognitive-behavioral, health belief, faith based). The limitation with theory driven or value laden frameworks is that they minimize the importance of context. For example, ABC is a popular faith based framework that emphasizes (A) abstinence for youth, including the delay of sexual debut and abstinence until marriage; (B) being tested for HIV and being faithful in marriage and monogamous relationships; and (C) correct and consistent use of condoms for those who practice high-risk behaviors. Although this HIV educational approach goes a step beyond survival approaches in that it informs participants about the history and consequences of the disease, it advocates a narrow response that has little appeal beyond specific populations (i.e., such as fundamental Christians and public school officials).

The third tide is that of development. In the context of HIV education, the combination of information, skill building, and use of protective methods allows individuals to gain knowledge and create skills that increase safe sex practices. Although these approaches facilitate efficacy around sexual relevance, they are generic in their knowledge base and so lack cultural grounding. So whereas they are helpful in mediating HIV rates, they do not allow individuals to see their sexual choices in the context of culture and historical events.

Finally, the fourth tide is that of self-determination. When self-determination is placed at the center of the HIV/AIDS education in the African community, the issue transcends socially imposed constructs of the HIV to issues of non-judgmental, affirming definitions of sexual rights, behavior, and the practice of nonharmful acts of self-love. Issues of healing, decolonization, transformation, and mobilization crystallize in the face of the historic struggle of ownership of the Black body and its offspring.

The aforementioned example falls within all the parameters of centrism, which is met by locating African-descended people to their centers and granting legitimacy through their voice, experience, and deeds. In this example, *centering* refers to the historical and social context that influenced our sexual relationships for more than 400 years, as well as our understanding of how the myths of oppression continue to influence our thoughts and behaviors today. A reason for research that falls under the assumption of centrism is the generation of socially constructed knowledge. In centering the phenomenon in the lived experience of Africans in America, other culturally relevant questions emerge that include but are not limited to the following: How have the effects of enslavement disconnected Black men and women from their bodies? What

is the extent to which oppressive myths have shaped our contemporary body images? How do these historical factors influence our gender identities and sexual practices? How can we reclaim and transform negative body images? How can we mobilize to perpetuate this reclaimed notions of self?

Summary and Conclusions

To summarize, research implications are far-reaching, and as such, researchers must successfully integrate cultural relevance into the social work research process. They need to engage and validate the voice of the people in question to partner and create a culturally relevant research agenda. Without this integration, we position our research to translate into practice and policy that are culturally ignorant. Policy in turn influences the allocation of funds, community resources, and other structures that affect the human condition. If research ignores cultural realities and needs and if it fails to acknowledge the voice of the people, policy will follow suit. This can be especially true for communities and people of color.

Therefore, building cultural relevance into social work research relies on the insights of various disciplines, as shaped by three major criteria: centeredness, culture, and self-determination. Four questions serve as a guide to achieving these criteria: First, in relationship to the research question, what are the historical issues from which the community needs to heal? Second, in relationship to the research question, what are the myths or misperceptions about the behavior of the community? Third, in relationship to the phenomenon, what are the culturally relevant examples of how the community has been transformed? Finally, in relationship to the phenomenon, how has the community mobilized others to affect change?

Ultimately, we believe that this Afrocentric framework, alone or in conjunction with Western methodologies, can help social work researchers integrate cultural relevance into their research agendas that support self-determination for the communities they serve.

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