HIV Risk Reduction Behaviors in Adolescent Females: The Influence of Mastery & Self-Esteem

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Introduction

Problem Statement

- AIDS—A leading cause of death in adolescents & young adults
- Adolescent females—Particularly at risk
- Minorities—Over-represented among those diagnosed with AIDS

Theoretical Rationale

- Rising risk of heterosexual-transmitted HIV infection is related to unequal status in relationships (Amato, 1995)
- Gender power relationships between young men and women covary and constrain choices in HIV risk reduction behaviors (Eliner, 1996)
- Mastery & self-esteem may have a bearing on HIV risk reduction behaviors in adolescent females

Aims of Study

- Examine the relationships among mastery, self-esteem and HIV risk reduction behaviors in a culturally diverse group of adolescent females
- Determine if differences exist in relationships among mastery, self-esteem and HIV risk reduction behaviors across three cultural groups

Methods

- Site: Adolescent clinic in northeastern city
- Sample: Adolescent females 15-19 years
- Procedures: Anonymous questionnaire
- Measures: Pearlin Mastery Scale, Rosenberg Self-Esteem Scale, Rosenberg Self-Esteem Scale, Massey High Risk Sexual Relationship Scale
- Data Analysis: Multiple Regression

Findings

HIV Risk Reduction Behaviors

N=224
- HIV Risk Reduction Behaviors
- Total Sample M=60, S.D. 3.41, Range 0-11

Hypothesis 1 — Total Sample

N=224
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Significant and inverse relationship between age & HIV risk reduction behaviors (beta=-.367, p=.040) and income (change in predicted mean accounting for 5.5% and 5.5% of explained variance respectively)

Hypothesis 2A—Black Participants

N=90
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Significant predictors were age (beta=-.236, p<.013) and income (change in predicted mean accounting for 3.6% and 5.5% of explained variance respectively)

Hypothesis 2B—Latina Participants

N=58
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Age not significantly related to HIV risk reduction behaviors

Hypothesis 2C—White Participants

N=74
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Global nature of mastery and self-esteem not significantly related to HIV risk reduction behaviors

Research Hypotheses

- After accounting for the influence of selected demographic variables, mastery will moderate the relationship of self-esteem and HIV risk reduction behaviors

Data Analysis: Multiple Regression

Hypothesis 3

N=224
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Significant and inverse relationship between age & HIV risk reduction behaviors (beta=-.340, p=.013) and income (change in predicted mean accounting for 4.9% and 5.5% of explained variance respectively)

Hypothesis 4

N=90
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Significant predictors were age (beta=-.236, p<.013) and income (change in predicted mean accounting for 3.6% and 5.5% of explained variance respectively)

Hypothesis 5

N=58
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Age not significantly related to HIV risk reduction behaviors

Hypothesis 6

N=74
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Global nature of mastery and self-esteem not significantly related to HIV risk reduction behaviors

Hypothesis 7

N=224
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Significant and inverse relationship between age & HIV risk reduction behaviors (beta=-.367, p=.040) and income (change in predicted mean accounting for 5.5% and 5.5% of explained variance respectively)

Hypothesis 8

N=90
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Significant predictors were age (beta=-.236, p<.013) and income (change in predicted mean accounting for 3.6% and 5.5% of explained variance respectively)

Hypothesis 9

N=58
- Mastery and self-esteem not significantly related to HIV risk reduction behaviors
- No moderating effect of mastery
- Age not significantly related to HIV risk reduction behaviors

Conclusions

- Global nature of mastery and self-esteem as opposed to particularity of HIV risk reduction behaviors
- Developmental issues related to mastery & self-esteem
- Future mastery—The risk factors in HIV

limitations

- Subjective self-report
- Cross-sectional design
- Data reduction implicit in quantitative methodology
- Purposive versus random sampling
- Findings restricted to participants & context of data collection

Implications for Future Research

- No “not knowing” is a strange way of knowing.”
- No significant relationships between minority status & HIV risk reductions, but enhanced understanding of what did not provide explanatory value
- Demographic predictors of HIV risk reduction behaviors

Recommendations

- Qualitative research related to HIV risk-taking & risk reduction behaviors
- Development of reliable and valid measures of HIV risk-taking & risk reduction behaviors
- Predictors of HIV risk-taking/risk reduction
- HIV prevention interventions

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