



Original article

Theory-Based Behavioral Intervention Increases Mother–Son Communication About Sexual Risk Reduction Among Inner-City African-Americans

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ABSTRACT

Purpose: African-American adolescent males are at increased risk for HIV, yet there are few sexual risk-reduction interventions targeting this population. Interventions that include mothers can influence parenting behaviors and in turn, reduce risky behaviors in adolescents. This study tests the efficacy of the Mother–Son Health Promotion Project at increasing mother–son communication about sexual risk reduction.

Methods: African-American mothers with their sons (ages 10–15 years) residing in public housing in Philadelphia, Pennsylvania were randomized into a HIV/sexually transmitted infections risk-reduction intervention consisting of 16 1-hour modules or an attention-matched health-promotion control intervention. Mothers and sons completed surveys pre-intervention, immediately postintervention, and at 3-, 6-, 12-, 18- and 24-months postintervention.

Results: Of 525 mother–son dyads, 366 (69.7%) completed the 24-months postintervention follow-up survey. Generalized-estimating-equations models using both mothers' and sons' reports revealed that over 24 months, mothers and sons in the HIV/sexually transmitted infections risk-reduction intervention were more likely to communicate about sexual health, including sexual intercourse, birth control, HIV/AIDS prevention, and condoms. Intervention efficacy was found to weaken over time.

Conclusions: This culturally grounded, theory-based intervention was efficacious in increasing mother–son communication about sexual risk reduction. The work highlights the value of the intervention to increase parental protective factors, including communication by mothers, to decrease HIV risk behaviors of African-American adolescent males.

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IMPLICATIONS AND CONTRIBUTION

This study extends the current literature by highlighting the efficacy of a culturally grounded theory-based intervention designed to help low-income African-American mothers communicate with their adolescent sons about reducing risky sexual behaviors. It contributes to our understanding of the intervention elements that influenced effective sexual risk reduction communication.

While behaviors are often thought of as individual choices [1], the ecological model [2] frames individuals in a more dynamic

way: individuals influence and are influenced by the systems they live within. For adolescents, parents play a critical role in influencing sexual debut and safer sex behaviors [3,4], and this is particularly true for racial/ethnic minority adolescents [5,6]. Sexual risk-reduction interventions targeting low-income African-American adolescents are a high priority [7,8] and need to involve parents in a multiple system approach [4,9]. To better understand

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the influence of African-American mothers' communication on their sons' behaviors, a theory-driven sexual risk-reduction intervention was implemented with African-American mothers residing in public housing communities in a large urban area [10]. The goal of this work was to test the efficacy of the intervention in increasing mother–son communication about sexual risk reduction.

Sexual risk behaviors

Adolescence is a developmental period in which many adolescents engage in sexual exploration. Almost 50% of 9–12th graders report having had other or same-sex intercourse [11,12]. Yet differences in risk behaviors exist by age, gender and race/ethnicity, placing some adolescents at greater risk than others. For example, older adolescents are more likely to report engaging in sexual activity (58.1% vs. 24.1% in 12th vs. 9th grade) [11]. Boys are more likely than girls to report ever having sex; these disparities increase when race is taken into account, with African-American adolescent males more likely than their female counterparts to report vaginal sex (58.8% vs. 37.4%) [11]. Among 9–12th graders, African-American adolescent males are more likely to report two behaviors that place them at increased risk for sexually transmitted infections (STIs), including HIV: vaginal sex before the age of 13 years (12.1% vs. 3.5% of white males) and vaginal sex with four or more partners (28.2% vs. 15.3% of white males) [11]. Further, while African-American adolescent males are more likely than their peers to report condom use at last sex, condom use declines over time [11]. These early behaviors put African-American young men at increased risk for STIs, including HIV [13]. As these data highlight, African-American adolescent males are in need of effective sexual risk-reduction interventions [14].

Parent Influence on behaviors

Parents have been shown to influence adolescent risk behaviors, including sexual initiation and condom use [15,16] and are often noted as the adolescents' primary source of information about sex [17]. This may be due to the essential role of parents in the creation of family norms and expectations facilitated through parent–child communication [18]. Mothers are more often cited as communicators about abstinence and safer sex, particularly in African-American families [19] and mothers communicate more with their sons about sex than do fathers [16,20].

Parent–child communication is one of several family factors that decrease sexual risk behaviors in adolescents [4]. In particular, communication by African-American mothers is associated with fewer sexual risk behaviors, more consistent condom use, and greater condom use intentions among adolescents [5,20,21]. For African-American mothers and sons, a more positive relationship predicts delayed sexual debut, condom use self-efficacy, and fewer sexual partners [20,22].

Parent-child communication interventions

Notwithstanding the benefits of parent–child communication, parents may avoid communicating about sex owing to fear of not knowing what to say [23] or concerns that the conversation might go poorly [24,25]. Interventions targeting communication have been found to positively influence parent–child sexual risk communication [9,26]. As well, such

interventions have been successful at increasing condom-use skills and self-efficacy among adolescents [9]. One meta-analysis found that interventions primarily targeting parents increased condom use and decreased sexual activity among African-American and Latina youth; cultural tailoring was also an effective strategy [14]. Importantly, parent–child communication interventions that were parent-focused (vs. combined or youth targeted) showed more consistent positive influence on reducing sexual risk behaviors in adolescents [14]. Therefore, having parents receiving specific training to improve communication frequency and contents can be an effective approach to reduce sexual risk behaviors of adolescents.

Different from previous programs [27,28], the randomized controlled trial reported here tested the efficacy of an intervention [10] targeting low-income African-American mothers to increase sexual risk communication with their adolescent sons over a 24-month follow-up period. We hypothesized that the intervention would increase mother–son communication during the post-intervention period compared with the control group. In addition, we tested whether mothers' age, education, and marital status and sons' age moderated the intervention's efficacy.

Methods

The study was approved by the Institutional Review Board at the University of Pennsylvania. Participants were recruited through a list of names of African-American mothers with sons 10–15 years of age provided by the Philadelphia Housing Authority and via flyers posted in the housing communities. Women who had a son 10–15 years of age who resided with them and who planned to remain in the area of the study for the next 24 months were eligible to participate. If the woman had more than one eligible son, the oldest eligible son was invited to participate. Mothers provided written informed consent and parent or guardian permission for their sons' participation, and sons provided written assent [29]. The intervention only involved the mothers; data were collected from both mothers and their sons.

Intervention

Computer-generated random number sequences were used to randomize the mother–son dyads within housing communities to an HIV/STI risk-reduction intervention or an attention-matched control intervention using concealment of allocation techniques. One researcher prepared and another implemented the assignments. During recruitment, public housing authorities, potential participants, and recruiters were blind to the participants' randomized intervention assignment. The nature of the intervention precluded masking the facilitators and participants to the group assignment during the interventions.

Trained African-American female facilitators from the mothers' housing sites who had a high school diploma or GED implemented the interventions in a small group format (six to nine mothers) at the public housing communities. The HIV/STI risk-reduction intervention was developed based on the social cognitive theory [30] and the theory of planned behavior [31], integrated with formative research involving separate focus groups with mothers and sons from the target population, housing development tenant council presidents, and housing development site managers. Based on the formative research, we identified the relevant beliefs in the population and relevant scenarios and settings where sexual risk behaviors would occur. Each intervention was highly structured and

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