



Original article

What Girls Won't Do for Love: Human Immunodeficiency Virus/Sexually Transmitted Infections Risk Among Young African-American Women Driven by a Relationship Imperative

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ABSTRACT

Purpose: Rates of Human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) continue to increase among African-American youth. Adolescents who have a stronger identity in relation to others (relational identity) rather than to themselves (self-identity) may view intimate relationships as imperative to a positive self-concept, which may lead to risky sexual behavior and abuse. Therefore, the present study assessed the associations among a relationship imperative and HIV/STI-related risk factors and behaviors.

Methods: Participants were 715 African-American adolescent females, aged 15 to 21 years. They completed measures that assessed how important a relationship was to them and HIV-related risk factors and behaviors. Participants also provided vaginal swab specimens for STI testing.

Results: Multivariate logistic regression analyses, controlling for covariates, were conducted. Females who endorsed a relationship imperative (29%), compared to those who did not, were more likely to report: unprotected sex, less power in their relationships, perceived inability to refuse sex, anal sex, sex while their partner was high on alcohol/drugs, and partner abuse. Furthermore, participants with less power, recent partner abuse, and a perceived ability to refuse sex were more likely to test STI positive.

Conclusion: These results indicate that if African-American adolescent females believe a relationship is imperative, they are more likely to engage in riskier sexual behaviors. Additionally, less perceived power and partner abuse increases their risk for STIs. HIV/STI prevention programs should target males and females and address healthy relationships, sense of self-worth, self-esteem and the gender power imbalance that may persist in the community along with HIV/STI risk.

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IMPLICATIONS AND CONTRIBUTION

This study examined the association between the relative importance adolescent girls place on being in a relationship and their engagement in risky sexual practices and other adverse relationship dynamics. The findings demonstrate a heightened risk for HIV and other STIs during adolescence.

"I haven't had a boyfriend or gotten asked out. I feel so unwanted. For heaven's sake I am 13!"

excerpt from 1990s *Teen Magazine's* advice column [1]

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Human immunodeficiency virus (HIV), other sexually transmitted infections (STIs), and teenage pregnancy contribute to morbidity and mortality rates among adolescent girls and young women in the U.S. [2,3]. While the effects of various prevention programs have shown promise in reducing sexual risk behaviors among youth [4], understanding social factors that have been largely ignored among this group and their relationship to sexual risk can serve to strengthen these efforts. Adolescent romantic relationships and sexuality, once considered transitory and/or the byproducts of social dysfunction [5], have garnered increased

attention in the literature. Although the study of the nature and development of romantic relationships in adolescence has increased in the last decade, its course has been largely descriptive and qualitative or lacking a focus on quantifiable adverse sexual outcomes [6]. This study quantifies the heightened risk for HIV/STIs during adolescence by examining the association between the relative importance adolescent girls place on being in a relationship and their engagement in risky sexual practices and other adverse relationship dynamics.

Although young people aged 15–24 years represent only 25% of the sexually experienced population, they acquire approximately half of all new STIs, [3] and approximately half of all new HIV infections occur in those less than 25 years of age [7]. It is estimated that 24.1% of adolescent girls aged 14–19 years have one of the five commonly reported STIs: herpes simplex virus (HSV), trichomoniasis, chlamydia, gonorrhea, and human papillomavirus (HPV) [8]. African-American adolescents are particularly at risk for STIs and account for 65% of HIV diagnoses among individuals who are 13–24 years old [7]. A national study found that among African-American female adolescents, aged 14–19 years, 44% had at least one STI [8]. Additionally, adolescents living in the southern part of the U.S. are more likely to be at risk for HIV infection [9].

Therefore, it is important to turn attention to more expansive research questions that consider factors occurring within romantic relationships that help and hinder normative development from adolescence to adulthood [6]. Findings in the past 10 years suggest the development of romantic relationships during adolescence may facilitate the development of a positive self-concept, general self-competence, and a sense of self-worth [10–13]. Conversely, given the literature [2,14], it is also likely that the initiation and maintenance of such relationships may function to increase the likelihood that youth, particularly young women, may compromise psychosocial and sexual health to meet the demands of present-day social expectations for romantic relationships. This study extends previous research by attempting to better understand how the intensity and drive for a relationship in adolescence may affect sexual decision-making and risk.

Adolescence is typically defined as 11 to 25 years old [5] and is marked by the developmental task of establishing a positive sense of self (self-identity) and self in relation to others (relational identity), including parents and same-sex and opposite-sex peers [15]. Adolescents may be most concerned with their identity within a romantic relationship, which differs from peer relationships, in that romantic relationships embody a “distinctive intensity, commonly marked by expressions of affection and current or anticipated sexual behavior” (p. 632) [5]. Furthermore, youth with a stronger relational identity than self-identity may view intimate romantic relationships as imperative to a positive self-concept [10,16–18]. In a qualitative textual analysis of 875 letters written to the advice column of *Teen Magazine* by adolescent girls in the 1990s, Van Roosmalen [1] uncovered a formidable sense of despair and anxiety plaguing young women regarding the urgency to be “coupled.” Teens expressed conflict between wanting to remain true to themselves and avoid sexual situations, while also desiring the social benefits of being in a romantic relationship, namely, social inclusion and popularity, often by engaging in or experiencing pressure to engage in sexual activity. This conflict characterizes the struggle between developing a self-identity and relational identity inherent in adolescence.

During adolescence, teens are learning how to interact with the other sex, methods for initiating and engaging in sexual

activity, and in which sexual activities to participate [19]. Research suggests that how girls engage and communicate with same sex peers compared to cross-sex peers often looks different. A qualitative study found that while most girls were outspoken with their female friends, parents, and others, they were not able to “speak their minds” in their cross-sex relationships [20]. Overwhelming societal and same-sex peer pressure to be in a romantic relationship, [2,14] as well as pressure by potential male partners to engage in sex in order to maintain relationships, [21] may heighten sexual risk behaviors among young women. Another study [14] found that social status and fear of relationship termination was related to girls placing their boyfriends’ sexual needs above their own needs and placing condom negotiation and other safer sex practices at risk.

For many, dating in adolescence teaches young women how to bargain for the perceived social and emotional benefits of being in a relationship by exchanging sex in order to attain or maintain the coveted “girlfriend status” [1]. In addition to increased rates of HIV/STI infection, relationship factors such as partner abuse disproportionately affect this group and increase their risk for HIV/STIs [22]. Other related relationship dynamics and psychosocial factors are perceived power in the relationship and self-efficacy to refuse a partner’s or potential partner’s request to have sex [23]. The principle of least interest [24] suggests that young women who endorse the need to always be in a relationship will have less relational power and will be more likely to risk their sexual health by engaging in risky sex practices. In an ethnographic study exploring health-related issues within romantic relationships among female adolescents [14], girls reported abuse in response to attempts at condom negotiation. The study found that young women’s attitudes towards dating and their desire to be coupled outweighed their desire to limit or avoid substance abuse and partner abuse present in their relationship. Furthermore, they described their use of sex as a viable means to negotiate control in their dating relationships—going as far as to state that sex is “part of what you do” in order to hold onto the relationship [14].

Placing significant importance on being in a relationship at all times may lead to psychological traits that can significantly impact the developmental trajectory from adolescence to adulthood. Whereas previous work has focused on the qualitative and descriptive aspects of the importance of romantic relationships in adolescence, this study sought to identify the independent associations between a relationship imperative and sexual risk behaviors (e.g., unprotected vaginal sex, anal sex) and psychosocial factors (e.g., sex refusal self-efficacy, relationship power, and partner abuse) among African-American adolescent girls in the southeastern part of the U.S. In addition, this study assessed the associations between these factors and biological testing for STIs. Due to their associations with sexual risk behavior and relationship dynamics, age [7,8], receipt of public assistance [25], perceived social support [26], and typical or current age of partner [22,27] served as covariates in this study.

Methods

Participants and procedures

Participants were part of a larger study evaluating a sexual risk reduction intervention tailored for African-American adolescents [28]. The current analyses are from baseline data. Participants were recruited from three local community health

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