



ELSEVIER

HIV/AIDS Knowledge, Self-Efficacy for Limiting Sexual Risk Behavior and Parental Monitoring



Ganga Mahat EdD, RNBC*, Mary Ann Scoloveno EdD, PNP, RN,
Robert Scoloveno PhD, RN, CCRN

Rutgers, the State University of New Jersey, School of Nursing, Newark, NJ

Received 24 April 2015; revised 30 June 2015; accepted 30 June 2015

Key words:

HIV/AIDS;
Knowledge;
Self-efficacy;
Parental monitoring;
Peer education;
Adolescents

The purpose of this study was to explore HIV/AIDS knowledge, self-efficacy for sexual risk behaviors, and parental monitoring in a sample of 140 7th and 9th grade adolescents studying in an urban high school in the United States. Further, the study examined differences in HIV/AIDS knowledge, self-efficacy and parental monitoring by grade and gender. This study also investigated the effectiveness of an HIV/AIDS peer education program, Teens for AIDS Prevention (TAP), on improving adolescents' HIV/AIDS knowledge. A quasi-experimental design was used to examine effects of the peer education program (TAP) on adolescents' HIV/AIDS knowledge. Pearson-product-moment correlation coefficients were calculated to examine the relationships among the variables. Independent t-tests were used to compare adolescents' HIV/AIDS knowledge, self-efficacy, and parental monitoring scores by grade and gender. Paired t-tests were used to determine differences in pre-intervention and post-intervention HIV/AIDS knowledge. The results showed that HIV/AIDS knowledge improved significantly in both 7th and 9th grade students after the intervention. HIV/AIDS knowledge was associated with self-efficacy; however it was not associated with parental monitoring. There were no significant differences in HIV/AIDS knowledge and self-efficacy by gender. However, there was a significant difference in parental monitoring by gender. Pediatric nurses are well-positioned to develop and implement evidence-based programs for adolescents. It is essential that pediatric nurses, in conjunction with other professionals and parent groups, take the initiative in implementing peer education programs in schools and community centers to promote healthy behaviors among adolescents. © 2016 Elsevier Inc. All rights reserved.

ADOLESCENCE IS A developmental phase of rapid growth and development, accompanied by sexual maturation and social pressures. Adolescents are susceptible to sexual risk behaviors because of their impulsivity and feelings of invulnerability. According to the 2013 Youth Risk Behavior Survey (YRBS), many high school students nationwide are engaged in sexual risk behaviors associated with unintended pregnancies, sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV) infection (CDC, 2014). Although nationwide the percentage of adolescents ever having sexual intercourse decreased during 1991–2001 (54.1%–45.6%), it did not change significantly during

2001–2013 (45.6%–46.84%). Among currently sexually active students nationwide, 59.1% had used a condom during their last sexual intercourse, which did not change from 2011 (60.2%) to 2013 (59.1%). These findings indicate that adolescents are at risk for STDs, including HIV infections; therefore the knowledge and awareness of STDs and HIV/AIDS prevention is a prime concern for schools and health care providers (CDC, 2014).

One of the goals of Healthy People 2020 is to prevent HIV infection and its related illness and death (U.S. Department of Health and Human Services, 2013). This goal can be achieved by implementing educational programs that will help minimize risk and improve health outcomes of adolescents. Since schools are responsible for health education, implementation of peer educational programs

* Corresponding author: Ganga Mahat, EdD, RNBC.
E-mail address: gmahat@rutgers.edu.

that focus on health promotion and prevention, including HIV prevention is warranted (Caron, Godin, Otis, & Lambert, 2004).

In this study, the researchers explored HIV/AIDS knowledge, self-efficacy for sexual risk behaviors, and parental monitoring among 7th and 9th grade adolescents, ages 11–15, attending an urban high school in the United States. This study also examined the effectiveness of an HIV/AIDS peer education program, Teens for AIDS Prevention (TAP), on improving adolescents' HIV/AIDS knowledge.

Theoretical Framework

TAP is a peer educational program where teen educators teach their peers' facts about HIV/AIDS and ways that adolescents can protect themselves from HIV infection (Alford & Feijoo, 2002). This program is based on social learning theory, which includes self-efficacy, the belief that a person has the ability and capacity to influence his or her behaviors (Bandura, 1986). According to social learning theory, adolescents will more likely listen to and model their behavior if they perceive that the models are similar to them in age, gender and ethnicity (Bandura, 1986). The theory also predicts that adolescents will engage in positive self-directed change if they have knowledge about HIV/AIDS. Self-efficacy has been found to be an important component in HIV risk reduction (Bandura, 1997).

Literature Review

Several researchers have studied the relationships between self-efficacy and the likelihood to engage in healthy behaviors. Lee, Salman, and Fitzpatrick (2009), in their study of 734 Taiwanese adolescents, aged 16 to 18, found a significant relationship between HIV/AIDS preventive self-efficacy scores and risky sexual behavior ($r = .70, p < .0001$). Risky sexual behavior was defined as the minimum use of safe behaviors, including protected sex, avoiding bodily fluids, and the ability to discuss with a partner their sexual history and condom use. The findings indicated that adolescents who had higher HIV/AIDS preventive self-efficacy scores had less overall risky sexual behaviors. Van Campen and Romero (2012), in their study of 122 minority American adolescents, aged 13 to 18, reported that self-efficacy significantly predicted safe sex intention such that greater sexual self-efficacy was associated with more likelihood to have safe sex $F(4.90) = 4.77, p < .01$. Theory suggests that self-efficacy promotes the ability of individuals to influence their HIV risk reduction behaviors (Bandura, 1997). However, empirical studies are sparse on self-efficacy and changes in these adolescent risk-behaviors over time.

In a longitudinal study, Chen et al. (2012) investigated the development of condom use self-efficacy among 497 6th grade Bahamian pre- and early adolescents, aged 10 to 13 years. The data were obtained at 6 month intervals up to 24 months and a 12-month interval from 24 to 36 months. The results demonstrated that self-efficacy scores increased from 2.37 ($SD = 1.19$) at baseline to 3.50 ($SD = 1.02$) at

36 months. Condom-use self-efficacy values at baseline predicted levels of self-efficacy at the 6 month intervals ($b = 0.41, p < .01$) and self-efficacy at 24 months predicted the scores at 36 months ($b = 0.61, p < .01$). The researchers concluded that evidence from their study will assist those who develop HIV prevention programs for pre-adolescents with the goal of sustaining the intervention effects throughout adolescence.

In a clustered controlled trial of the effects of an HIV prevention program, "Focus on Youth in the Caribbean" (FOYC), Chen et al. (2009) collected data from 1,360 10 to 11 year old Bahamian school children who were randomly assigned to the intervention group and a control group who received an ecological course "The Wondrous Wetlands" (WW). Data were collected at baseline, 6 and 12 months after the intervention. The results found that there was a significant difference in condom use among sexually active youth at 12 months post-intervention ($\chi^2 = 3.30, p = .050$), whereby the intervention group used condoms more often than the control group.

To evaluate the long-term effects of the FOYC, Stanton et al. (2012) compared 1,997 Bahamian 10th grade students who were from five groups. Group 1 received the FOYC intervention in the sixth grade as described by Chen et al., 2009. Group 2 received FOYC in the regular school curriculum; group 3 received the trial's control condition; group 4 received the control condition, but was not part of the trial; group 5 did not receive the intervention or the control condition. The results demonstrated that youth exposed to FOYC, whether in the intervention or school curriculum, had greater HIV knowledge ($p < .01$), condom-use skills ($p < .01$), and self-efficacy ($p < .01$) compared to control groups 4 years later. The researchers concluded that the FOYC intervention in the sixth grade had lasting effects on 10th grade students.

Parental monitoring is defined as "a set of correlated parenting behaviors involving attention to and tracking of the child's whereabouts, activities, and adaptations" (Dishion & McMahon, 1998, p. 61). Monitoring by a parent provides social safeguards against involvement in detrimental and risky activities and reducing high-risk behaviors (DiClemente et al., 2001). Studies have shown that parental monitoring is associated with less engagement in risky behaviors such as alcohol use, sexual risk behavior, lower intention to have sex in the future, increase frequency of condom use, and delayed onset of sexual intercourse (DiClemente et al., 2001; Kalina et al., 2013; Strunin et al., 2013). Lenciauskiene and Zaborskis (2008) in their study of European adolescents reported that adolescents who had low levels of parental monitoring had higher prevalence of early sexual behavior than those who had high levels of parental monitoring. Based on a literature review, Kincaid, Jones, Sterrett, and McKee (2012) concluded that parental monitoring may be more protective against sexual risk behaviors for boys than girls.

HIV peer education has been found to be effective in improving adolescent's HIV/AIDS knowledge, intentions

Download English Version:

<https://daneshyari.com/en/article/2665591>

Download Persian Version:

<https://daneshyari.com/article/2665591>

[Daneshyari.com](https://daneshyari.com)