



Depression and AIDS Preventive Self-efficacy Among Taiwanese Adolescents



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ABSTRACT

Effectively reducing adolescents' risky sexual behaviors has been an urgent need since the HIV/AIDS infections among young people has been acknowledged as a priority. Self-efficacy has been considered playing an essential role in behavioral changes, and depressed individuals may demonstrate lower self-efficacy. The purpose of this cross-sectional study was to gain insights into self-reported depression among 16–18 years-old Taiwanese adolescents as well as to explore psychosocial predictors of AIDS preventive self-efficacy. A convenience sample of 734 adolescents from southern Taiwan was recruited, and several reliable and valid questionnaires were used to collect data. Descriptive statistics, odds ratio, independent t-test, and hierarchical multiple regression analyses were utilized to analyze data. Results showed that the differences in self-reported depression and in the AIDS preventive self-efficacy varied by gender, substance use, and having sexual experience. Furthermore, depression was a significant predictor of AIDS preventive self-efficacy while controlling the covariates. This study suggests that gender and mental health status such as depression may play significant roles in AIDS preventive self-efficacy. Nurses and health care providers should take the influence of mental health into consideration when designing AIDS preventive interventions for male and female Taiwanese adolescents. The provided information may also enhance psychiatric nurses' capability to provide care and to enhance the prevention of HIV infection for adolescents.

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Currently, 1.8 billion adolescents and youth in the world are making up 25% of the world's population and the largest generation of young people in history (UNAIDS, 2013). While the threats of HIV/AIDS quickly spread all over the world, young people are increasingly acknowledged as a priority on the global agenda as well as in national HIV policies (Idele et al., 2014; UNAIDS, 2013). In 2012, it was estimated that 5.4 million young people aged 10–24 were living with HIV (UNAIDS, 2013, 2014). Since 2000, world leaders and governments have been making efforts to set various global declarations and commitments with specific goals and targets to respond to the HIV and AIDS epidemic (Idele et al., 2014). While the recent reports is showing that the HIV prevalence among young people (aged 15–24 years) has been declining in most of the countries where mostly affected by HIV, the rates of new infections remain high in many countries including countries in Asia (UNAIDS, 2010, 2013). In 2012, an estimated number of 24% increase of new HIV infections among young people in East Asia was reported (UNAIDS, 2013). The national surveillance shows that Taiwanese young people are not exempted from the HIV global epidemic and are

at high risks of HIV infection (Center for Disease Control, Taiwan, R.O.C., 2014).

It has been recommended that developing and implementing effective HIV or AIDS programs for young people involves the recognition that adolescents are at a time of significant psychological, physical and social changes where their behaviors, perceptions of risk, illness and health are being formed and influenced by parents, peers and the wider community (UNAIDS, 2013). Effectively reducing adolescents' risky sexual behaviors has been an urgent need, and social and behavioral changes have been found to be critical attributes to the risk reduction of the HIV transmission and the decline of HIV incidence among young people (UNAIDS, 2013). Both depression and self-efficacy are suggested as factors which should be considered and addressed in HIV-prevention programs (Tucker et al., 2013).

The concept of self-efficacy, defined as the belief that an individual can successfully perform a desired behavior, has been employed in numerous studies regarding health-related behavior changes and widely considered a significant and effective factor influencing HIV prevention through reducing risky sexual behaviors or practicing safer sexual behavior (Bandura, 1977, 1986, 1994, 1997; Kasen, Vaughan, & Walter, 1992; Rosenthal, Moore, & Flynn, 2002; Schwarzer & Luszczynska, 2006; Wang, Cheng, & Chou, 2009). It has been reported that self-efficacy may vary by gender (Cecil & Pinkerton, 2000; Rosenthal et al., 2002; Wang, Cheng, & Chou, 2008). Both the developmental phase

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and cultural factors had also been identified as potential influences on the development of self-efficacy (Bandura, 1997; Oettingen & Zosuls, 2006).

Depression is a common and critical health issue among young people (Cheng, Yen, Ko, & Yen, 2012). A study found that a high percentage of Taiwanese adolescents were diagnosed with major depressive disorder (Lin et al., 2008). Literature also reported that age and gender noticeably account for essential influences on adolescents' depression (Cheng et al., 2012; Lin et al., 2008; van Beek, Hessen, Hutteman, Verhulp, & van Leuven, 2012). Moreover, studies found that the problematic behaviors such as smoking, drinking, substance abuse, and risky sexual behaviors are more likely to occur simultaneously in adolescents who were depressed (Jessor & Jessor, 1977; Mee, 2014; Minnix, Blalock, Marani, Prokhorov, & Cinciripini, 2011; Seth et al., 2011; Wang, Lin, Yeh, Liu, & Yen, 2012). Depressive symptoms were associated with engaging in STD or HIV related risk taking behaviors such as unprotected sex, having multiple or high-risk sex partners among adolescents (Sales, Lang, Hardin, DiClemente, & Wingood, 2010). The depressive symptoms or psychiatric impairment was associated with individual's self-efficacy related to safer sexual practices (Hadley et al., 2014; Lee, Salman, & Fitzpatrick, 2009). It was also found that depressive symptoms predicted sexual risk behavior in high school students (Lehrer, Shrier, Gortmaker, & Buka, 2006). Self-efficacy theory (Bandura, 1997) proposes that depression is the result of one's perceived self-inefficacy, i.e., the individual's evaluation of his/her own capability for reaching desired achievements with negatively cognitive biases. High levels of depressive symptoms were also associated with low levels of self-efficacy, and psychological self-efficacy was the strongest predictor of depressive symptoms (Ehrenberg, Cox, & Koopman, 1991; Muris, 2002; Tucker et al., 2013).

Even though the linkages between self-efficacy and depression have been theoretically and empirically supported in some literature, the information about the associations between depression, other psychosocial factors (such as gender difference and sexual experience) and self-efficacy for HIV prevention among Taiwanese adolescents is extremely limited. This insufficient understanding represents a significant gap in our knowledge, and it prohibits our capabilities for designing effective AIDS preventive interventions for adolescents in Taiwanese culture.

The main purposes of this study were to gain insights into self-reported depressive symptoms and the role of depression in AIDS preventive self-efficacy among Taiwanese adolescents in hope to provide fundamental understanding for future HIV prevention programs to this population. This study was guided by the following research questions:

- (1) Does Taiwanese adolescents' depression differ by gender, sexual intercourse experience and substance uses?
- (2) Does Taiwanese adolescents' HIV/AIDS prevention related self-efficacy differ by gender, sexual intercourse experience, and substance use?
- (3) Do the depressed Taiwanese adolescents have lower AIDS preventive self-efficacy than those who were not depressed?
- (4) Is depression a significant predictor of Taiwanese adolescents' AIDS preventive self-efficacy?

METHODS

This cross-sectional study was part of a larger study which aimed to investigate potential factors that are significant for the prevention of adolescents' risky sexual behaviors related to HIV infection. This present study intended to provide understanding about depression and its related factors in the population of Taiwanese adolescents as well as to examine the role of depression in AIDS preventive self-efficacy.

Setting and Participants

A non-probability convenience sampling method was used to recruit adolescents who were enrolled in vocational high schools in a

metropolitan area in southern Taiwan. Adolescents who were 16 to 18 years old and able to independently self report to the questionnaires were recruited and approached for this study. Students who could not independently read and write or were in special classes which are provided for adolescents with mental or cognitive disorders were excluded. Power analysis (Cohen, 1988) was utilized to determine sample size, and a .05 of alpha level, .80 of power level, and a medium effect size ($f^2 = .15$) were set for this study. According to the information reported by previous studies (Wang et al., 2009; Yen, Lin, & Chang, 1998), this study used the conservative estimate that 12% of Taiwanese adolescents had sexual intercourse experience. Seven schools accessible to the researcher were selected, and students from 22 classes distributed in the 7 schools were approached.

Approvals for the study were obtained from the Institutional Review Broad for Human Rights Protections before approaching the potential subjects. Adolescents were assured that their participation or not will not have effect on the evaluations of their performances at the schools. Before collecting data from each individual, signed adult consent forms were obtained from adolescents who were 18 years old. For those adolescents who were younger than 18 years old, both signed assent forms from the adolescents and consents from their parents were obtained before distributing the questionnaires. All data were collected in the classrooms of the participants' schools in Taiwan. Each class of students was approached separately. The response rate of the study was 88.6%. A total of 734 adolescents (36.9% females, 63.1% males) who met inclusion and exclusion criteria participated in this study.

Measures

Depression was defined in line with the Center for Epidemiological Studies–Depression Scale (CES-D) (Radloff, 1977) which includes four dimensions: depressed affect (blues, depression, lonely, cry, sad), positive affect (good, hopeful, happy, enjoy), somatic and retarded activity (bothered, appetite, effort, sleep, get going), and the interpersonal dimension (unfriendly, dislike) (Radloff, 1977). The CES-D scale, was designed to measure the level of depressive symptomatology, with emphasis on the affective component, depressed mood" (Radloff, 1977, p. 385). The scale is a 20-item, self-administered, 4-point rating scale) (Radloff, 1977). Individuals were asked to rate how often over the past week they experienced symptoms associated with depression, such as poor appetite and feeling lonely. Possible responses for each item are: 0 (rarely or none of the time), 1 (some or a little of the time), 2 (occasionally or a moderate amount of the time), and 3 (most of the time). Four of the items are worded in a reverse direction to reduce the response bias (Radloff, 1977). The possible range of total scores is between 0 and 60, with a higher score indicating more depressive symptoms and a lower score indicating less symptoms of depression. The CES-D Scale has been translated into Chinese (Chien & Cheng, 1985), and it has been used with Chinese and Taiwanese adolescents (Cheng et al., 2012; Chien & Cheng, 1985; Lin et al., 2008; Yen, Lin, Liu, Hu, & Cheng, 2014). Good internal consistency (Cronbach's alpha = .87–.89) and validity of CES-D scale were reported in the samples of Taiwanese adolescents (Cheng et al., 2012; Lin et al., 2008). A good internal consistency was also found in this present study with the Cronbach's alpha equal to .88. This study used the cutoff score of 16, the most widely used cutoff point for the CES-D scale (Radloff, 1977; Stockings et al., 2015) to classify participants who were possibly depressed and those who were not.

AIDS preventive self-efficacy was defined as the individual's belief about his/her ability to have successful performance of avoiding HIV or AIDS-related risky sexual behavior in this study. The AIDS preventive self-efficacy was measured by the 22-item, five-point (1 to 5), the AIDS-Prevention Self-Efficacy Scale (Kasen et al., 1992). Subjects were asked their beliefs about their ability to perform the AIDS preventive behaviors which were distributed into three dimensions: refusing sexual intercourse, questioning potential sex partners, and condom use. For

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