



Full length article

Psychiatric disorder symptoms, substance use, and sexual risk behavior among African-American out of school youth

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ABSTRACT

Purpose: To examine the association between symptoms of psychiatric disorder (i.e. depression, anxiety, and substance use) and sexual risk behavior in a sample of African-American adolescents and young adults in an employment training program.

Methods: Baseline data were used from a pilot study of an intervention to reduce depressive symptoms among youth disconnected from school and the workforce. Participants were recruited from two employment training programs in East and West Baltimore ($N=617$; age 16–23 years). Data were collected through audio computer-assisted self-interview (ACASI). Mental health indicators were measured using the Center for Epidemiological Studies Depression Scale and Beck Anxiety Inventory. Multivariate logistic regression was used to determine the odds of sexual risk behavior for each mental health condition and combinations of conditions.

Results: Lack of condom use at last sex was significantly associated with elevated anxiety symptoms. Number of sexual partners was associated with elevated depression symptoms and substance use. Early sexual debut was associated with substance use in the past 30 days. Also, there were differences in the likelihood of engaging in sexual risk behavior comparing groups with different combinations of mental health problems to those with no symptoms of disorder or substance use.

Conclusions: The results demonstrate the need for HIV prevention programs that target out-of-school youth, as they are likely to engage in risky sexual behavior. Our findings highlight the need to develop behavioral interventions that address disorder symptoms, substance use, and risky sexual behavior among youth in employment training programs.

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1. Introduction

Prevention of HIV-infection among adolescents and young adults is a leading public health challenge with youth comprising an estimated 50% of new infections (Centers for Disease Control and Prevention, 2001). Out-of-school youth are a large, yet grossly understudied population and are consistently identified as being at high risk of sexually transmitted diseases (STDs) and HIV-infection through risky sexual behavior (Centers for Disease Control and Prevention, 2002a). In 2007, approximately 3.3 million 16–24-year olds were not enrolled in high-school and had not earned a high-school diploma or GED (Cataldi et al., 2009). In many urban areas, fewer than 75% of students graduate from high school with this number falling below 50% in seventeen of the nation's 50 largest

cities (Swanson, 2009). Inner-city, African-American adolescents and young adults have higher drop-out rates than their white counterparts and are especially vulnerable to HIV infection due to disproportionately high rates of HIV infection in disadvantaged, minority communities (Centers for Disease Control and Prevention, 2005). However, very few studies have examined correlates of sexual risk behavior in out-of-school adolescents or young adults because this population has been traditionally hard to reach. Mental health problems such as depression, anxiety, and substance use have been consistently identified as key correlates of sexual risk behavior in youth and are more prevalent among school drop-outs. Further examination of the relationship between key psychological and behavioral risk factors and sexual behavior is needed specifically with youth that have dropped out of school.

School dropout has been consistently identified as being a critical risk factor for risky behavior among adolescents and young adults (Office of the Surgeon General, 2001). Youth that have dropped out of school have higher rates of teenage pregnancy,

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problem drinking, and drug use (U.S. General Accounting Office, 2002; Kogan et al., 2005). Developed by Jessor & Jessor, Problem Behavior Theory is a social-psychological framework for understanding problem behavior in youth and suggests a shared underlying syndrome for problem behaviors (Jessor and Jessor, 1977). According to this theory, involvement in one problem behavior increases the likelihood of engagement in other problem behaviors, which is widely supported in the literature. As such, Problem Behavior Theory substantiates the importance of simultaneously examining risk behaviors that often occur together such as risky sex, drug use, and school dropout.

Several studies have found that out-of-school adolescents are more likely than in-school teens to engage in sexual risk behaviors like initiating sexual activity earlier and failing to use contraception and are more likely to have become pregnant and given birth (Mauldon and Luker, 1996; Manlove, 1998; Darroch et al., 1999). Out-of-school adolescents aged 14–19 years are significantly more likely than in-school adolescents to report ever having had sexual intercourse and having had four or more sexual partners (Centers for Disease Control and Prevention, 1994). Out of school youth in Job Corps have been found to have high rates of STDs, especially among minority youth (Satterwhite et al., 2010).

Little is known about the sexual risk behaviors of young adults (i.e. 20–24 years) that have not completed high-school. However, young adulthood has been shown to be a time of increased risk taking when compared to adolescence. Young adults report more past year sexual partners and have higher rates of condom non-use and STDs (Centers for Disease Control and Prevention, 2002b; Mosher et al., 2005; Park et al., 2006). Given the strong association between education and other health outcomes, it is likely that young adults who have dropped out of school are at a higher risk of engaging in sexually risky behavior than young adults who have completed high school. The increased risk taking of adolescents and young adults have been well documented yet no studies to date have examined psychosocial correlates of sexual risk taking among youth who have dropped out of school (Office of the Surgeon General, 2001; Weinstock et al., 2004; Centers for Disease Control and Prevention, 2009).

In addition to being vulnerable to STD and HIV infection, out of school adolescents are also at increased risk for both psychiatric disorders and HIV infection (Tresidder et al., 1997; Brener and Collins, 1998). According to the U.S. Department of Education, approximately 50% of students in the United States with an “emotional disturbance” which includes depression and anxiety disorders, and schizophrenia, aged 14 and older drop out of high school (U.S. Department of Education, 2007). Adolescents who have dropped out of school have also been found to have higher rates of illicit drug use than those that are in school (National Institute on Drug Abuse, 1993). Out-of-school youths are more likely than other youths to have psychiatric disorders like depression and anxiety (Brener and Collins, 1998; Bardone et al., 1998). Psychiatric disorders can lead to impaired decision making, misperceptions about personal risk, and feelings of helplessness which can lead to increased sexual risk taking (Bennett and Bauman, 2000).

Among studies using national samples of adolescents and young adults, most have shown a positive association between symptoms of psychiatric disorder or diagnosed disorder and sexual risk behavior. A study using data from the National Longitudinal Study of Adolescent Health (Add Health) ($N = 14,322$), reported that ever being diagnosed with depression was significantly associated with a higher number of lifetime sexual partners and a younger age of sexual debut among young adults aged 18–27 years old (Buffardi et al., 2008). Another cross-sectional study using Add Health data ($N = 3192$) found that symptoms of depression were associated with condom non-use for boys but not girls in a sample of 7th through 12th graders (Shrier et al., 2001). Khan et al. (2009) found

that elevated symptoms of depression measured using the CES-D were associated with multiple sexual partners and biologically confirmed STDs in an Add Health sample of young adults 18–25 years old ($n = 10,783$).

Psychiatric comorbidity occurs in approximately half of psychiatric cases, yet few studies to date have examined how co-occurring conditions may influence sexual risk behavior in a community sample of adolescents and/or young adults (Kessler et al., 1994). In a New Zealand birth cohort of 21 year olds, Ramrakha et al. (2000) analyzed seven disorders and found that participants with comorbid disorders were more likely to engage in sexual risk behavior than those with no disorder. In the United States, adolescents with co-occurring substance abuse and conduct disorder report high levels of HIV-risk behaviors, which include not using condoms, multiple sexual partners, and prostitution (Booth and Zhang, 1997; Mezzich et al., 1997; Whitmore et al., 2000). However, no studies to date have been conducted among U.S. youth examining the correlation between comorbid symptoms of disorder and sexual risk behavior.

A major gap in the sexual risk behavior literature exists since large national studies with data on mental health problems or substance use and sexual risk behavior among adolescents and young adults either exclusively target in-school youth or have small samples of out-of-school youth (e.g., Youth Risk Behavior Surveillance Survey and National Survey of Family Growth). As a result, little is known about the correlations between disorder symptoms, including substance use, and high-risk sexual behavior specifically among a large sample of out of school adolescents and young adults. Given the lack of studies specifically with out of school youth, findings from existing studies are less than optimal for informing public health policy and programs aimed at HIV-prevention with youth in underserved communities. This is especially problematic given the increasing problem of school drop-out among minorities living in urban areas and racial disparities that exist in HIV infection rates. This study will be the first to examine the prevalence of sexual risk behavior, and the relationship between mental health problems and sexual risk behavior in a community sample of out-of-school adolescents and young adults. The aims of the current study are (1) to examine the relationship between mental health conditions (i.e. depressive symptoms, anxiety symptoms, and substance use) and sexual risk behavior and (2) to examine the relationship between co-occurring mental health conditions and sexual risk behavior.

2. Methods

2.1. Participants

Participants for the study were 680 African-American out-of-school youth between 16 and 23 years old enrolled in two Youth Opportunity (YO!) Centers in Baltimore, MD. The YO Centers are job training programs that provide GED classes, job training, and job placement services for out-of-school youth in Baltimore City. Inclusion criteria included being an enrolled and active member of the YO! Center as indicated by using any YO services at least once in the past 3 months. Because the study focused on sexual risk behaviors, this study only used data from participants that reported being sexually active, which was 90.7% of the entire sample ($N = 617$). Seventy-one percent of the sample was recruited at the YO! Center in East Baltimore and 29% were from the center in West Baltimore. Participants who were minors in foster care were not recruited for study participation.

2.2. Procedures

This study was approved by the Johns Hopkins Bloomberg School of Public Health's Committee on Human Research. From September 2006 to February 2008, approximately 80% of participants were recruited for the study in-person at the YO! Center and 20% were recruited by phone. Of the youth contacted for the study, 50 refused study participation. All participants were consented by trained research staff before joining the study. For participants under 18 years old, parental consent was also obtained. All surveys were administered in-person at the East or Westside YO! Centers by a member of our research staff. Data were collected using a health assessment questionnaire that was administered to participants using Audio Computer Assisted Interview (ACASI) software. The entire interview was self-administered

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