



National HIV Prevention Conference

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[TITLE:] THE POSITIVE INFLUENCE OF RELIGIOSITY ON HIV RISK BEHAVIORS IN AT-RISK AFRICAN AMERICAN ADOLESCENTS

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BACKGROUND/OBJECTIVES: The importance of religion to individuals has been shown to be associated with reduced substance use and sexual risk among African American adolescents (e.g., Wills et al., 2003). Previous work has typically utilized a single religiosity measure (perceived importance), allowing only limited conclusions about how the complex construct of religiosity affects substance use and sexual risk. The current study examined the effects of both public and private religiosity on substance use and HIV-related attitudes and behaviors in a sample of at-risk African American adolescents between the ages of 12 and 17.

METHODS: Structured interviews collecting information about individual and ecological (e.g., familial, community) influences on substance use and sexual behavior were administered to 155 African American mother-adolescent pairs (mother mean age=36.19, SD=5.51; adolescent mean age=14.05, SD=1.72) in Durham and Raleigh, North Carolina. Mothers had to report having used crack cocaine on at least 13 days in the past six months to participate (mean number of days used in past month=12.45, SD=8.74). Public religiosity items (i.e., church attendance participation in religious activities) and private religiosity items (i.e., prayer frequency, perceived importance of religion) were administered to adolescents. Items involving maternal church attendance and frequency of prayer, and adolescent participation in religious activities were administered to mothers. Items pertaining to sexual activity, substance use, and HIV-related beliefs were administered to all participants. Significance testing was conducted using χ^2 tests for dichotomous variables, and analyses of variance and correlational analyses for continuous variables. Effects associated with $p \leq .05$ are reported.

RESULTS: A modest percentage of adolescents reported having ever tried alcohol (26%) and marijuana (27%). No adolescents reported having tried crack cocaine. Thirty percent

of the sample reported they had engaged in sexual foreplay (46/155), with 61% of adolescents who were asked if they had ever had sex reporting they had (43/70). Adolescents with low levels of public religiosity were more likely to have tried alcohol, had sex, and to have a greater perceived risk for contracting HIV, relative to adolescents with high public religiosity scores. Adolescents with high levels of public religiosity were more likely to have participated in school activities, talked with mother about substance abuse, have stricter parental monitoring at home, and have friends who were not sexually active. Adolescents who believed they had no chance of getting HIV prayed more often than adolescents who believed they were at risk. Correlational analyses indicated that perceived importance of religion was associated with decreased likelihood of having tried alcohol and having engaged in sexual foreplay. Adolescents of mothers who attended church frequently were more likely to have high levels of both public and private religiosity, and (for adolescents using marijuana to spend less time using marijuana.

CONCLUSIONS: These results suggest that religiosity may have a buffering effect on HIV risk behaviors among African American children whose mothers have a history of crack cocaine use, and that religiosity may contribute to other health-promoting behaviors in this population. Faith-based initiatives in HIV prevention may be a useful means of reaching some at-risk youths.



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