



National HIV Prevention Conference

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[TITLE:] MULTI-LEVEL INFLUENCES ON HIV RISK AMONG ADOLESCENT CHILDREN OF MOTHERS WHO USE CRACK COCAINE

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BACKGROUND: HIV risk behaviors among adolescents do not occur in isolation but within different developmental and environmental contexts. Yet, very few HIV prevention studies have examined the multicontextual factors that may influence the risk behaviors of adolescents. This is particularly true for adolescent children of substance-abusing parents who are especially at risk for maladaptive behaviors, including behaviors that may put them at risk for HIV. Guided by ecodevelopmental theory, the Partnerships for Adolescent Wellness Study (PAWS) examined multi-level influences on HIV-related risk behaviors among adolescent children of African-American mothers who use crack cocaine, including individual, parental, peer, school, community and neighborhood-level influences.

METHODS: The study employed a cross-sectional survey design. A purposeful sample of mothers who use crack cocaine, are not receiving drug treatment, and live with at least one adolescent child (aged 12-17 years) was recruited through street outreach (along with their adolescent children). Data were collected using adolescent and maternal interviews and focus groups, teacher surveys, provider interviews, and neighborhood observations. We present preliminary findings from interviews with 155 mother-child pairs. Mothers had to report having used crack cocaine on at least 13 days in the past six months to be eligible. Correlational analysis and chi-square tests were conducted to explore the relationships between adolescent sexual behavior and individual-level factors such as HIV knowledge, perceived risk, self efficacy, and religiosity; and ecological factors including peer interaction and peer norms about sex; family factors such as family environment, discipline, communication and maternal norm about sex; school variables including school environment, and HIV prevention services at school; and community/neighborhood factors including violence, and HIV prevention services in the community.

RESULTS: On average, target adolescents were 14.05 years old, with 61% females. Sixty-one percent of adolescents who indicated sexual readiness (know what sex is or had engaged in precoital behaviors), had actually had sex, with an average age of first sex of 13.6 years. Thirty-seven percent and 69% of these adolescents did not use condom at first vaginal sex and first oral sex respectively. Data also showed that adolescents' sexual experience was significantly ($P \leq .05$) associated with individual level factors (perceived risk, and religiosity); family-level factors including mother-child communication about sex, maternal norm about sex and parental control; and peer-level factors including peer norm about having sex and about using condom. Adolescents were less likely to engage in sexual behavior if they had higher religiosity score, and if their mothers and peers discouraged having sex.

CONCLUSIONS: These findings highlight the need to design HIV prevention interventions for high risk adolescents, which draw from the strengths of the adolescents, and that of their friends and family.



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