Maternal models of risk: Links between substance use and risky sexual behavior in African American female caregivers and daughters

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A B S T R A C T

African American (AA) adolescent girls are at heightened risk for HIV and sexually transmitted infections (STIs), and thus knowledge of factors related to risky sexual behavior in this population is crucial. Using Social Learning Theory (Bandura, 1977), this paper examines pathways from female caregivers’ risky sexual behavior and substance use to adolescent girls’ risky sexual behavior and substance use in a sample of 214 low-income, urban AA female caregivers and daughters recruited from outpatient mental health clinics in Chicago. Structural equation modeling (SEM) revealed that sexual risk reported by female caregivers was associated with adolescent sexual risk, and illicit drug use reported by female caregivers was related to adolescent-reported substance use, which was in turn associated with adolescent-reported sexual risk behavior. These findings suggest that female caregivers’ sexual behavior and substance use both relate to girls’ sexual risk. Thus, results emphasize the role of female caregivers in transmitting risk.

Introduction

Dating and sexual relationships typically begin in adolescence and serve important developmental functions related to establishing intimacy, forming identity, and asserting independence from families (Wolfe, Jaffe, & Crooks, 2006). However, unsafe sexual behavior can have significant negative health consequences including HIV, other sexually transmitted infections (STIs), and pregnancy. Despite an overall decrease in adolescent sexual activity between 1991 and 2007 (Centers for Disease Control and Prevention, 2010), rates of STIs and unintended pregnancies among United States (US) teens remain high (Gavin, MacKay, Brown, Harrier, & et al., 2009).

Racial and gender disparities characterize patterns of risky sexual behavior and STI rates in the United States, with African American (AA) females disproportionately at risk. AA adolescent girls have higher rates of unintended pregnancies and diagnoses of HIV and STIs (i.e., gonorrhea and Chlamydia) than Whites (Finer & Henshaw, 2006; Halpern, Bauer, Iritani, Waller, & Cho, 2004; Latka, Abern, Garfein, & et al., 2001). Compared to same-aged AA boys, AA girls in some studies report earlier age of sexual debut, higher rates of risky sexual behavior, and lower perceived HIV/AIDS risk (DiClemente et al., 1996; Newman & Zimmerman, 2000), and AA girls consistently report older partners and less condom use than their AA male peers (Centers for Disease Control, 2010). Girls seeking mental health services are at even greater risk because teens with...
Participants were part of a larger longitudinal study of HIV-risk among low-income AA adolescent girls seeking mental health services. AA girls (12–16 years old; $M = 14.3$) and their primary female caretakers were recruited from several outpatient mental health clinics in Chicago. Clinic staff invited eligible families to participate. A total of 281 mother–daughter dyads were consented and 268 completed the baseline interview. Female caregivers and girls completed a series of paper- and pencil and computerized questionnaires every 6 months between baseline and 24-months (5 waves of data collection in total). At baseline girls completed the Diagnostic Interview Schedule for children (DISC 4.0), and 5% met DSM-IV criteria for PTSD in the past year, 4% for major depressive disorder, and 11% for conduct disorder.

The present study includes data from Waves 1 and 2 ($N = 214$). All interviews took place at the Institute for Juvenile Research at the University of Illinois at Chicago (UIC). Informed consent and assent were obtained from female caregivers and daughters separately, and each received $40 for their participation. Retention at 6 months was strong (81%). There were no significant differences in girls’ age ($t(265) = -.19, p > .10$), caretaker age ($t(265) = -.21, p > .10$), relationship type of the
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