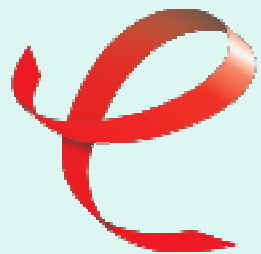


Exploring the Mediating Mechanism Between Gender-Based Violence And Sexually Transmitted Disease

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Behavioral Science & Health Education



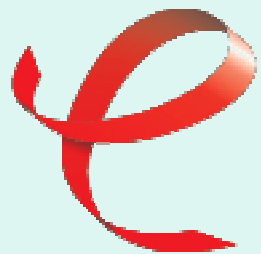
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Introduction

STDs and Adolescent Females

- Chlamydia \approx 3%
- Gonorrhea \approx 1%
- HPV (human papillomavirus) \approx 40%
- Trichomoniasis \approx 15%

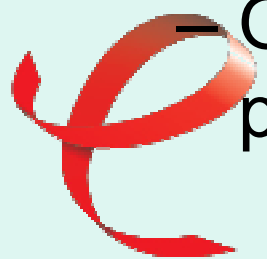


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Risk Factors For STDs

- Personal factors
 - Sensation-seeking, impulsivity, self-esteem, depressive symptoms
- Family factors
 - Social support, monitoring, structure
- Relational factors
 - Older partner, risky partner, victim of intimate partner violence

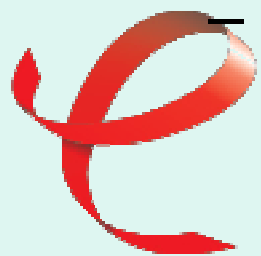


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GBV and Adolescent Females

- Prevalence of Gender-Based Violence
 - 20% of adolescent girls has experienced some form of GBV
 - 33% of sexually active adolescent girls has experienced some form of GBV
 - Survey of HS students, 18% had been forced to engage in sexual activity against their will
 - Females ages 16 to 24 experience the highest per capita rates of violence
 - 25% of women will be raped during college and 72% of those know the person



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STDs and GBV together

- Among adult women, numerous studies have documented the associations between GBV and STDs including HIV
- Among female adolescents, three studies have documented a link between experiencing GBV and self-reporting a history of STD



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At the Intersection:

- How does GBV place female adolescents at risk for STDs?
 - Directly
 - Partner infects them
 - Indirectly
 - Psychological effects affect coping strategies and can lead to pattern of risk behavior
 - Partner's intimidation can affect ability to use condoms and refuse unsafe sex

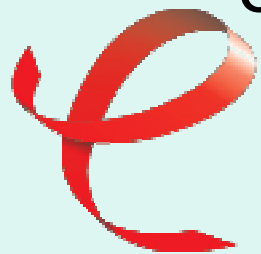


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Present Study

- Is there an association between GBV and STD outcomes among a high-risk sample of female adolescents?
- If so, then what are the mediating factors that explain the relationship?
 - Patterns of sexual risk behaviors due to escape-avoidant coping strategies

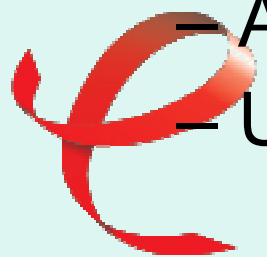


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Methods

- Setting and Participants
 - Detained female adolescents (N=240) ages 14-18 recruited from 8 RYDCs in Georgia
 - 82% participation rate
- Procedures
 - Recruited girls whose parents/guardians provided verbal consent
 - ACASI for survey measures
 - Urine specimen to test for Chlamydia

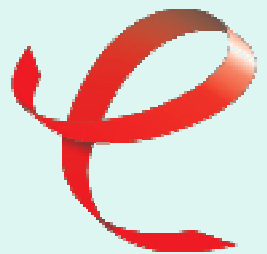


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Methods

- Measures
 - Prevalence of sexually active
 - Prevalence of GBV
 - 7 STD-Associated Risk Behaviors
 - Condom use last intercourse
 - Frequency of unprotected vaginal intercourse
 - Sex while high or partner high on drugs/alcohol
 - Trade sex for money; trade sex for drugs
 - Number of male sex partners
 - Condom failures

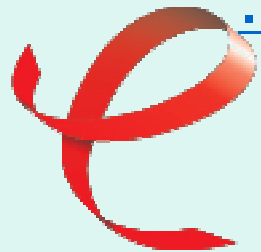


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Mediation Data Analysis

- Baron & Kenny criteria
- Sobel's test
- Preacher & Hayes Macro
 - Uses bootstrapping
 - <http://www.comm.ohio-state.edu/ahayes/SPSS%20programs/indirect.htm>

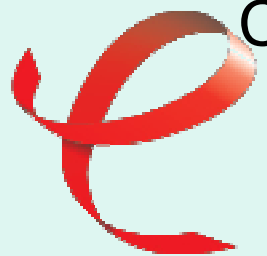


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Results

- Sample Characteristics
 - 81% sexually active (n=198)
 - Mean age 15.3 years (SD=.96)
 - 42%White; 36.5% Black; 14.7% Latina; 6.8%other
 - 31% had experienced some form of GBV
 - 15% had Chlamydia
- Bivariate Group comparisons
 - School enrollment, sex while high, condom failures, Chlamydia



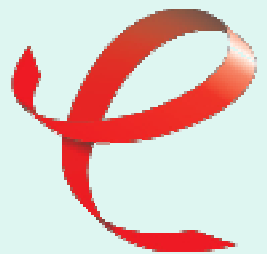
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Results

Baron & Kenny Step 1 (IV → DV)

- GBV had direct effect on Chlamydia
 - $b = .12$, S.E. = .06, $t = 2.07$, $p = .04$



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Results

Baron & Kenny Step 2 (IV→Mediator)

- GBV had significant direct effects on:
 - Having sex while high or partner high on drugs or alcohol
 - $b = .19$ $SE_a = .07$ $t = 2.72^{**}$
 - Condom failures
 - $b = 1.14$ $SE_a = .36$ $t = 3.19^{**}$



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Results

Baron & Kenny Step 3 (Med→DV with IV in)

- STD-Risk Behaviors had significant direct effects on Chlamydia controlling for GBV

- Having sex while high or partner high on drugs or alcohol

- $b = .12$ $SE_b = .05$ $t = 2.31^*$

- Condom failures

- $b = 0.06$ $SE_b = .02$ $t = 2.75^{**}$



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Results

- GBV had significant indirect effects on Chlamydia through STD-Risk behaviors
 - Having sex while high or partner high on drugs or alcohol
 - $b=.02$. 95% CI = .0062 - .0611*
 - Condom failures
 - $b=.07$ 95% CI = .0055 - .2046*

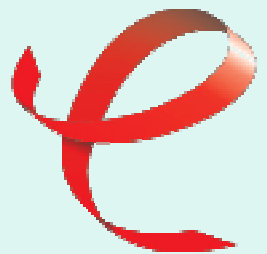


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Post-hoc tests

- Is there a relation between having sex while high on drugs/alcohol and number of condom failures?
 - One way ANCOVA controlling for frequency of vaginal sex
 - Girls who reported sex while high or partner high on drugs/alcohol had significantly more condom failures ($M_{adj} = 1.37$) than girls who did not report this experience ($M_{adj} = .58$)
 - $F(1, 102) = 6.06, p = .016$



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Discussion

- Association between GBV and STD is indeed robust
- Partial support for “pattern of risk” theory
 - Having sex while high or partner high and number of condom failures explains relationship
- Other sexual risk behaviors as mediators not supported



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Implications & Limitations

- Screening for GBV
- Programs to reduce sexual risk behavior should consider GBV
- Results not generalizable to other populations of female adolescents
- Cross-sectional design precludes causality although mediational analyses implies it



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